

## SUPPLIER MATERIAL REVIEW REQUEST

SUPPLIER	R NAMF:		SUPPLIER NO:	P.O. NO (if req'd):	PART NO.		REV.	
PROGRAM:			PART NAME:					
-		TO COMPLE	TE EACH ITEM E	XCEPT DISPOSITI				
	-	TO COWIFLE		ACEPT DISPOSITI	UN TOTAL	SIGNOSI		
ITEM NO.	BLUE PRINT OR SPECIFICATION REQUIREMENT AND ZONE NUMBER		VARIATION		QTY. (if req'd)	DISPOSITION (IF UAI, RISK ASSESMENT AND JUSTIFICATION ARE REQUIRED)		
	Note:							
	Any request for substitution of parts/components must include evidence of RoHS compliance.							
	CORRECTIVE ACTION	TAKEN BY	NOTE	- CORRECTIVE ACTIO		211011111	- 1011	
NO.	CORRECTIVE ACTION SUPPLIER TO PREVENT F							
SIGNATURE OF CO. OFFICIAL			TITLE:			DATE OF REQUEST:		
					DATE OF F	REQUEST.		
		MA	ATERIAL REVIEW	,	DATE OF F			
PREVIOUS	S SIMILAR DEFECT	MA NO	ATERIAL REVIEW	1	DATE OF F	REQUEST.		
PREVIOUS REMARKS	YES			1	DATE OF F	LEQUEST.		
	YES			1	DATE OF F	LEQUEST.		
	YES	NO AL REV		DAT			ATE	

SUPPLIER: RETURN COPY TO BUYER AT ADDRESS SHOWN ON PURCHASE ORDER. YOUR COPY WILL BE RETURNED FOLLOWING DISPOSITION. A MATERIAL REVIEW DISPOSITION AUTHORIZING SHIPMENT OF THIS MATERIAL DOES NOT CONSTITUTE ACCEPTANCE. FINAL ACCEPTANCE WILL BE DETERMINED UPON RECEIPT OF MATERIAL AT ELBIT SYSTEMS OF AMERICA – MERRIMACK OPERATIONS. ANY QUESTIONS RELATIVE TO THIS REQUEST SHOULD BE DIRECTED TO YOUR QUALITY ASSURANCE REPRESENTATIVE. SUPPLIERS ARE ADVISED THAT NO CONSIDERATION WILL BE GIVEN TO A REPEAT REQUEST FOR THE SAME CHARACTERISTIC ON AN ARTICLE. DO NOT MAKE SHIPMENT UNTIL AUTHORIZED BY THE PRODUCT ASSURANCE DEPARTMENT OF ELBIT SYSTEMS OF AMERICA – MERRIMACK OPERATIONS.