

**L-3 EDD
REQUEST FOR WAIVER**

		DATE PROCESSED:
SUPPLIER NAME:		
SUPPLIER CONTACT:		
PHONE NUMBER:	FAX NUMBER:	
BUYER:	PO NUMBER:	
PART NUMBER:	P/N REV:	
PART NAME:	QUANTITY:	
STATEMENT OF CONDITIONS WHICH APPROVAL IS REQUESTED:		
CAUSE OF DISCREPANCY OR CONDITIONS:		
CORRECTIVE ACTION AND EFFECTIVITY DATE:		
REQUESTED DISPOSITION OR ACTION :		

NOTE: Customer approval may be contractually required for any UAI or Repair disposition; verify prior to approval.

FORM: 0509568 REV: - ECO: 77307 APPROVAL:  DATE: 8/24/15 PAGE 1 OF 1

L-3 COMMUNICATIONS PROPRIETARY