SDLCM	<b>METHODOLO</b>	GY DEVIATIO	N OR WAIVER	FORM		
	Request Number (CM Use Only):					
	Р	roject Information	1			
Project/Task Number:	Request Originator: Phone Num		Phone Number:	Reques	Request Date:	
Project/Task Name:				•		
Deviation or Waiver Information						
□ Deviation	Applicability:					
☐ Waiver	□ Handbook	□ Standard	☐ Procedure	☐ Form	☐ Other	
Section of SDLCMM Handbook	, Standard, Proce	dure, Form:				
<b>Description</b> : (Use extra pages i	f needed)					
Reason for Request: (Use extra pages if needed)						
Neuson for Nequest. (Ose extra pages in needed)						
Proposed Alternative: (Deviations only): (Use extra pages if needed)						
Coat Impact if Request is Dison		Sahadula Impa	-t if Degreest is Disc			
(Use extra pages if needed)	(Use extra pages	ct if Request is Disa s if needed)	approveu:			
		Approvals				
Submitting NRC Project Manager's Signature:			Date:			
SDLCMM CCB	□ Disapprov	ved (reason for di	sapproval):			
NRC SDLCM Methodology Manager Signature:				Date:	Date:	