

SUPPLIER WAIVER REQUEST

Please complete and return to the appropriate AVOX Systems representative as soon as possible.

Supplier Name:					Date:	
Address:						
			rawing Nbr.		Rev.	
Mfg Date:						
Lot/Batch Nbr.			Cavity(s) Nbr.			
Serial Numbers:						
AVOX	Drawing Requirement	with Tolerance		Actual Measurement		
1	Brawing requirement	man reletance.		, totaar modearement		
2						
3						
4						
5						
Reason for waiver requ	lest:					
rceason for waiver requ	Jest.					
Corrective action for fu	ture lots:					
Comments:						
Supplier Rep:	ier Rep: Title:			Signature:		
Phone:		Fax:		eMail:		
FOR AVOX USE	ONLY:			SWR	R#:	
MRB DISPOSITION	ITEM	ENGR. REP.		QUALITY RE	EP.	
USE AS IS			1 1		1 1	
UNACCEPTABLE			1 1		1 1	
ACCEPTABLE TO SALVAGE UNITS			1 1		1 1	
REPAIR			1 1		1 1	
DISPOSITION INSTRU	JCTIONS:		-		·	
COMMENTS:						

F_0250W_QA Revised Date: 4-05-11