

NOTICE OF REVISION (NOR) THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED		1. DATE (YYYYMMDD) 20020716	Form Approved OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 2 hours 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.			2. PROCURING ACTIVITY NO.
			3. DODAAC
4. ORIGINATOR	b. ADDRESS (Street, City, State, Zip Code)	5. CAGE CODE	6. NOR NO.
a. TYPED NAME (First, Middle Initial, Last) MICHAEL R. BROWN	U.S. ARMY TACOM WARREN, MI 48397-5000	19207	1 OF 3
		7. CAGE CODE	8. DOCUMENT NO.
		19207	10926250
9. TITLE OF DOCUMENT SHIPPING AND STORAGE CONTAINER, FINAL DRIVE	10. REVISION LETTER		11. ECP NO.
	a. CURRENT E	b. NEW F	TACU6781
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES M 109/110 SERIES			
13. DESCRIPTION OF REVISION DELETE NOTES IN THEIR ENTIRETY. REPLACE WITH: LEAK TEST CONTAINER TO 10 P.S.I.G. CONTAINER SHALL MEET THE REQUIREMENTS OF CID A-A-52462, TYPE I.			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	<input checked="" type="checkbox"/>	(1) Existing document supplemented by this NOR may be used in manufacture.	
	<input type="checkbox"/>	(2) Revised document must be received before manufacturer may incorporate this change.	
	<input type="checkbox"/>	(3) Custodian of master document shall make above revision and furnish revised document.	
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT		c. TYPED NAME (First, Middle Initial, Last)	
d. TITLE PACKAGING SPECIALIST	e. SIGNATURE 		f. DATE SIGNED (YYYYMMDD) 20020716
15.a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (Signature)		c. DATE SIGNED (YYYYMMDD)