



| Part A: (To be completed by the Initiator) | |
|---|------------------------------|
| Name | _____ |
| Organization | _____ |
| Title | _____ |
| Signature | _____ |
| Date | _____ |
| Description of proposed revision (include relevant group / section numbers, attach support information as necessary): | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Rationale for proposed revision (describe reason for revision, attach support information as necessary): | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Part B: (To be completed by an authorized PIM member) | |
| Approval Status | |
| <input type="checkbox"/> | Approved as submitted. |
| <input type="checkbox"/> | Approved with modifications. |
| <input type="checkbox"/> | Not Approved. |
| Comments | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Name | _____ |
| Title | _____ |
| Signature | _____ |
| Date | _____ |