

RECOMMENDATION FOR CHANGE OF PUBLICATION

| | | | | |
|--|---|--|---|---|
| 1. DATE | 2. UNIT/AFSAS CONTROL NO. | 3. MAJCOM/HHQCONTROL NO. | 4. PUBLICATION NUMBER | 5. EMERGENCY OR SAFETY INCIDENT RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. PUBLICATION NAME | | | 7. BASIC DATE OF PUBLICATION | 8. REVISION/CHANGE DATE |
| 9. PAGE NUMBER | 10. MAJOR/SUB PARAGRAPH TITLE/NUMBER OR FIGURE NUMBER | | | |
| 11. ITEM NUMBER | 12. OPR <i>(for instructions)</i> | 13. IS SUPPORTING DOCUMENTATION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. SERIES AFFECTED <i>(for flight manuals)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 15. TEXT OR FIGURE AS PRESENTLY READS <i>(List what is considered to be incorrect or missing):</i> | | | | |
| | | | | |
| 16. CHANGE TO READ <i>(Describe the desired change)</i> | | | | |
| | | | | |
| 17. RATIONALE <i>(Provide reason or additional comments for this recommendation)</i> | | | | |
| | | | | |
| 18. NAME/RANK <i>(of originator)</i> | | 19. SIGNATURE CLICK HERE TO SIGN | | |
| 20. ORGANIZATION | | 21. DSN | FAX | |
| 22. FULL MAILING ADDRESS | | | 23. E-MAIL | |

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| TO: | | FROM: <i>(Full Address Including Zip Code and DSN)</i> | |
| SECTION 1 | | SECTION 1 | |
| <input type="checkbox"/> CONCUR | | <input type="checkbox"/> CONCUR WITH INTENT | |
| <input type="checkbox"/> CONCUR WITH INTENT | | <input type="checkbox"/> DO NOT CONCUR | |
| REMARKS | | | |
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| SECTION 2 | | SECTION 2 | |
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| REMARKS | | | |
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| TO | | FROM | |
| SECTION 3 | | SECTION 3 | |
| <input type="checkbox"/> CONCUR | | <input type="checkbox"/> CONCUR WITH INTENT | |
| <input type="checkbox"/> CONCUR WITH INTENT | | <input type="checkbox"/> DO NOT CONCUR | |
| REMARKS | | | |
| LEAD MAJCOM | COPIES FORWARDED TO | | |
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| TO <i>(FMM/Final Approval Authority)</i> | | FROM <i>(Full Address Including Zip Code and DSN)</i> | |
| SECTION 4 | | | |
| <input type="checkbox"/> CONCUR | | <input type="checkbox"/> FORWARDED TO _____ FOR REVIEW AND/OR ACTION | |
| <input type="checkbox"/> CONCUR WITH INTENT | | <input type="checkbox"/> DO NOT CONCUR <i>(See comments below)</i> | |
| REMARKS | | | |
| DATE | APPROVAL/DISAPPROVAL AUTHORITY NAME, GRADE & TITLE | SIGNATURE | |
| | | CLICK HERE TO SIGN | |