

 ACQ WE GET IT	Acquisition Management System Change Request Form	
Change Request Number:		
Description of the Change:		
Select the type of Change Request: *Policy changes require FAE endorsement.		
Section:		
PART 1: ENDORSEMENTS		
Manager, Acquisition Policy Branch Endorsement:	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:	
CR Title:			
Summary of Change:			
Reason for Change:			
Initiator Contact Information:	Name:		Phone:
	Initiator Organization Name:		Routing Code:
ASAG Member Contact Information:	Name:		Phone:
Development, Review, and Concurrence:		Target Audience:	
ASAG Briefing: (To be completed by secretariat) Date:		YES NO	ASAG Responsibilities:
AEB Briefing: (To be completed by secretariat) Date:		YES NO	AEB Responsibilities:

PART 3: FAST PUBLICATION INFORMATION

Impacted AMS Section: NOTE: Please choose only one. If additional sections are impacted, submit a separate CR form for each.			
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:	