



SUPPLIER NONCONFORMANCE APPROVAL REQUEST

Ontic Buyer _____
 Supplier Name _____
 Ontic P/N _____
 P.O. No. _____ Line No _____ Lot Size _____ Rev _____ Qty Rej _____
 Ontic SNAR# _____
 Date _____
 Ontic Furnished Material Yes No **All fields must be completed**

Specification/Drawing Requirement:

Description of Nonconformance:

Root Cause of this Discrepancy:

Action Taken to Correct Root Cause:

Preventive Action:

Effective Date

Signature and Title of Supplier Representative _____ Date _____

Note: Approved copy must accompany every shipment of affected part

Ontic Use Only

Government/Customer contract number: _____

Ontic MRB authority verification: _____

Approved:

Disapproved:

Comments: (Full Engineering disposition rationale required):

Quality Signature	Date	Engineering Signature	Date
<i>Both Signatures are required to be valid</i>			