|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Permission Request Data***  *Please compile all the fields as required, then send the document to GFMS Supplier Quality Assurance* | | | | | | |
| Part Number | |  | | Part Name | |  |
| Part Revision Level | |  | | Part Status | | Choose an item. |
| Drawing Number | |  | | Drawing Revision Level | |  |
| GFMS Ref. Plant | |  | | GFMS Purchase Order n. | |  |
| Supplier Name | |  | | Supplier SAP Code n. | |  |
| Address | |  | | Country | |  |
| Quality Manager Name | |  | | E-mail | |  |
| Telephone | |  |
| Permission Type: Choose an item. | | | | | | |
| Non-conformity Number (only for Concession) | | |  | | | |
| Quantity affected | |  | | Serial/Batch Number/s | |  |
| Permission Description: | | | | Permission Cause: | | |
| Corrective Action(s): (to be filled only in case of Deviation Permit): | | | | | | |
| ***Prepared by Supplier*** | | | | | | |
| *Role* |  | | | *Name* |  | |
| *Date* | Click or tap to enter a date. | | | *Signature* |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Permission Evaluation and Decision***  *GFMS Responsibility* | | | | | | | | | | | | | | |
| Part/Product Characteristics impacted by this Permission *(evaluation by GFMS R&D, when applicable)*: | | | | | | | | | | | | | | |
| *Safety/Security* | | | | | | | *Performances* | | *Maintainability* | | | | *Appearance* | |
| *Life or Duration* | | | | | | | *Interchangeability* | | *Installability* | | | | *No effect* | |
| *Strength* | | | | | | | *Reliability* | | *Testability* | | | | *Other (see Notes)* | |
| Impact on Costs: | | | | Notes/Details: | | | | | | | | | | |
| No | | Yes | |
| Marking of the Part/Product with Permission Number: | | | | | | | | No | | Yes | | Method: | | |
| Limitations: *(e.g. use, number of the parts)* | | | | | | | | | | | | | | |
| No | Yes *(to specify)* | | | |  | | | | | | | | | |
| ***Repair Proposal (only for Concession)*** | | | | | | | | | | | | | | |
| Usage Decision | | | Choose an item. | | | | | | | | | | | |
| Repair Instructions/Details (if applicable): | | | | | | | | | | | | | | |
| ***Final Decision*** | | | | | | | | | | | | | | |
| GFMS Departments → | | | | | | *Manufacturing Engineering / AVOR* | | | | | *Research & Development* | | | *Supplier Quality Assurance* |
| *Decision* | | | | | | Choose an item. | | | | | Choose an item. | | | Choose an item. |
| Decision Comments | | | | | |  | | | | |  | | |  |
| *Role* | | | | | |  | | | | |  | | |  |
| *Name* | | | | | |  | | | | |  | | |  |
| *Date* | | | | | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | Click or tap to enter a date. |
| *Signature* | | | | | |  | | | | |  | | |  |