APPENDIX C

SAMPLE OF A TRAINING EQUIPMENT CHANGE REQUEST (TECR)

S A M P L E

TRAINING EQUIPMENT CHANGE REQUEST (TECR)	Ref: NAVTRASYSCENINST 4720.4

1. REQUESTING ACTIVITY (Name and Address)	1a. REQUESTOR UIC	2a. REQUESTORS CONTROL NO.
		2b. NUMBER ASSIGNED BY NAWCTSD

3. REQUESTED BY (Signature, title and code)	4. PHONE NO.	5. DATE

6. TRAINING EQUIP NO.	7. TRAINING EQUIP NAME	8. SERIAL NO.

9. TYPE CHANGE	10a. DEVICE UNDER COMS? ☐ YES ☐ NO
☐ HARDWARE ONLY ☐ BOTH ☐ SOFTWARE ONLY ☐ UNKNOWN	10b. IF "YES", COMS CONTRACTOR NAME

11. TITLE OF CHANGE (Not to exceed 70 characters.)	
12. NAME OF SYSTEM AFFECTED (Software ID No.)	13. REF. (If software, Doc No.; if hardware, DWG No.)
14. NAME OF SUBSYSTEM AFFECTED (Module No.)	15. REF. (If software, Doc No.; if Hardware, Dwg No.)
15. DOCUMENTATION AFFECTED (If computer software, program name/version/release date)	

17. NEED FOR CHANGE (Describe the reason the change is needed. If the proposed change is intended to improve performance, describe the proposed improvement in quantitative terms. If safety, cost reduction, correction of deficiency, etc., describe accordingly. Include references AFC's, ECP's, Shipsalts, Orsalts, etc.)

18. RECOMMENDATIONS (Provide additional information and/or data that will facilitate and expedite evaluation of the change request. If change is being requested as a result a Model Manager impact assessment of Weapon System/Platform change(s), give Model Manager identification and date of the assessment.)

19. IMPACT OF NON-IMPLEMENTATION (Provide statement of effects on training, safety, cost savings or utilization if the change is not implemented. If device supports training for a specific Weapon System or Operating Platform, please provide related designations, e.g. E-2C, F/A-18, SSQ-89.)

☐ CHECK HERE IF MORE SPACE IS NEEDED. ATTACH ADDITIONAL IDENTIFIED SHEETS.	21a. ON-SITE NAWCTSD REP CONSULTED: ☐ YES ☐ NO
22. RELATIVE PRIORITY OF CHANGE (CIRCLE SUBCATEGORY) ☐ R ROUTINE ☐ U URGENT ☐ E EMERG 1 A 2 B 3 C 4 D	21b. IF "YES", NAWCTSD REP NAME/PHONE NO./DATE CONSULTED & SIGNATURE

NAWCTSD 4720/2 (Rev 10/93) (Previously NTSC 4272/2 (REV 7/93))

(continued on reverse

(CODE 413 STAPLE HERE AND MAIL)

(TECR ORIGINATOR MUST ENTER ADDRESS ON PASTE SELF ADDRESSED LABEL ON LINES ABOVE

NAVAL AIR WARFARE CENTER
TRAINING SYSTEMS DIVISION
12350 RESEARCH PARKWAY
ORLANDO, FL 32826-3224

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

FORM NAWCTSD 4720/2 RECEIPT ACKNOWLEDGEMENT (FOR NAWCTSD USE ONLY) THIS FORM DOES NOT REQUIRE TYPED ANSWERS		
1. REQUESTOR'S TECR TRANSMITTAL LTR SERIAL NO./ DATE OR OTHER IDENTIFIER	2. RCVD AT CODE 413 ON:	3. ACKNOWLDEGED ON:
4. TECR ORIGINATING ACTIVITY POINT OF CONTACT (NAME/CODE/TELEPHONE NO.)	5. NAWCTSD POINT(S) OF CONTACT (CODE/ NAME/PHONE)	
5. TECR REQUESTOR'S LOCAL CONTROL NO.	8. PRELIMINARY REMARKS:	
7. NAWCTSD NUMBER ASSIGNED BY CODE 413		
CODE 413 ACTION: For acknowledgment return. Fold on dotted lines and staple. Mail as instructed below.		

Instructions to Activity Requesting Change(s):
Activities desiring rapid acknowledgement of receipt of this modification request by the NAVAIRWARCENTRASYSDIV Code 413 must enter their address or paste a self-addressed sticker on the lines indicated on the mailer section at the top of this side.

Instructions to NAVAIRWARCENTRASYSDIV Code 413 Action Person Receiving This Request:
Fill out receipt acknowledgment for this TECR on the form shown above. Make a copy of this two sided TECR form for the TECR originator. Retain TECR original. Fold copy on the dotted lines so the mailer becomes the back. (This instruction section will then be in the middle of the folded page and out of sight.) Next, staple the bottom where indicated so folded form is clamped tightly shut, and mail it back to the originator.

NAWCTSD 4720/2 (back) (Rev 10/93) (Previously NTSC 4720/2 (back) (Rev 7/93))