FIRST ARTICLE
WAIVER WORKSHEET

Request for Information and Supporting Documentation

Revision C
05 March 2014

This information/supporting documentation is part of your request.
It must be submitted on company letterhead and signed by an agent of the company.
Contact the buyer if you have any questions about the acquisition offer/quote requirements.

1. CURRENT ACQUISITION INFORMATION:

BUYER'S NAME					
SOLICITATION/CONTRACT #					
CONTRACTOR NAME		CONTRACTOR CAGE			
NSN		NOUN			
PART #		TOP DRAWING #		REVISION LEVEL	

2. TYPE OF REQUEST:

☐ **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.*

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

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) ☐ Successful completion of a First Article Test on a recent contract for the same item(s).
Complete the following & attach supporting documentation.*

CONTRACT #	DATE OF FIRST ARTICLE TEST APPROVAL	ISSUING GOVERNMENT AGENCY

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? ▼

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

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B) ☐ Successful completion of a First Article Test on a **similar item** on a recent contract and the item has been tested per the same requirements as those referenced in the solicitation and/or contract.
Complete the following for the similar item & attach supporting documentation:*

CONTRACT #	NOMENCLATURE	
NSN	PART NUMBER	DATE OF FIRST ARTICLE TEST APPROVAL

Briefly describe the major differences between the similar item and the item being procured.

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

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) ☐ Material has been in continuous production. *Complete and attach supporting documentation*:*

LENGTH OF PRODUCTION RUN	APPROVAL DATE OF LAST SUCCESSFUL FIRST ARTICLE TEST

Remarks (if needed)

D) ☐ Recent and successful performance of a first article test on the next higher assembly. A waiver may be requested in order to eliminate duplication of testing on the lower assembly.
Complete the following for the next higher assembly and attach supporting documentation:*

CONTRACT #	NOMENCLATURE	
NSN	PART NUMBER	DATE OF FIRST ARTICLE TEST 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? ▼

If NO, please explain:

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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 to include Product Quality Deficiency Reports (PQDRs), Corrective Action Request, and/or show-cause letters. *Please briefly discuss 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

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.*

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