

**APPROVAL/VARIATION REQUEST (AR/VR)**

**Supplier – enter/complete all applicable blanks and check-boxes (in accordance with attached instructions).**

1.  **APPROVAL REQUEST**

2.  **VARIATION REQUEST**

Yes  No

3. PO/Subcontract No. \_\_\_\_\_ 4. AR/VR No. \_\_\_\_\_ 5. Resubmittal \_\_\_\_\_ 6. Supplier Company Name \_\_\_\_\_

7. Describe request in detail (attach additional documents, if necessary). Reference or list applicable specifications, drawings, document numbers, equipment numbers, etc. If **Approval Request**, describe document/submittal as specified in the subcontract or Transmittal Register or other documentation being submitted. If **Variation Request**, describe nature of variation and requirement from which the variation exists.

8. Does this submittal affect schedule, price, or require a contract change notice?  Yes  No

9. **Supplier Contact** \_\_\_\_\_ Date \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Review/Approval/Disposition Section**

10. <input type="checkbox"/>	11. Organization	12. Name of Reviewer (print)	13. Initials	14. Date	15. Disposition* (see Note below)
<input type="checkbox"/>	Facility Restoration	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	Cognizant Engineer	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditional Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	Quality Assurance	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	SEC	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	OTHER	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	Procurement	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only
<input type="checkbox"/>	STR	_____	_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> For Record Only

16. Reason for Disapproval or Conditional Approval. Additional Comments.

Disposition by Responsible Technical Manager:

17. (A)  AR/VR Approved (B)  AR/VR Conditionally Approved/Resubmittal Required:  Yes  No (C)  AR/VR Disapproved Resubmittal Required:  Yes  No

18. Supplier allowed to:  Proceed (must resolve conditional approvals/disapprovals via amendment to the AR/VR)  Do Not Proceed

19. Technical Manager Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

20. The STR is to provide the supplier, Buyer and Cognizant Engineer with a copy of the dispositioned submittal. Date dispositioned submittal sent to supplier \_\_\_\_\_

\*\*\*NOTE\*\*\* Document reviews and approvals, inspections, and test by WTS before acceptance of "work," which is used herein to include, but is not limited to, materials, workmanship, and manufacture and fabrication of components, are to assure compliance with the terms and conditions of the Subcontract. Such document reviews and approvals, inspections and tests are for the sole benefit of WTS and the Government and do not (1) relieve the Subcontractor of responsibility for providing adequate quality control measures; (2) relieve the Subcontractor of responsibility for damages or losses before acceptance; (3) constitute or imply acceptance by WTS; or (4) affect the continuing rights of WTS or the Government before or after acceptance of the completed work. Further, the presence or absence of WTS' review of approval of a document, inspection or test does not relieve the Subcontractor from any Subcontract requirement.

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## Instructions for Filling Out Approval/Variation Request

Block   Responsible Party – Instructions for Completion

- 1-2     Supplier – Check the appropriate block to show if the submittal is an Approval Request (AR) or a Variation Request (VR).
3.       Supplier – Enter the purchase order/subcontract number.
4.       Supplier – Enter the AR/VR number shown on the Schedule/Register. If the submittal is an amendment or resubmittal, enter the original number according to the Schedule/Register, then a dash (-), followed by a sequential number (1, 2, 3, etc.) representing the number of the amendment/resubmittal (i.e., the first amendment would be "-1," the second would be "-2"). If the submittal is a Variation Request unrelated to the submittals listed on the Schedule/Register, no entry is needed.
5.       Supplier – Indicate "Yes" if item is a resubmittal for a previously conditionally approval AR/VR. If not a resubmittal, then indicate "No."
6.       Supplier – Print name of company.
7.       Supplier – Describe details of request, including specified requirements which are satisfied by the AR and which are applicable to a VR. You may use additional sheets if necessary. Enter the appropriate equipment number(s), if any. Enter the appropriate specification, drawing, or document number and revision that is the subject of the AR/VR. Enter any other information helpful in describing your request.
8.       Supplier – Indicate if a purchase order/subcontract change is required to the purchase order/subcontract price, schedule or other term/condition as a result of approval of this submittal.
9.       Supplier – Print/Type Supplier contact name and contact information for questions about this submittal
10.      STR – Check the appropriate blocks to signify the organizations or individuals that are required to perform the review.
- 11-14.   Technical Reviewers – Initial and date in the appropriate block after you have completed your review. Please note – initials/signature constitutes confirmation that you have reviewed the document(s) for adequacy to your department/program area of responsibility.
15.      Technical Reviewers – Check the appropriate box to indicate the disposition of your review/comments
16.      Technical Reviewers and/or Technical Manager – Enter reasons for disapproval or conditional approval, as well as any comments pertinent to your disposition.
17.      Technical Manager – Check either A, B or C to indicate approval status. If B or C are checked, also indicate "Yes" or "No" for resubmittal of the item.
18.      Technical Manager – Check appropriate block (one of the two) to indicate recommended disposition.
19.      Technical Manager – Print name, sign, and date.
20.      STR – provide copies as noted and enter date dispositioned AR/VR returned to supplier