

Contractor Change Request Form

Contractor Change Request Form				1. DATE	
RETURN TO THE GOVERNMENT-ISSUING CONTRACT OFFICER FOR THE CONTRACT / PROCURING ACTIVITY LISTED IN BLOCK 14 OF THIS FORM.					
2. REQUEST NUMBER		REV	3. CONTRACT NUMBER / DELIVERY ORDER NUMBER		
5. ORIGINATOR		b. Address (Street, City, State, Zip Code)			4. DODAAC
a. Name (First, Middle Initial, Last)					N62470
8. SPECIFICATIONS EFFECTED		9. DRAWINGS EFFECTED		10. PRIORITY	
SPECIFICATION SECTION/PARAGRAPH		DRAWING NUMBER		SHEET	
a.		a.		<input type="checkbox"/> Emergency	
b.		b.		<input type="checkbox"/> Urgent	
c.		c.		<input type="checkbox"/> Routine	
				7. CRANE IN PRODUCTION	
				<input type="checkbox"/> Yes (Waiver)	
				<input type="checkbox"/> No (Deviation)	
				11. ITEM EFFECTED	
12. TITLE OF REQUEST				13. EFFECT ON DELIVERY SCHEDULE	
				<input type="checkbox"/> Yes	
				IMPACT	
				<input type="checkbox"/> No	
14. PROCURING CONTRACTING OFFICER			15. SAFETY CONCERN		
a. Name (First, Middle Initial, Last)			b. Phone		
			<input type="checkbox"/> Critical		
			<input type="checkbox"/> Major		
			<input type="checkbox"/> Minor		
17. DOES CHANGE EFFECT MULTIPLE CRANES?					
a. <input type="checkbox"/> Yes (Change Proposal) <input type="checkbox"/> No (Deviation/Waiver)			b. Effected Cranes		
18. DESCRIPTION OF REQUEST					
19. NEED FOR REQUEST					
20. CONTRACTOR					
<input type="checkbox"/>		a. Name (First, MI, Last)		b. Signature / Contractor	
<input type="checkbox"/>				c. Title	
21. NAVY CRANE CENTER APPROVAL/DISAPPROVAL					
a. Design Recommendation		Name (First, MI, Last)		Signature / Design	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
b. Comments					
c. Project Management Recommendation		Name (First, MI, Last)		Signature / Project Management	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
d. Contracts		Name (First, MI, Last)		Signature / Contract Specialist	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					

