



SUPPLIER DEVIATION/CHANGE REQUEST (DCR) FORM

NOTES TO SUPPLIER:

*Email completed forms, along with any supporting documentation to SupplierDevelopment@Valcor.com.
 *Supplier Development will provide a copy of the completed DCR; please include with shipment paperwork, and note DCR # on Certificate of Conformance.
 *DO NOT SHIP NONCONFORMING MATERIAL TO VALCOR WITHOUT COMPLETED DCR.

DCR #
 (assigned by Supplier Development)

SUPPLIER / PART INFORMATION

Supplier Name	Supplier Contact	Email/Phone #	Date
Part #	Part Description	Revision	Quantity
			PO #

DEVIATION/CHANGE INFORMATION

Type of Request	<input type="checkbox"/> 1st Time	<input type="checkbox"/> Repeat	If Repeat, Enter Previous DCR #:
Current Requirement (Drawing/Specification - "Should Be" Condition)			

REQUEST INFORMATION

Type of Request	<input type="checkbox"/> Deviation from Drawing/Specification	<input type="checkbox"/> Product/Process Change
Request Details ("As Is" Condition)		
Reason for Request		

FOR VALCOR USE ONLY

Departments listed below: Please complete all fields in your indicated section. DCR is not valid unless all fields are completed.

SUPPLIER DEVELOPMENT

Signature / Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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DESIGN ENGINEERING

Signature / Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Drawing Change Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Enter ECO #:

Disposition Comments (must provide justification why form/fit/function is not impacted)

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QUALITY ASSURANCE

Signature / Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Corrective Action Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Enter SCAR/CAR#:

Additional Quality Assurance Comments (optional)

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