

ENGINEERING CHANGE PROPOSAL (ECP), PAGE 1					1. DATE (YYYYMMDD)		Form Approved OMB No. 0704-0188			
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>							2. PROCURING ACTIVITY NO.			
							3. DODAAC			
4. ORIGINATOR			b. ADDRESS (Street, City, State, Zip Code)			5. CLASS OF ECP				
a. TYPED NAME (First, Middle Initial, Last)						6. JUST. CODE		7. PRIORITY		
8. ECP DESIGNATION					9. BASELINE AFFECTED					
a. MODEL/TYPE		b. CAGE CODE		c. SYSTEM DESIGNATION			<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> PRODUCT	
							<input type="checkbox"/> ALLOCATED			
d. ECP NO.				e. TYPE		f. REV		10. OTHER SYS./CONFIG. ITEMS AFFECTED		
								<input type="checkbox"/> YES		<input type="checkbox"/> NO
11. SPECIFICATIONS AFFECTED					12. DRAWINGS AFFECTED					
	CAGE Code	Specification/Document No.	Rev.	SCN	CAGE Code	Number	Rev.	NOR		
a. SYSTEM										
b. DEVELOPMENT										
c. PRODUCT										
13. TITLE OF CHANGE										
14. CONTRACT NO. AND LINE ITEM					15. PROCURING CONTRACTING OFFICER					
					a. NAME (First, Middle Initial, Last)					
					b. CODE			c. TELEPHONE NO.		
16. CONFIGURATION ITEM NOMENCLATURE								17. IN PRODUCTION		
								<input type="checkbox"/> YES		<input type="checkbox"/> NO
18. ALL LOWER LEVEL ITEMS AFFECTED										
a. NOMENCLATURE					b. PART NO.			c. NSN		
19. DESCRIPTION OF CHANGE										
20. NEED FOR CHANGE										
21. PRODUCTION EFFECTIVITY BY SERIAL NUMBER					22. EFFECT ON PRODUCTION DELIVERY SCHEDULE					
23. RETROFIT										
a. RECOMMENDED ITEM EFFECTIVITY					b. SHIP/VEHICLE CLASS AFFECTED					
c. ESTIMATED KIT DELIVERY SCHEDULE					d. LOCATIONS OR SHIP/VEHICLE NUMBERS AFFECTED					
24. ESTIMATED COSTS/SAVINGS UNDER CONTRACT					25. ESTIMATED NET TOTAL COSTS/SAVINGS					
26. SUBMITTING ACTIVITY					b. TITLE					
a. AUTHORIZED SIGNATURE										
27. APPROVAL/DISAPPROVAL										
a. CLASS I			b. CLASS II			c. CLASS II			DO NOT CONCUR IN CLASSIFICATION OF CHANGE	
<input type="checkbox"/> APPROVAL RECOMMENDED		<input type="checkbox"/> DISAPPROVAL RECOMMENDED		<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/>		<input type="checkbox"/>
d. GOVERNMENT ACTIVITY				e. SIGNATURE				f. DATE SIGNED (YYYYMMDD)		
g. APPROVAL		h. GOVERNMENT ACTIVITY			i. SIGNATURE			j. DATE SIGNED (YYYYMMDD)		
<input type="checkbox"/> APPROVED										
<input type="checkbox"/> DISAPPROVED										