

NOTICE OF REVISION (NOR)

THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED.

1. DATE
(YYMMDD)

98/10/28

Form Approved
OMB No. 0704-0188

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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

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2. PROCURING
ACTIVITY NO.

3. DODAAC

4. ORIGINATOR

a. TYPED NAME (First, Middle Initial,
Last)

James B. Sizer

b. ADDRESS (Street, City, State, Zip Code)

U.S ARMY TANK AUTOMOTIVE &
ARM CMND, WARREN, MI 48397

5. CAGE CODE

7. CAGE CODE

19207

6. NOR NO.

1-1

8. DOCUMENT NO.

12266236

9. TITLE OF DOCUMENT

SPACER - SWAGE TYPE

10. REVISION LETTER

a. CURRENT

F

b. NEW

11. ECP NO.

TAC-U2369

12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES

13. DESCRIPTION OF REVISION

IN THE TABULATION TABLE, UNDER AMATOM PART NO - REF, FOR 12266236-5:

DELETE: 9624B-SS-0632-7

ADD: 9624B-SS-150-7

14. THIS SECTION FOR GOVERNMENT USE ONLY

a. (X one)

(1) Existing document supplemented by this NOR may be used in manufacture.

(2) Revised document must be received before manufacturer may incorporate this change.

(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

U.S. ARMY TACOM

e. SIGNATURE

Mohan Suresh Khabra

f. DATE SIGNED
(YYMMDD)

98 10 30

15.a. ACTIVITY ACCOMPLISHING REVISION

b. REVISION COMPLETED (Signature)

c. DATE SIGNED
(YYMMDD)