

<b>REQUEST FOR DEVIATION / WAIVER (RFD/RFW)</b>				<b>1. DATE</b>		<b>Form Approved RDMR-SET</b>	
Send comments and/or questions regarding use of this form to Commander, US Army Aviation and Missile Command, RDMR-SET, Redstone Arsenal, AL 35898-5000. PLEASE RETURN YOUR COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY WITH A COPY TO THIS ADDRESS.						<b>2. PROCURING ACTIVITY NUMBER</b>	
DISTRIBUTION STATEMENT						<b>3. DODAAC</b>	
<b>4. ORIGINATOR</b>			<b>b. ADDRESS (Street, City, State, Zip Code and Phone Number)</b>			5. (X one) <input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER	
<b>a. TYPED NAME (First, Middle Initial, Last)</b>						6. (X one) <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
<b>7. DESIGNATION FOR DEVIATION/WAIVER</b>				<b>8. BASELINE AFFECTED</b>		<b>9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED</b>	
<b>a. MODEL/TYPE</b>	<b>b. CAGE CODE</b>	<b>c. SYS DESIG</b>	<b>d. DEV/WAIVER NO.</b>	<input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> ALLOCATED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>10. TITLE OF DEVIATION/WAIVER</b>							
<b>11. CONTRACT NO. AND LINE ITEM</b>				<b>12. PROCURING CONTRACTING OFFICER</b>			
				<b>a. NAME (First, Middle Initial, Last)</b>			<b>b. CODE</b>
<b>13. CONFIGURATION ITEM NOMENCLATURE</b>				<b>14. CLASSIFICATION OF DEFECT</b>			
				<b>a. CD NO.</b>	<b>b. DEFECT NO.</b>	<b>c. DEFECT CLASSIFICATION</b> <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
<b>15. NAME OF LOWEST PART/ASSEMBLY AFFECTED</b>				<b>16. PART NO. OR TYPE DESIGNATION</b>			
<b>17. EFFECTIVITY</b>					<b>18. RECURRING DEVIATION/WAIVER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>19. EFFECT ON COST/PRICE</b>				<b>20. EFFECT ON DELIVERY SCHEDULE</b>			
<b>21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE</b>							
<b>22. DESCRIPTION OF DEVIATION/WAIVER</b>							
<b>23. NEED FOR DEVIATION/WAIVER</b>							
<b>24. CORRECTIVE ACTION TAKEN</b>							
<b>25. SUBMITTING ACTIVITY</b>							
<b>a. TYPED NAME (First, Middle Initial, Last)</b>			<b>b. TITLE AND PHONE NUMBER</b>			<b>c. SIGNATURE</b>	
<b>26. APPROVAL/DISAPPROVAL</b>			<b>a. RECOMMEND</b>		<b>APPROVAL</b>		<b>DISAPPROVAL</b>
<b>b. APPROVAL</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			<b>c. GOVERNMENT ACTIVITY</b>				
<b>d. TYPED NAME (First, Middle Initial, Last)</b>			<b>e. SIGNATURE</b>			<b>f. DATE SIGNED</b>	
<b>g. APPROVAL</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			<b>h. GOVERNMENT ACTIVITY</b>				
<b>i. TYPED NAME (First, Middle Initial, Last)</b>			<b>j. SIGNATURE</b>			<b>k. DATE SIGNED</b>	