



ACQ
WE GET IT

Acquisition Management System Change Request Form

Change Request Number:
(To be completed by secretariat)

25-20

Description of the Change:

Revised AMS Change Request (CR) Coversheet (Remove and Replace)

Select the type of Change Request:

*Policy changes require FAE endorsement.

Guidance

Section(s) impacted by CR:

Other Tools & Resources > Revising AMS

PART 1: ENDORSEMENTS

**Manager, Acquisition Policy Branch
Endorsement:**

AAP-110, Procurement Policy Branch



Approved



Disapproved

Electronic Signature/Date:

**STEPHEN
BRENDAN
MANGAN**

Digitally signed by STEPHEN
BRENDAN MANGAN
Date: 2024.10.02 15:36:51
-05'00'

**Acquisition System Advisory Group
(ASAG) Chairperson Endorsement:**



Approved



Disapproved

Electronic Signature/Date:

**STEPHEN
BRENDAN
MANGAN**

Digitally signed by STEPHEN
BRENDAN MANGAN
Date: 2024.10.02 15:46:56
-05'00'

**Acquisition Policy and Oversight (AAP)
Director Endorsement:**



Approved



Disapproved

Electronic Signature/Date:

**JAKE LENO
LEWIS**

Digitally signed by
JAKE LENO LEWIS
Date: 2024.10.03
17:33:49 -04'00'

**FAA Acquisition Executive (FAE)
Endorsement:**

*Only required for Policy Changes



Approved



Disapproved

Electronic Signature/Date:

PART 2: GENERAL INFORMATION

Change Request (CR) Number: 25-20		Date Received: (To be completed by secretariat)	10/3/24
CR Title: Revised AMS Change Request Coversheet			
Summary and Reason for Change:		The administrative change updates the AMS Change Request (CR) Coversheet as follows: 1. Revises "Description of the Change" to "Title". This administrative edit is	
Initiator Contact Information:	Name: Stacie Huelsbeck	Phone: 404-305-5807	
	Organization Name: Procurement Policy Branch	Routing Code: AAP-110	
ASAG Member Contact Information	Name: Stephen Mangan	Phone: 4059-54-4137	
Development, Review, and Concurrence: AAP-110 and AAP-130		Target Audience: FAA Acquisition Workforce and AAP Approvers	
ASAG Briefing: ☐ YES ☒ NO (To be completed by secretariat) Date:		ASAG Responsibilities: None.	
AEB Briefing: ☐ YES ☒ NO (To be completed by secretariat) Date:		AEB Responsibilities: None.	

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.	Other Tools & Resources		
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: On the FAST Web-page entitled "Revising AMS", under "Key Outputs and Products,"	Links: https://fast.faa.gov/Revising_AMS.cfm		
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: AMSChangeRequestCoverSheet10.2.24.pdf	Other Files: N/A.		