

Appendix II Waiver Request for Nonconforming Product

Waiver Request for Nonconforming Product	
This Section to be filled out by supplier	
Supplier name: _____	Date: _____
Supplier contact person: _____	TTM contact person: _____
Supplier Part #: _____	TTM Part#: _____
PO#: _____	Quality Defective: _____
Description of Defect:	
Specification(s) Violated: (TTM, IPC, International/Industry standard, Supplier's internal specification, etc.)	
Relevant 8D or problem solving report no.:	
Prepared by (Name) _____	Quality Manager/Director _____
Signature & date: _____	Signature & date: _____
This section for TTM use only	
Waiver Declined <input type="checkbox"/>	Waiver Accepted <input type="checkbox"/>
*Waiver Lot#: _____ (Only if accepted)	
*Special Instructions for identification and shipping:	
Approval Committee 认可委员会	
QA Manager/Director _____	Signature/date _____
ME/ME Manager/Director _____	Signature/date _____
Procurement/SCM Director _____	Signature/date _____
Plant GM _____	Signature/date _____