	Document Type: Form	Title: Supplier Request for Deviation	
Document #	Revision	Effective Date	Page
SUP-011-F3	1.0	08/26/2025	1 of 3

*Complete form electronically and submit via email to the buyer on the purchase order.*

1. General Information *(Supplier to complete)*

Supplier Name:	Dynomax's P.O / Line #:	P.O / Line # Quantity:	Quantity Defective:
Dynomax Part #:	Part Name:	Drawing/Model Rev.:	S/N(s), Lot #(s), Pc #(s) (if applicable):
Dynomax Job # (if applicable):	Subassembly Part # (if applicable):	Subassembly Rev.:	Recurring Nonconformance
			Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Requirements: *Itemize all the characteristics which do not meet the drawing/model, specifications, or other purchase order requirements.*


--

3. Requested Deviation: *Itemize all the out of tolerance (OOT) conditions on each of the characteristics listed in box 2.*

--

4. Direct Root Cause and Corrective Action: *Provide the event, action, or condition which directly resulted in the nonconformance(s) along with the actions taken by the supplier to eliminate and/or mitigate the direct cause.*

--

	Document Type: Form	Title: Supplier Request for Deviation	
Document #	Revision	Effective Date	Page
SUP-011-F3	1.0	08/26/2025	2 of 3


5. Dynamax Disposition: *(Dynamax to complete – for multiple items, use each line for each individual disposition)*

Piece/ SN/Lot #s	Use As Is	Continue to Process	Rework/ Repair	Reject	Disposition Details
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Representative & Date: \_\_\_\_\_

7. Completed By: *(Supplier to complete)*

Name:	Title:	Email:	Phone:

	Document Type: Form	Title: Supplier Request for Deviation	
Document #	Revision	Effective Date	Page
SUP-011-F3	1.0	08/26/2025	3 of 3

APPROVALS:

	Department / Title	Printed Name	Signature	Approval Date
Author	Quality Manager - Aerostructures	Dino Okic	-Signature on file-	08/22/2025
Reviewer	Quality Manager – Interconnect Systems	Angie Werner	-Signature on file-	08/22/2025

REVISION HISTORY

Revision	Description of Changes
1.0	Initial release.