STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

INSTRUCTIONS

1. The preparing activity must complete blocks 1, 2, 3, and 8. In block 1, both the document number and revision letter should be given.
2. The submitter of this form must complete blocks 4, 5, 6, and 7.
3. The preparing activity must provide a reply within 30 days from receipt of the form.

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I RECOMMEND A CHANGE:	**1. DOCUMENT NUMBER**	**2. DOCUMENT DATE** *(YYMMDD)*

3. DOCUMENT TITLE

4. NATURE OF CHANGE *(Identify paragraph number and include proposed rewrite, if possible. Attach extra sheets as needed.)*

5. REASON FOR RECOMMENDATION

6. SUBMITTER

a. NAME *(Last, First, Middle Initial)*	b. ORGANIZATION	
c. ADDRESS *(Include Zip Code)*	d. TELEPHONE *(Include Area Code)* (1) Commercial (2) AUTOVON *(if applicable)*	**7. DATE SUBMITTED** ***(YYMMDD)***

8. PREPARING ACTIVITY

a. NAME	b. TELEPHONE *(Include Area Code)* (1) Commercial (2) AUTOVON
c. ADDRESS *(Include Zip Code)*	**IF YOU DO NOT RECEIVE A REPLY WITHIN 45 DAYS, CONTACT:** Defense Quality and Standardization Office 5203 Leesburg Pike, Suite 1403, Falls Church, VA 22041-3466 Telephone (703) 756-2340 AUTOVON 289-2340