

REQUEST FOR VARIANCE (RFV)	1. DATE PREPARED: (DD-MMM-YYYY)		2. RFV NUMBER:		<i>OMB No. 0704-0188 OMB approval expires November 30, 2022</i>
			3. PROCURING ACTIVITY NO. (PAN):		
<p>The public reporting burden for this collection of information, 0704-0188, is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ACQUIRER ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN BLOCK 22 OF THIS FORM.</p>					
DISTRIBUTION STATEMENT:					
4. TITLE OF VARIANCE:					
5. VARIANCE PRE OR POST-PRODUCTION:			6. BASELINE AFFECTED:		
<input type="checkbox"/> Pre-Production <input type="checkbox"/> Post-Production			<input type="checkbox"/> Functional <input type="checkbox"/> Allocated <input type="checkbox"/> Product		
7. SYSTEM INFORMATION	7.a. MODEL/TYPE DESIGNATION:		7.b. SYSTEM/CONFIG. ITEM NOMENCLATURE:		7.c. END ITEM CAGE CODE:
8. AFFECTED ITEM NOMENCLATURE:		9. PART NUMBER(S) OF AFFECTED ITEM(S):			
10.a. OTHER EXTERNAL SYSTEM AFFECTED?:		10.b. IF YES, LIST OTHER SYSTEMS OR CONFIGURATION ITEMS AFFECTED:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
11. IDENTIFICATION OF VARIANCE	11.a. VARIANCE CLASSIFICATION:		11.b. DEFECT NO. <i>(if applicable):</i>	11.c. DOCUMENT DEFINING DEFECT NO./CLASS <i>(if applicable):</i>	
	<input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor				
12. DESCRIPTION OF VARIANCE:					
13. NEED FOR VARIANCE:					
14. CORRECTIVE ACTION TAKEN:					
15. EFFECT ON PERFORMANCE, FUNCTION, RELIABILITY, DURABILITY, INTEGRATED LOGISTICS SUPPORT, INTERFACE, OR SOFTWARE:					
16. RECURRENCE	16.a. RECURRING VARIANCE?:		16.b. IF YES, PROVIDE RATIONALE:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
17. EFFECTIVITY: <i>(Quantity Affected, Lot Numbers Affected, Serial Numbers, Dates)</i>					
18. PER UNIT COST IMPACT:		19. TOTAL COST IMPACT:		20. EFFECT ON SCHEDULE IF APPROVED/DISAPPROVED:	
21. CONTRACT INFORMATION	21.a. SUPPLIER:			21.b. CONTRACT NO. AND LINE ITEM:	
22. CONTRACTING OFFICER	22.a. NAME:		22.b. TELEPHONE:	22.c. E-MAIL:	

23. ORIGINATING ACTIVITY	23.a. NAME:	23.b. ADDRESS: <i>(Street, City, State, Zip Code)</i>
	23.c. TELEPHONE:	
23.d. CAGE CODE:	23.e. E-MAIL:	
24.a. SUBMITTING AUTHORITY:	24.b. NAME AND TITLE:	24.c. SIGNATURE:

BELOW TO BE COMPLETED BY THE APPROVING ACTIVITY

25.a. RECOMMENDATION: Approval Approval with Modification Disapproval

25.b. MODIFICATION DESCRIPTION:

25.c. NAME AND TITLE:	25.d. SIGNATURE:	25.e. DATE: <i>(DD-MMM-YYYY)</i>
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26.a. DISPOSITION: *(Configuration Approval Authority)* Approved Approved with Modification Disapproved

26.b. MODIFICATION DESCRIPTION:

26.c. NAME AND TITLE:	26.d. SIGNATURE:	26.e. DATE: <i>(DD-MMM-YYYY)</i>
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27. LIST OF ATTACHMENTS

List Of Attachments (0)