

REQUEST FOR NOMENCLATURE

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 30 minutes 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 the Department of Defense, Executive Services and Communications Directorate (0704-0188). 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.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

1. ORIGINATOR AND ADDRESS <i>(Include ZIP Code)</i>			
2. THRU OR VIA <i>(Include ZIP Code)</i>		3. TO <i>(Include ZIP Code)</i>	
4. DATE OF REQUEST	5. DESCRIPTION PER DP NO.	6. SOURCE REQUEST NO.	7. SECURITY CLASS OF EQUIP
8. FEDERAL SUPPLY CLASS	9. STOCK NO. <i>(When available)</i>	10. ACTION REQUESTED <input type="checkbox"/> REVISION <input type="checkbox"/> CANCELLATION <input type="checkbox"/> ASSIGNMENT	
11. FOR REVISIONS NOTE CHANGE IN <input type="checkbox"/> ITEM NAME <input type="checkbox"/> TECHNICAL DATA <input type="checkbox"/> TYPE DESIGNATION <input type="checkbox"/> SECURITY CLASS OF EQUIP <input type="checkbox"/> SECURITY CLASS OF TECH DATA		12. TYPE OF NOMENCLATURE REQUESTED <i>(X one)</i> <input type="checkbox"/> EXPERIMENTAL OR DEVELOPMENT <input type="checkbox"/> PREPRODUCTION OR PRODUCTION	
13. RECOMMENDED NOMENCLATURE			

TECHNICAL DATA

14. _____ (1) FEDERAL CATALOGING ITEM NAME	
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15. FUNCTIONAL DESCRIPTION		
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16. CONTRACT OR ORDER NO.	17. GOVT DRAWING NO.	18. GOVT SPECIFICATION NO.
19. DATE ACTION TAKEN TO <i>(For use by Control Point only)</i> <input type="checkbox"/> ASSIGN <input type="checkbox"/> CANCEL <input type="checkbox"/> REVISE		20. PROJECT GROUP
21. EQUIPMENT OF WHICH THIS ITEM IS A PART		
22. EQUIPMENT WITH WHICH THIS ITEM IS USED		

23. INITIATOR REQUESTING SUFFIX LETTER ASSIGNMENT OR NEW ASSIGNMENT WILL MARK APPROPRIATE BLOCK. COMPLETE DETAILS CONCERNING SIMILARITIES, DIFFERENCES, AND INTERCHANGEABILITY WILL BE STATED IN "OTHER PERTINENT INFORMATION" BLOCK

- TWO WAY INTERCHANGEABLE, EXCEPT BY MAINTENANCE PARTS, WITH *(List equipments)*
 TWO WAY INTERCHANGEABLE, INCLUDING MAINTENANCE PARTS, WITH *(List equipments)*
 ONE WAY INTERCHANGEABLE WITH *(List equipments)*
 SIMILAR TO *(List equipments)* BUT NOT ELECTRICALLY, MECHANICALLY,
 FUNCTIONALLY, INTERCHANGEABLE *(X appropriate block or blocks and specify differences)*

24. OTHER PERTINENT INFORMATION *(List any additional information not covered by the above questions concerning function, application, purpose, relationship or similarity to other equipment, reason for revision, substitutability of or by other equipment, description of the design change, etc., which would aid in the assignment of nomenclature to this request.)*

25. INITIATED BY *(Name, Title and Telephone Extension)*

26. SIGNATURE

FOR USE BY NOMENCLATURE CONTROL POINT ONLY

27. AUTHORIZED NOMENCLATURE

28. AUTHORIZED BY *(Name, Title and Telephone Extension)*

29. SIGNATURE