



SUPPLIER REQUEST FOR DEVIATION

Supplier: _____

Part Number: _____

Requested By: _____

Contact Phone #: _____

Effective Date: _____

Quantity: _____

End Date: _____

Description Of Deviation: _____

Reason For Deviation: _____

Supporting Data: _____

Return deviation to: Wabash Technologies - P.O. Box 829, Huntington, IN 46750 OR Fax 260-355-4262

WABASH TECHNOLOGIES - APPROVAL AUTHORITY

Signed _____
Approval Authority

() Accept

() Reject