

## SQAM REQUIREMENT WAIVER REQUEST

REQUESTING COMPANY	TO: TMI QUALITY CONTROL _____ _____ _____ ATTN: _____ TEL: _____ FAX: _____	FROM: _____ _____ _____ TEL: _____ FAX: _____ CONTACT: _____				
	SQAM SECTION TO BE WAIVED:  REASON FOR WAIVER:					
TMI - QC	CONFIRM RECEIPT: TO: _____ ATTN: _____ FROM: _____ DATE: _____					
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> THANK YOU. YOUR REQUEST WILL BE ANSWERED BY THE DATE BELOW:                  _____                  COMMENTS:             </div> <div style="width: 50%;"> <input type="checkbox"/> REQUEST ACCEPTED  <input type="checkbox"/> REQUEST REJECTED (SEE COMMENTS)             </div> </div>					
RESULT: TO: _____ ATTN: _____ FROM: _____ DATE: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">ASST. MANAGER</th> <th style="width: 50%;">SPECIALIST</th> </tr> <tr> <td style="height: 40px; text-align: center; vertical-align: bottom;">/ /</td> <td style="height: 40px; text-align: center; vertical-align: bottom;">/ /</td> </tr> </table>	ASST. MANAGER	SPECIALIST	/ /	/ /
ASST. MANAGER	SPECIALIST					
/ /	/ /					
COMMENTS:						

**ROUTING:**    REQUESTER                      TMI - QC                      cc: PURCHASING