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| **VENDOR PROCEDURE APPROVAL REQUEST** | | | | | | | | | 1. **SUPPLIER VPAR NUMBER:** | | |
| 1. **SUPPLIER NAME AND MAILING ADDRESS**     **COMPANY NAME**    **ADDRESS**    **CITY, STATE & ZIP CODE** | | | | 1. **COMMODITY OR PART NAME IDENTIFIED ON THE PO:** | | | | | 1. **NNS NOTIFICATION NUMBER:** | | |
| 1. **MATERIAL CONTROL LEVEL (MCL) IDENTIFIED ON THE PO:**     STD  Q-1  CM-A  CM-III  STD-T  MC-I  CM-FAC  CM-I  NA  CM(-)  CM-SLL | | | | | 1. **PAGE OF** | | 1. **VPAR DATE:** |
| 1. **HULL:** | | 1. **VENDOR REQ’D DATE:** |
| **FAX NUMBER:** | **SUPPLIER ID:** | | |
| 1. **PO/VERSION NO.** | **10a. PO ITEM NUMBER:** | | | 1. **Material NUMBER:** | | 1. **VENDOR DOC. NUMBER:** | | | 1. **vendor doc revision:** | | |
| 1. **SOFTWARE TYPE:**   VENDOR DRAWINGS  TEST REPORTS  TECH MANUAL  QUALIFICATION TEST  TECHNICAL DATA  WELDING/BRAZING FABRICATION  TEST PROCEDURE  NONDESTRUCTIVE TEST  NEW PROCEDURE  EXTENDED PROCEDURE  RADIOGRAPHIC STANDARD SHOOTING SKETCHES  RADIOGRAPHS  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 1. **DESCRIPTION OF SUBMITTAL:**      1. **IF APPROVED, DELIVERY WILL BE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_**     **IF DISAPPROVED, DELIVERY WILL BE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| 1. **REPORTED BY:**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature PHONE #** | | | | | | | | | | | |
| **VENDOR: PLEASE DO NOT WRITE BELOW THIS LINE** | | | | | | | | | | | |
| 1. **BUYER:** | | | 1. **PHONE #** | | | | | 1. **DATE RECEIVED:** | | | |
| 1. **DISPOSITION: (LIMIT TO INSTRUCTIONS TO VENDOR)** | | | | | | | | | | | |
| **APPROVED\***  **DISAPPROVED\***  **CONDITIONALLY APPROVED\***  **NOT REQUIRED\***  **ADDITIONAL INFO – VDR ACTION\*** | | | | | | | | | | | |
| **BELOW SPACE IS FOR FINAL DISPOSITION AUTHORIZATION USE ONLY** | | | | | | | | | | | |
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| **APPROVALS (N/A IF NOT APPLICABLE)** | | | | | | | | | | | |
| 1. **ENG RESOLVED BY: DATE** | | 1. **ENG APPROVED BY: DATE** | | | 1. **SUPSHIP: DATE** | | 1. **SUPSHIP-CONTRACT OFFICER: DATE** | | | 1. **QUALITY: DATE** | |
| 1. **DISPOSITION SENT TO SUPPLIER:**     **BUYER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **NOTICE TO SUPPLIER: THE DISPOSITION OUTLINED ABOVE IS APPLICABLE TO THE MATERIAL ON THIS VPAR ONLY. SHIPPING DOCUMENTS FOR THIS MATERIAL MUST REFERENCE THIS VPAR.**  **\*Any impact to price or delivery necessitated by the disposition of this VPAR must be negotiated with the appropriate Sourcing Representative. Such changes may then be authorized by only through an official NNS Purchase Order modification.** | | | | | | | | | | | |

**INSTRUCTIONS TO VENDOR**

A PROPERLY APPROVED VENDOR PROCEDURE APPROVAL REQUEST (VPAR) OR A SUPPLEMENT TO A PURCHASE ORDER ARE THE ONLY DOCUMENTS WHICH ARE AUTHORIZED TO CLEAR CODED NOTE LIABILITIES INVOLVING NEWPORT NEWS SHIPBUILDING COMPANY PURCHASE ORDERS.

TO FACILITATE THE PREPARATION OF THE FORM, A BRIEF DESCRIPTION APPEARS BELOW INDICATING THE INFORMATION REQUIRED TO BE ENTERED IN THE APPROPRIATE BLOCK.

**IF MULTIPLE PAGES ARE REQUIRED, LINK ADDITIONAL PAGES BY NUMBER TO THE FIRST PAGE. FOR VENDOR PROCEDURE APPROVAL REQUESTS THAT INCLUDE MULTIPLE PO LINE ITEMS, USE THE CONTINUATION SHEET (LINK AS MANY CONTINUATION SHEETS AS NECESSARY).**

## BLOCK # ENTRY

* 1. **REFER TO THIS NUMBER ON ANY INQUIRY, RECORD THIS NUMBER ON THE PACKING LIST PRIOR TO SHIPPING.**
  2. **ENTER YOUR FULL MAILING ADDRESS, INCLUDING SUPPLIER ID, NAME AND FAX NUMBER OF ANYONE TO WHOM THE RETURNED VPAR SHOULD BE SENT.**
  3. **A GENERAL DESCRIPTION OF THE COMMODITY OR PART NAME THAT APPEARS ON THE PURCHASE ORDER.**
  4. **NUMBER ASSIGNED BY NEWPORT NEWS UPON INITIAL RECEIPT OF VPAR. WHEN RESUBMITTING, VENDOR IS REQUIRED TO REFERENCE THIS NUMBER.**
  5. **SHOW THE NUMBER OF THE FIRST PAGE AND ALSO THE TOTAL NUMBER OF PAGES INVOLVED.**
  6. **THE DATE THE ENTRIES ARE BEING MADE.**
  7. **SELECT THE MATERIAL CONTROL LEVEL (MCL) OF THE ITEM AS IDENTIFIED IN THE PO/ITEM NO.**
  8. **PROVIDE THE HULL/CONTRACT NUMBER IDENTIFIED FOR THE PO/ITEM NO.**
  9. **GIVE DATE RESPONSE TO THE VPAR IS REQUIRED BY IN ORDER TO AVOID DELAY OF DELIVERY.**

**10-10a ENTER THE PURCHASE ORDER NUMBER, VERSION NUMBER AND THE ITEM NUMBER THAT IS AFFECTED BY THIS REQUEST.**

1. **NEWPORT NEWS SHIPBUILDING PART NUMBER AS INDICATED IN THE PURCHASE ORDER.**
2. **INDICATE THE VENDOR DOCUMENT NUMBER(S) SUBMITTED ON THIS VPAR.**
3. **REVISION OF THE VENDOR DOCUMENT NUMBER(S) SUBMITTED ON THIS VPAR.**
4. **CHECK APPROPRIATE BLOCK THAT BEST DESCRIBES THE SOFTWARE SUBMISSION. FOR THE VPAR CONTINUATION SHEET, WRITE IN THE SOFTWARE TYPE CHECKED ON SHEET 1.**
5. **ADD CLARITY AND INSTRUCTION FOR SOFTWARE TYPES THAT REQUIRE ADDITIONAL INFORMATION. FOR EXAMPLE, PROVIDE TITLE AND IDENTIFYING NUMBER OF THE PROCEDURE AND REVISION WHEN APPLICABLE, AND DATE. PROVIDE X-RAY SERIAL, PATTERN AND HEAT NUMBERS FOR X-RAYS. PROVIDE SHOOTING SKETCH APPROVAL NUMBER FOR PRODUCTION OF FIRST PIECE X-RAYS. USE SEPARATE FORM FOR EACH PROCEDURE OR TYPE OF X-RAY.**
6. **INDICATE THE DELIVERY IMPACT IF NEWPORT NEWS DOES / DOES NOT GRANT ACCEPTANCE OF THE REQUEST.**
7. **GIVE NAME OF PERSON TO CONTACT IN CASE OF ANY QUESTIONS REGARDING VPAR.**

**18-20 ENTER REQUIRED INFORMATION**

**21. THE APPROPRIATE DISPOSTION BLOCK AND ENTER FINAL DISPOSITION TEXT. MARK VPAR AND VENDOR MATERIAL.**

**22-26 MARK AS APPLICABLE**

**27. INDICATE DATE COMPLETED AND VPAR SENT TO SUPPLIER.**

**INSTRUCTIONS ON ROUTING TO NNS**

REFER TO THE PURCHASE ORDER CODED NOTE INVOKING THIS SUBMITTAL. FOR SUBMITTAL FOR ROUTING INSTRUCTIONS TO NNS.

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| **VPAR Continuation Sheet**  **Requirements for Utilizing this Continuation Sheet:**   * The submittal must be the same for all Line Items included in the VPAR. * Only applicable if all Line items/ have a Material Control Level of “STD”or "NA". * Ensure that all Line Items involved are for the same NNS End Use (i.e. same Contract/Hull). * NNS Planning & Scheduling Personnel Complete Block **4** of this Continuation Sheet. | | | | | |
| 1. **SUPPLIER VPAR NUMBER:** | | | | 1. **NNS NOTIFICATION NUMBER:** | |
| 1. **PO/VERSION NO.** | | **10a. PO ITEM NUMBER:** | | | 1. **MATERIAL NUMBER:** |
| 1. **VENDOR DOC. NUMBER:** | 1. **vendor doc revision:** | | 1. **SOFTWARE TYPE:** | | |
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