

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, and send to preparing activity.
3. The preparing activity must provide a reply within 30 days from receipt of the form.

NOTE: This form may not be used to request copies of documents, nor to request waivers, or clarification of requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

I RECOMMEND A CHANGE:

1. DOCUMENT NUMBER

2. DOCUMENT DATE (YYYYMMDD)

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) DSN
(If applicable)

7. DATE SUBMITTED
(YYYYMMDD)

8. PREPARING ACTIVITY

a. NAME

b. TELEPHONE *(Include Area Code)*
(1) Commercial (2) DSN

c. ADDRESS *(Include ZIP Code)*

IF YOU DO NOT RECEIVE A REPLY WITHIN 45 DAYS, CONTACT:
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