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|  | | **PPG AEROSPACE SUPPLIER DEVIATION REQUEST/**  **MRB WAIVER FORM** | | | | 1. Name of Supplier: | | | | 2. Date: | | | | | |
| (contacted)  3. PPG Aerospace Facility: | | | | | | | | (if applicable)  4. PPG Part Number: | | | | | | | |
| 5. Part Description: | | | | | | | | (if applicable)  6. Purchase Order/ Sales Order#: | | | | | | | |
| (PPG or internal)  7. Drawing No: | | | | | | | | 8. Drawing Revision: | | | | | | | |
| 9. Affected Serial Number(s): | | | | | | | | | | | 10. Quantity: | | | | |
| 11. Detailed Description of Nonconformance: | | | | | | | | | | | | | | | |
| **Condition Is**:  **Condition Should Be**: | | | | | | | | | | | | | | | |
| 12. MRB Review Disposition: (Please Check Appropriate Box) | | | | | | | | | | | | | | | |
|  | Use As Is | |  | | Repair | |  | Scrap | |  | | Other | | | |
|  | Submit to customer for review | |  | | Rework | |  | Not Approved | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| 13a. NCMR/ NCR/ SNN initiated:  (Please Check Appropriate Box) | | | |  | | | Yes | 13b. NCMR/NCR/SNN#: | | | | |  | No | |
| 14a. PPG SQE (Print Name): | | | | 14b. PPG SQE (Signature): | | | | | 14c. Date: | | | | | |
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