Request for Equivalency Evaluation

Date: _____ **Component Number:** _____

Priority: _____ **Date Due to Maintenance:** _____

Work Order Number: _____ ***Employee*** **Requesting Evaluation:** _____

Test Equipment/Tools/Material Specified in OEM CMM	**Proposed Replacement** (leave blank if there isn't one)

Notes: _____

_____

_____

Accepted ☐ ***Denied*** ☐

Department **Manager:** _____ ***Engineering Review:*** _____