

## Supplier Request Form

### Change Request or Special Release for Deviation

#### First page to be filled out by Supplier

Company

Contact Person

Date

#### Select maxon site

maxon Part no.

Part Rev.

Description

Drawing no.

Drawing Rev.

**Please choose an option:**

Please use following **subject** on your e-mail: Abbreviation of maxon location / Part no / Order no / Request type

**Example 1: mmag / Part 123456 / Order 1234567 / Special Release**

**Example 2: mms / Part 123456 / Order 1234567 / Change Request**

## Supplier Request Form Change Request or Special Release for Deviation

**For maxon use only**

SharePoint ID:

Approval required from customer?      Approbation  
 yes      no      None      Design      Design and Process

If "Design" / "Design and Process", approved?      Date of approval  
 yes      no      n/a

Approved?  
 yes      yes, with conditions      no, reason

Conditions and reasons

Drawing change necessary?      IFS Case no.  
 yes      no      n/a

Are actions required on the part of maxon, e.g. in the incoming goods-, assembly- or final inspection?      yes      no  
 If yes, which ones?

Who is responsible?

Role	n/a	Name	E-mail	Signature	Date
If applicable	Engineering				
	Production				
	Sales				
	QE				
SQE					