



REQUEST FOR DEVIATION/WAIVER

CEPEDA ASSOCIATES, INC.

Deviation/Waiver No.

1. Organization:	2. Job No./Project:	3. Subsystem
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4. Request for: Deviation
 Waiver

5. Documents Affected:

Document No.	Revision	Title

6. Description of Deviation/Waiver Requested:
 (provide a brief description, identify specific requirements or codes affected, and attach any drawings/sketches)

7. Deviation/Waiver Justification:
 (include effect on cost, schedule, performance, etc.)

8. Requestor:	9. Organization:	10. E-Mail:
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11. Project Manager Signature:	12. Phone:	13. Date:
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14. Approval:

Required	Activity	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Project Manager		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quality Assurance Manager		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Project Engineer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Customer		
<input type="checkbox"/> Yes <input type="checkbox"/> No			