Reset Form

Acquisition Management System Change Request Form

Change Request Number: (To be completed by secretariat)	
Title:	
Select the type of Change Request: *Policy changes require FAE endorsement.	Choose One
Impacted AMS Category. Choose from drop down selections. If additional categories or sections are impacted, submit a separate CR form for each. **Section(s) impacted by CR:**	Category: CHOOSE ONE

PART 1: ENDORSEMENTS

Manager, Acquisition Policy Branch Endorsement: Choose One	○ Approved ○ Disapproved	Electronic Signature/Date:
Acquisition System Advisory Group (ASAG) Chairperson Endorsement:	○ Approved ○ Disapproved	Electronic Signature/Date:
Acquisition Policy and Oversight (AAP) Director Endorsement:	○ Approved ○ Disapproved	Electronic Signature/Date:
FAA Acquisition Executive (FAE) Endorsement: *Only required for Policy Changes	○ Approved ○ Disapproved	Electronic Signature/Date:

PART 2: GENERAL INFORMATION			
Change Request (CR) Number:		Date Received: (To be completed by secretariat)	
Summary and Reason for Change:			
Initiator Contact Information:	Name:		Phone:
	Organization Name:		Routing Code:
ASAG Member Contact Information	Name:		Phone:
Development, Review, and Concurrence:		Target Audience:	
ASAG Briefing: ◯ YES ◯ NO (To be completed by secretariat) Date:		ASAG Responsibilities:	
AEB Briefing: ◯ YES ◯ NO (To be completed by secretariat) Date:		AEB Responsibilities:	

PART 3: FAST PUBLICATION INFORMATION

☐ **Validation of other impacted FAST locations:** I confirm I have validated all other portions of the website and will submit additional CR's for any other impacted sections as necessary.

Section/Text Location:	**Links:**	
Redline Validation: NOTE: The redline version must be a comparison with the current published FAST version.	○ I confirm I used the latest published version to create this change/redline. OR	○ This is new content.
Attachments:	**Other Files:**	