



CONTACT OPTI MFG. CORP. PURCHASING FOR  
 AUTHORIZATION NUMBER  
 BEFORE SUBMITTING COMPLETED FORM

# Vendor Information Request (VIR)

VIR Number: \_\_\_\_\_

Supplier Name and Address:		Purchase Order Number:		Date:	
		Supplier Representative/Contact Info:		Title:	
Part Number (SN, Lot # as applicable):		Revision:	Part Name:		Quantity:
<u>Description of Defect or Variance:</u>					
<u>Cause of Defect or Variance:</u>					
Proposed Corrective Action (as applicable):					
<b>Date of Effectivity:</b>					
Schedule Affected?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	How?	
<b>Below This Line – For OPTI use only</b>					
OPTI Project Number:			Contract Number:		
List All Previous VIR's and NCR's for this Part Number:					
NCR Required? (Y/N)	AQL	Inspection Level	Occurrence	C/A Responsibility – (Supplier or OPTI) :	
Corrective Action or NCR #	Preliminary Disposition	Cause	VIR Submitted to address discrepancy or process change (D or C)		
Recommendation for Disposition:			Project Engineer:		Date:
			Quality Engineer:		Date:
			Program Manager:		Date:
			OPTI Buyer:		Date:
			DCMA/Customer Rep.		Date: