

REQUEST FOR CLARIFICATION, DEVIATION, OR REVISION			
CHECK APPROPRIATE BOX	CLARIFICATION	DEVIATION	REVISION
ACTIVITY		ACTIVITY REQUEST NUMBER	
WHE NUMBER	MANUFACTURER	SPS CRANE Yes _____ No _____	
SUBJECT			
PREPARED BY	PHONE	FAX	DATE
	E-MAIL		
APPROVED BY	PHONE	FAX	DATE
	E-MAIL		
CONTRACTING OFFICER'S REPRESENTATIVE (IF PREPARED AND APPROVED BY CONTRACTOR)	PHONE	FAX	DATE
	E-MAIL		
REFERENCE(S)			
ENCLOSURE(S)			
PURPOSE			
BACKGROUND			
DISCUSSION			
REQUEST			
DATE NAVY CRANE CENTER RESPONSE NEEDED:			
NAVY CRANE CENTER RESPONSE			
NAVY CRANE CENTER CONTROL NUMBER			
PREPARED BY	PHONE	FAX	DATE
APPROVED BY	PHONE DSN	FAX	DATE

Figure 1-1