# FIRST ARTICLE WAIVER WORKSHEET

*Request for Information and Supporting Documentation*

*Revision E*
*12 March 2020*

This information/supporting documentation is part of your request.
Contact the buyer if you have any questions about the acquisition offer/quote requirements.

## 1. CURRENT ACQUISITION INFORMATION:

| | | | |
|---|---|---|---|
| BUYER'S NAME | MARI BRETZ | CONTRACTOR NAME | LOCKHEED MARTIN |
| SOLICITATION/CONTRACT # | SPRRA226R0083 | CONTRACTOR CAGE | 64059 |
| NSN | 1420-01-540-8608 | CRITICAL SAFETY ITEM (CSI) | ◯ YES ◉ NO |
| PART # | 13540365 | NOUN | CONTROL SECTION, GUI |
| TOP DRAWING # | 13540365 | REVISION LEVEL | H |

## 2. TYPE OF REQUEST:

☐ **Full Waiver:** *Includes waiver of all First Article Testing as required by the TDP, contract and/or solicitation.*

☐ **Partial Waiver:** *Includes waiver of only a specific test(s) of the First Article Test requirement as required by the Technical Data Package (TDP), contract and/or solicitation. Partial waivers not acceptable on Aviation items.*

TDP Reference(s) of test(s) to be waived: *(Please be specific and reference specification paragraph and/or drawing note as appropriate).*

## 3. JUSTIFICATION TO SUPPORT WAIVER REQUEST: *(Check and complete all that apply)*

### A) CURRENT OR RECENT PRODUCTION

| | | | |
|---|---|---|---|
| 1) Has the item been manufactured and delivered for a DoD contract within the past 3 years? | ◯ **NO**, *continue to section 3B.* | | |
| | ◯ **YES**, *provide date, contract number, and substantiation in Remarks.* | | |
| | Date | Contract # | |
| 2) For the past delivery contracts cited above, where was the item actually manufactured? | ◯ **IN-HOUSE PRODUCTION**, *Provide copies of DD-250s, work orders, proof of installation on delivered end item, or other substantiation of past delivery within the past 3 years* | | |
| | ◯ **SUB-TIER SUPPLIER/VENDOR**, *Provide copies of purchase orders, shipping receipts of delivery, or other substantiation of sub-tier past delivery; in addition to DD-250s of end item delivery, within the past 3 years* | | |
| 3) If past DoD contract delivery was sub-tier to an OEM, is this direct DoD contract delivery utilizing the same manufacturing planning? | ◯ **N/A** | ◯ **YES** | |
| | ◯ **NO,** *provide planning revision level/date in Remarks* | | |

| 4) Since the last delivery for a DoD contract, has there been any manufacturing changes to the following: | | | | |
|---|---|---|---|---|
| | Technical Data, Drawings, or Configuration? | ◯ **N/A** | ◯ **NO** | ◯ **YES**,*Provide revision level/date and details in Remarks* |
| | Frozen planning, processes, procedure? | ◯ **N/A** | ◯ **NO** | ◯ **YES**,*Provide revision level/date and details in Remarks* |
| | Facilities or location? | ◯ **N/A** | ◯ **NO** | ◯ **YES**,*Provide details in Remarks* |
| | Equipment or tooling? | ◯ **N/A** | ◯ **NO** | ◯ **YES**,*Provide details in Remarks* |
| | Sub-tier suppliers or processors? | ◯ **N/A** | ◯ **NO** | ◯ **YES**,*Provide company/CAGE&qualification in remarks* |

*Remarks (if needed)*

Reset Form

**B)** - Has there been a successful completion of a FAT for the same item on a contract within the past three years and the item tested per the same requirements as those referenced in the solicitation and/or contract?

- ◯ **NO**, *enter remarks below*
- ◯ **YES**, *complete fill-ins >*

Contract No.

Date of FAT Approval

- Was the above contract manufactured at the same facilities using the same equipment, processes, procedures, and subcontractors in which the current item will be produced?

- ◯ **NO**, *enter remarks below*
- ◯ **YES**, *proceed to Section 4*

Issuing Government Agency

*If NO, please describe the differences in detail below and include any considerations these changes will require for the First Article Test waiver request*

**C)** - Has there been a successful performance of a first article test on the next higher assembly within the past three (3) years?

*A waiver may be requested in order to eliminate duplication of testing on the lower assembly.*

- ◯ **NO**, *continue to 3.D.*
- ◯ **YES**, *complete fill-ins below on Next Higher Assembly*

| Contract No. | Nomenclature | |
|---|---|---|
| National Stock Number | Part Number | Date of First Article Approval |

*Provide a full explanation justifying why duplicate testing is unnecessary:*

- Was the next higher assembly manufactured at the same facilities using similar equipment, processes, and procedures in which the current item will be produced?

- ◯ **NO**, *explain below*
- ◯ **YES**, *proceed to Section 4.*

*Remarks:*

**D)** - Has there been a successful completion of a First Article for a **similar item** on a contract within the past three (3) years and the item tested per the same requirements as those referenced in the solicitation and/or contract.

- ◯ **NO**, *continue to 3.E.*
- ◯ **YES**, *complete fill-ins below on similar item*

| Contract No. | Nomenclature | |
|---|---|---|
| National Stock Number | Part Number | Date of First Article Approval |

- Was the similar item manufactured at the same facilities using similar equipment, processes, and procedures in which the current item will be produced?

- ◯ **NO**, *explain below*
- ◯ **YES**, *proceed to Section 4.*

*Remarks:*

Reset Form

| | |
|---|---|
| **E)** | ☐ Other: A waiver or partial waiver of the FAT is being requested based on the following: *Please be specific and attach supporting documentation* as appropriate:* |

## 4. OTHER PERTINENT INFORMATION

| | |
|---|---|
| **A)** | ☐ There are or have been quality issues (history) for this or similar items such as Quality Escapes, Product Quality Deficiency Reports (PQDRs), Corrective Action Requests, and/or show-cause letters. *Please discuss/provide resolutions below:* |
| **B)** | ☐ There have been changes to the manufacturing data (e.g. drawing revisions that change materials, dimensions, processes, inspection or testing requirements) or subcontractors used to manufacture the items successfully in the past. *Please describe below.* |
| **C)** | ☐ There have been Requests for Waiver/Deviation submitted or Material Review Board (MRB) actions related to manufacture of this item. *Please describe below.* |

## 5. ATTACH SUPPORTING DOCUMENTATION

Add File

Open File

Remove File

The add, open, and remove buttons are the preferred attachment method.

If attachments do not open, please go to the attachment window by opening View>Show/Hide>Navigation Panes> Attachments to save the attachments to local computer for viewing.

## 6. SUBMISSION

The submitter, by signing the below certifies that the above statements are true and correct.
Please provide printed name, signature, company address, and phone number where you can be reached. Again, the signer must be an agent of the company.

| PRINTED NAME | TITLE |
|---|---|
| COMPANY NAME | COMPANY ADDRESS |
| PHONE NUMBER | |
| Signature | |

**See the solicitation/contract for information on submitting supporting documentation, as well as, additional requirements regarding First Article Test Waiver requests.*

Reset Form