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| Form No. 3-50370 Rev. April 15, 2025 | | | | | | | | | **REQUEST FOR DEVIATION / WAIVER (RFD/RFW)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **1. DATE** *(YYMMDD)* | | | | | | | | Form Approved | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | OMB No. 0704-0188 | | | | | | | | | |
| **2. Supplier Name, LM ID, and Address** | | | | | | | | | | | | | | | | | | | | | | | **3. PROCURING ACTIVITY NUMBER** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | **4. DODAAC (Department of**  **Defense Activity Address Code)** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **5. ORIGINATOR** | | | | | | | b. ADDRESS *(Street, City, State, Zip Code)* | | | | | | | | | | | | | | | | **6. (X one)** | | | | | | | | | |
| a. TYPED NAME *(First, Middle Initial, Last)* | | | | | | |  | | | | | | | | | | | | | | | |  | | DEVIATION | | |  | | | WAIVER | |
| Lockheed Martin  Missiles and Fire Control | | | | | | | Post Office Box 650003  Dallas, TX 75265-0003 | | | | | | | | | | | | | | | | **7. (X one)** | | | | |  | | | MINOR | |
|  | | | | | | |  | | | | | | | | | | | | | | | |  | | MAJOR | | |  | | | CRITICAL | |
| **8. DESIGNATION FOR DEVIATION / WAIVER** | | | | | | | | | | | | | | **9. BASELINE AFFECTED** | | | | | | | | | **10. OTHER SYSTEM / CONFIGU-**  **RATION ITEMS AFFECTED** | | | | | | | | | |
| a. MODEL/TYPE | | b. CAGE CODE | | | | | c. SYS DESIG. | | | d. DEV. WAIVER NO. | | |  | | | FUNCTIONAL | | | |  | ALLO-  CATED | |  | | | | | | | | | |
|  | |  | | | | |  | | |  | | |  | | | PRODUCT | | | | | | |  | | | YES | | | |  | | NO |
| **11. TITLE OF DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. CONTRACT NO. AND LINE ITEM** | | | | | | | | | | | **13. PROCURING CONTRACTING OFFICER** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | a. NAME(First, Middle Initial, Last) | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | b. CODE | | | |  | | | | | c. TELEPHONE # | | | |  | | | | | | | | |
| **14. CONFIGURATION ITEM NOMENCLATURE** | | | | | | | | | | | **15. CLASSIFICATION OF DEFECT** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | a.CD NO. | | | | b.DEFECT NO. | | | | | c. DEFECT CLASSIFICATION | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |  | | | | |  | MINOR |  | | MAJOR | | |  | | CRITICAL | | | |
| **16. NAME OF LOWEST PART/ASSEMBLY AFFECTED** | | | | | | | | | | | | | | | **17. PART NO. OR TYPE DESIGNATION** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **18. EFFECTIVITY** | | | | | | | | | | | | | | | | | | | | **19.RECURRING DEVIATION/WAIVER** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | YES |  | | NO | | |  | |  | | | |
| **20. EFFECT ON COST / PRICE** | | | | | | | | | | | **21. EFFECT ON DELIVERY SCHEDULE** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **22. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **23. DESCRIPTION OF DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24. NEED FOR DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **25. ROOT CAUSE (CORRECTIVE ACTION taken refer to block 28)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26. SUBMITTING ACTIVITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TYPED NAME (First, Middle Initial, Last) | | | | | | | | b. TITLE | | | | | | | | | c. SIGNATURE | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
| **27. APPROVAL / DISAPPROVAL** | | | | | | | | a. RECOMMEND | | |  | APPROVAL | | | | | |  | DISAPPROVAL | | | | | | | | | | | | | |
| b. APPROVAL | | | | | | | | c. GOVERNMENT ACTIVITY | | | | | | | | | | | | | | | | | | | | | | | | |
|  | APPROVED | |  | | DISAPPROVED | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| d. TYPED NAME (First, Middle Initial, Last) | | | | | | | | e. SIGNATURE | | | | | | | | | | | | | | | | f. DATE SIGNED *(YYMMDD)* | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| g. APPROVAL | | | | | | | | h. GOVERNMENT ACTIVITY | | | | | | | | | | | | | | | | | | | | | | | | |
|  | APPROVED | | |  | | DISAPPROVED | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| i. TYPED NAME (First, Middle Initial, Last) | | | | | | | | j. SIGNATURE | | | | | | | | | | | | | | | | k. DATE SIGNED *(YYMMDD)* | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| **28. CORRECTIVE ACTION TAKEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Additional Information for Form Fields:

Block 1 (Date) - Enter the submittal date.

Block 2 (Supplier LM ID, Name, and address) - Enter the LM ID, Name, and address of the Supplier.

Block 3 (Procuring Activity Number.) - Leave blank; this box is used by Government for entry of internal processing number if desired.

Block 4 (DODAAC) Department of Defense Activity Address Code - Enter the DODAAC of the procuring activity. Leave blank; this box is used by Government for entry of internal processing number if desired.

Block 5 (Originator Name and Address) - Enter the name and address of the MFC location submitting the request. Use Block 5a for MFC name (inclusion of submitting individual's name is optional). Use Block 5b for the address.

Block 6 (X One) - Enter an "X" in the appropriate box.

Definitions for Deviation or Waiver as applicable:

* Request For Deviation - A document for obtaining permission to depart from a particular performance of a design requirements for a specific quantity of units or a specific time period granted prior to the manufacturing of an item or performance of a test.
* Request For Waiver - A document for obtaining permission to accept an item which does not conform to a particular performance or design requirement during or after the manufacturing of the item or performance of a test.

Block 7 (X One) - Enter an "X" in the appropriate box for minor, major, or critical in accordance with the definitions per MIL-HDBK-61 paragraph 6.2.1.1. When short form procedure is specified by contract, the Government representative identified in the contract will make this determination.

Block 8 (Designation for Deviation/Waiver).

* Block 8a (Model/Type) - Enter the model or type designation of the Configuration Item (CI) for which this request is being submitted. For CSCIs (Contract Software Configuration Item), enter the CSCI identification number.
* Block 8b (CAGE Code) - Enter the CAGE code for the activity originating the deviation/waiver.
* Block 8c (Sys Design) - Enter the system or top level CI designation or nomenclature assigned by the Government, if known.
* Block 8d (Dev. Waiver Number) - Enter the deviation/waiver number. Deviation/waiver identification numbers shall be unique for each CAGE Code identified activity. Include the letter "D" as part of the deviation number or the letter "W" as part of the waiver number. Once a number is assigned, that number shall be retained for all subsequent submissions. Unless otherwise authorized by the Government, deviations and waivers shall be separately and consecutively numbered commencing with number one. As an alternative, numbers may be assigned from a separate series for each system. The number of characters in the deviation/waiver number, dash number, and type identification shall not exceed 15.

Block 9 (Baseline Affected) - Check the applicable box for the affected baseline. When short form procedure is specified by contract, the Government representative identified in the contract will make this determination.

Block 10 (Other System/Configuration Items Affected) - Check applicable box. If yes, provide summary data in Block 21. When short form procedure is specified by contract, the Government representative identified in the contract will make this determination.

Block 11 (Title of Deviation/Waiver) - Enter a brief descriptive title of the deviation or waiver.

Block 12 (Contract No. and Line Item) - Enter the complete contract number and line item.

Block 13 (a) (b) (c) (Procuring Contracting Officer) - Enter the procuring contracting officer's name, code, and telephone number applicable to the CI shown in Block 14.

Block 14 (Configuration Item Nomenclature) - Enter the Government assigned name and type designation, if applicable, or authorized name and number of the CI to which the deviation or waiver will apply.

Block 15 (Classification of Defect).

* Block 15a (CD Number) - If either a Government or MFC's Classification of Defect (CD) applies, enter the number assigned.
* Block 15b (Defect Number) - If a CD applies, enter the defect number(s) which correspond(s) with the characteristic(s) from which an authorized deviation or waiver is desired.
* Block 15c (Defect Classification) - If a CD applies, check the box which states the proper classification of the defect number(s) entered in Block 15b.

Block 16 (Name of Lowest Part/Assembly Affected) - Enter an appropriate descriptive name of the part(s) without resorting to such terms as "Numerous bits and pieces".

Block 17 (Part No. or Type Designation) - Enter the part number(s) of the part(s) named in Block 16 or type designation/nomenclature if applicable.

Block 18 (Effectivity) - Define the effectivity of the proposed RFD/RFW by entering, as applicable, the quantity of items affected, the serial numbers of the items affected, or the lot number(s) applicable to the lot(s) affected by the deviation or waiver being requested. NOTE: Serial numbers provided shall be the final deliverable serial numbers, in accordance with the purchase order.

Block 19 (Recurring Deviation/Waiver) - Show whether the same deviation or waiver has been requested and approved previously by placing an "X" in the proper box. If "yes," reference the previous correspondence, the request number, and corrective action to be taken in Block 28. In addition, if yes, provide rationale why recurrence was not prevented by previous corrective action and/or accomplished design change.

Block 20 (Effect on Cost/Price) - Enter the estimated reduction or price adjustment. If no change in price, cost, or fee, so state with rationale. The request for deviation or waiver shall include the specific consideration that will be provided to the Government if this "nonconforming" unit(s) (reference Federal Acquisition Regulation (FAR) Part 46.407) is accepted by the Government.

Block 21 (Effect on Delivery Schedule) - State the effects on the contract delivery schedule that will result from both approval and disapproval of the request for deviation or waiver.

Block 22 (Effect on Integrated Logistics Support, Interface or Software) - If there is no effect on logistics support or the interface, enter the words, "No effect". If the deviation or waiver will have an impact on logistics support or the interface, describe such effects on an enclosure and reference the enclosure in this block. When short form procedure is specified by contract the Government representative identified in the contract will make this determination.

Block 23 (Description of Deviation/Waiver) - Describe the nature of the proposed departure from the technical requirements of the configuration documentation. The deviation or waiver shall be analyzed to determine whether it affects any of the factors listed in Block 37, 38, and 39 of DD Form 1692/3 (REV 01/2018). Describe any effect on each of these factors. Marked drawings should be included when necessary to provide a better understanding of the deviation or waiver.

Block 24 (Need for Deviation/Waiver) - Explain why it is impossible or unreasonable to comply with the configuration documentation within the specified delivery schedule. Also explain why a deviation or waiver is proposed in lieu of a permanent design change.

Block 25 (Root Cause (Corrective Action taken, refer to block 28)) - The root cause is the core issue—the highest-level cause—that sets in motion the entire cause-and-effect reaction that ultimately leads to the problem(s).

Block 26 (Submitting Activity) - An authorized official of the activity entered in Block 5 shall sign in this block and enter title. (Can be electronically signed Via SAP DW QNote)

Block 27 (Approval/Disapproval) - Once the waiver received disposition, these boxes will be filled out accordingly by the Customer. (Can be electronically signed Via SAP DW QNote)

Block 28 (Corrective Action Taken) - Describe action being taken to correct nonconformance to prevent a future recurrence.