

CASE FILE/NAS CHANGE PROPOSAL

(PLEASE TYPE OR PRINT NEATLY)

1. Case File Number	2. FOR CM USE	Case File Received Date	NCP Issuance Date	NCP Number
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3. Scope of Change <input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Test	4. Reason For Change <input type="checkbox"/> Safety <input type="checkbox"/> Technical Upgrade <input type="checkbox"/> Systems Interface <input type="checkbox"/> Requirements Change <input type="checkbox"/> Design Error <input type="checkbox"/> Parts Unavailability <input type="checkbox"/> Baseline <input type="checkbox"/> Other
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5 Priority <input type="checkbox"/> Normal <input type="checkbox"/> Time-Critical <input type="checkbox"/> Urgent	6. Justification of Time Critical/Urgent Priority	7. Supplemental Change Form <input type="checkbox"/> ECR/ECP <input type="checkbox"/> TES <input type="checkbox"/> N/A 7a. Supplemental Change No. _____ 7b. Supplemental Change Initiation Date _____
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8. Case File Originator	9. Originator's Organization	10. Telephone Number	11. Case File Initiation Date
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12. Type of Document Affected <input type="checkbox"/> CPFS <input type="checkbox"/> SPEC <input type="checkbox"/> MTBK <input type="checkbox"/> _____ <input type="checkbox"/> TI <input type="checkbox"/> DWG <input type="checkbox"/> IRD/ICD	13. Baseline Document Number(s)
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14. CI Subsystem Designator	15. FA Type	16. CI Component Designator
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17. Facility Identifier (FACID)	18. Facility Code (FACCODE)	19. Cost Center Code	20. System Software Version
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21. Title

22. Description: (a) identification of problem, (b) proposed change, (c) interface impact, (d) cost estimate (e) funding source (f) benefits/risks, (g) Schedule (h) Other (e.g. logistics, quality, etc.)

(a)

(b)

(c)

(d).

(e)

(f)

(g)

(h)

Blocks 1 through 22 are to be completed by originator and/or the NCP coordinator. If a block is not applicable, write n/a. Attach additional sheets if necessary. See current revision of NAS-MD-001 for detailed completion instructions.

Case File Number					NCP Number					Page 2 of ____														
23. Name and Title of Originator's Immediate Supervisor (Type/Print Clearly)					Signature					Date														
24. Facility/SMO Review (AT/AF)					25. Regional Review																			
Name		Routing Symbol		Date		Concur		Non-Concur			Name		Routing Symbol		Date		Concur		Non-Concur					
					<input type="checkbox"/> Recommend Approval					<input type="checkbox"/> Disapprove														
															(Enter into CM/STAT. Forward to Prescreening) (Return to Originator)									
Routing Symbol		Signature		Date		Routing Symbol		Signature			Date													
Routing Symbol		Signature		Date		Routing Symbol		Signature			Date													
24a. Comments					Routing Symbol		Signature/Configuration Mgr/NCP Coordinator/ Reg Exec Sec			Date														
										25a. Comments														
															(Attach additional sheets if necessary)									

26. PRESCREENING

Prescreening Office _____

Prescreening Comments:

(Attach additional sheets if necessary)

Reviewers		Routing Symbol		Date		Concur		Non-Concur			<input type="checkbox"/> Recommend Approval		<input type="checkbox"/> Recommend Disapproval		
											<input type="checkbox"/> New Requirement				
													(Return original to originating office through the Regional NCP Coordinator)		
											Routing Symbol		Signature		
											Date				
Recommended Must Evaluators															

27. For Internal Configuration Management Use Only