



SUPPLIER WAIVER REQUEST

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

Supplier Name: _____ Date: _____

Address: _____

AVOX Part No. _____ AVOX Drawing Nbr. _____ Rev. _____

AVOX PO Nbr. _____ Supplier Part Nbr. _____

Mfg Date: _____ Qty of Lot: _____

Lot/Batch Nbr. _____ Cavity(s) Nbr. _____

Serial Numbers: _____

	AVOX Drawing Requirement with Tolerance:	Actual Measurement
1		
2		
3		
4		
5		

Reason for waiver request: _____

Corrective action for future lots: _____

Comments: _____

Supplier Rep: _____ Title: _____ Signature: _____

Phone: _____ Fax: _____ eMail: _____

FOR AVOX USE ONLY:						SWR#: _____	
MRB DISPOSITION	ITEM				ENGR. REP.	QUALITY REP.	
USE AS IS						/ /	/ /
UNACCEPTABLE						/ /	/ /
ACCEPTABLE TO SALVAGE UNITS						/ /	/ /
REPAIR						/ /	/ /
DISPOSITION INSTRUCTIONS: _____							
COMMENTS: _____							