



SUPPLIER DEVIATION APPROVAL REQUEST

SDAR No. _____

Supplier Name _____

Date ____/____/____

Address _____

PO.# _____

Phone# _____

Part No. _____ Rev. _____

Part Name _____

Lot Qty. _____ Rejection Qty: _____

REQUIREMENT:
(Should Be:)

DEVIATION:
(Is:)

CAUSE:

CORRECTIVE ACTION (including PREVENTATIVE ACTION): (attach files as required)

Supplier QC Manager: _____

Date: _____

Vendor Shipping Instructions:

- The vendor shall include a copy of the approved SDAR (Supplier Deviation Approval Request) with each shipment pertaining to the purchase order.
- SDAR approved with dimensional issue shall include inspection report.

****NOTE:** If approved, a copy of this form shall be submitted with the delivery of this product to Curtiss-Wright**
(Below this line is for Curtiss Wright Controls Only)

CW DISPOSITION:

CW Customer: _____

Cust Approval Required (QE) Y N

Accept _____

Reject _____ (Rework or Replace)

Remarks; _____

Engineer Date
QF-06000-2

QA Manager Date
Rev. D

Purchasing Rep Date



Form Revision History

Form number: QF-06000-2

Form name: Supplier Deviation
Approval Request

Revision	Description of Revision	Date
-	Initial Release	11/26/14
A	Add revision level to document	3/18/2015
B	Add note that a copy of this form shall be submitted with the delivery if deviation is approved.	3/4/2016
C	Added Customer and CW Cust Approval Required field in CW Disposition section	8/16/2018
D	Defined vendor requirements, as follows: Vendor Shipping Instructions: <ul style="list-style-type: none"> • The vendor shall include a copy of the approved SDAR (Supplier Deviation Approval Request) with each shipment pertaining to the purchase order. • SDAR approved with dimensional issue shall include inspection report. 	12/21/2023



**Curtiss-Wright Corporation
Doc-Sign
Document Approval**

Date :

Document Title :

OBJECTIVE :

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SIGNATURE'S :

REVIEWED BY <small>(All signatures must show typed name and title)</small>	SIGNATURE / DATE
Prepared By	