

ALLOWANCE CHANGE REQUEST <i>(Read Instructions before completing this form)</i>		1. DATE OF REQUEST (YYYYMMDD)	2. TYCOM SERIAL NO. (Optional)	
3. FROM (Unit, TYCOM or SYSCOM)		4. TO (TYCOM (if from Unit) or NAVFAC (if from TYCOM or SYSCOM))		
5. SUBJECT				
6. REQUIREMENT (What specifically is being requested)				
7. JUSTIFICATION (Map to Required Operational Capability or existing solution in Table of Allowance)				
8. PROPOSED MATERIEL SOLUTION (NSN or cage code, part number and description)				
9. TOAs IMPACTED				
10. QUANTITY PER TOA				
11. UNIT COST			12. EXTENDED COST	
13. ACR POINT OF CONTACT				
a. NAME	b. OFFICE CODE	c. TELEPHONE NO.	d. EMAIL ADDRESS	
14. TYCOM ENDORSEMENT				
a. TYPED NAME	b. DATE SIGNED (YYYYMMDD)	c. SIGNATURE		

ALLOWANCE CHANGE REQUEST <i>(Read Instructions before completing this form)</i>	15. DATE SENT TO SYSCOM (YYYYMMDD)	16. NAVFAC SERIAL NO.
17. RECOMMENDED MATERIEL SOLUTION <i>(To be filled out by SYSCOM)</i>		
a. SYSCOM <i>(To be filled out by NAVFAC)</i>	b. PROGRAM OFFICE	
c. ALTERNATIVE MATERIEL SOLUTION ANALYSIS		
(1) ALTERNATIVES IN OTHER TOAs		
(2) ALTERNATIVES IN OTHER SERVICES		
(3) ALTERNATIVES AVAILABLE COMMERCIALY		
d. IDENTIFICATION OF RECOMMENDED MATERIEL SOLUTION AND/OR KPPs / KSAs		
(1) RECOMMENDATION		
(2) RATIONALE		
(3) RISK		

ALLOWANCE CHANGE REQUEST <i>(Read Instructions before completing this form)</i>	19. DATE SENT TO TYCOM (YYYYMMDD)	16. NAVFAC SERIAL NO.
20. TYCOM REVIEW <i>(As required. TYCOM comments must be returned to NAVFAC within 30 calendar days or concurrence is assumed)</i>		
a. CONCUR WITH ENDORSED SOLUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
b. COMMENTS		
c. TYCOM ENDORSEMENT		
(1) TYPED NAME	(2) DATE SIGNED (YYYYMMDD)	(3) SIGNATURE

ALLOWANCE CHANGE REQUEST <i>(Read Instructions before completing this form)</i>		21. DATE SENT TO OPNAV (YYYYMMDD)	16. NAVFAC SERIAL NO.
22. OPNAV APPROVAL			
a. STAFF REVIEW (As required)			
(1) ASSIGNED TO		(2) RECOMMENDATION <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> OTHER <i>(see Comments)</i>	
(3) COMMENTS			
(4) TYPED NAME <i>(Recommending Official)</i>	(5) DATE SIGNED (YYYYMMDD)	(6) SIGNATURE	
b. WARFARE SPONSOR REVIEW			
(1) ASSIGNED TO		(2) DECISION <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> OTHER <i>(see Comments)</i>	
(3) COMMENTS			
(4) TYPED NAME <i>(Approving Official)</i>	(5) DATE SIGNED (YYYYMMDD)	(6) SIGNATURE	