SUPPLIER NONCONFORMANCE APPROVAL REQUEST (SNAR) - or - SUPPLIER INFORMATION REQUEST (SIR)

No.

Assigned by SSP

SNAR ☐ (1-13,15,16) **SIR ☐ (1-10 as applicable, 14-16)**

1. PO Item # (R, N, S)	2. Dwg Part No.	3. Dwg Rev/ADCN	4. Part Name	5. Date

6. Requested by: *(Supplier Company Name)*	7. P.O. No. Line No.

8. QTY	9. Serial Number(s) if applicable, or range of S/N's; include WO number for Outside Processing *(If applicable, enter Serial numbers or range of SN's)*	10. Supplier NCR Attached: YES ☐

11. SNAR Non-Conformance Request Description

ITEM No.	QTY	Dwg or Spec No.	LOCATION		SERIAL No.	Requirement *(Enter Should Be for Item #)*	Deviation/Waiver Request *(Enter deviation to Should Be)*
			SHEET	ZONE			
1							

12. Cause(s): *(For each of the above noted Item #'s, enter a root cause for each non-conformance deviation requested here)*

13. Corrective Action(s): *(For each of the above root causes, enter a corrective action here)*

14. SIR Supplier Information Request

Request: *(Enter your information request here)*

15. SNAR/SIR Submittal Date:	16. SNAR/SIR Requestor's Name (Print): *(Your Name)* Title: Requestor's Email or phone:

17. Item #	18. SSP Engineering SNAR DISPOSITION / SIR INSTRUCTIONS
1	

19. SSP MRB Required: Yes ☐ No ☐	20. Customer Name: Customer Number: 21. Customer Approval Required: Yes ☐ No ■	22. Customer Approval Date: Comments:
23. Design Engineer:		24. Effectivity Date:
25. Quality Engineer:		26. Effectivity Date:
27. Buyer Acknowledgement:		28. Effectivity Date:

NOTE: ***Supplier MUST receive a copy of a completed SNAR (signed by authorized SSP Design Engineer, Quality Engineer, and Buyer).***
Copy of signed SNAR MUST be attached to the supplier's shipping documentation.
SNAR number MUST be referenced on the supplier's shipper and certification documents.