Form: Request for Specification Change / Deviation / Prototype Submission Information

Submitted By:	
Date:	
Unit:	
Phone:	
Email:	
Action Requested	
Specification Change \square	
Deviation Request \square	
Prototype Request □	
Fire Vehicle Type	
Model 326 □	
Model 346 □	
Model 428U □	
Model 448U □	
Model 643U □	
Model 643P □	
Type 7 Slip-On □	
Superintendent Vehicle \square	
Crew Carrier − 25,999 GVWR □	
Crew Carrier − 33,000 GVWR □	
Command/Operational Support – SUV \square	
Command/Operational Support – Pickup \square	

U.S.D.A. Forest Service National Technology & Development Center, San Dimas

Request

For specification changes and deviation requests, please reference the applicable specification utilizing the item number. Phrase the proposal as it would appear within the specification, underlining new text and using strikethrough for deleted text.

For deviation requests, please identify the units by door number.

For prototype requests, describe the proposed unit, installation type, or modification requested.

Use additional sheets as necessary.

U.S.D.A. Forest Service National Technology & Development Center, San Dimas

Rationale

Please provide the rationale for the request based upon the following factors: 1.) Compelling and documented operational need, 2.) Improvements in safety, 3.) Increase in effectiveness or efficiency, 4.) Increased or decreased costs, 5.) Engineering complexity, and 6.) Consistency with the National Standard Fire Vehicle Specifications. Use additional sheets as necessary.

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Approvals

Requests must be submitted through the Forest Fire Staff and Forest Fleet Manager and requires: 1.) Concurrence by the Regional Fire Equipment Committee (RFEC) Chair, the Regional Fire Director, and the Regional Fleet Manager, and 2.) Approval by the Deputy Regional Forester.

Requested By:			
Forest Fire Staff			
Name:	Signature:		
Forest Fleet Manager			
Name:	Signature:		
Concurrence:			
Regional Fire Equipment Committee Chair			
Name:	Signature:		
Regional Fire Director			
Name:	Signature:		
Regional Fleet Manager			
Name:	Signature:		
Approval:			
Deputy Regional Forester			
Name:	Signature:		
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Recommendation: Approve \Box Disapprove \Box			
Branch Chief, Fire Equipment and Chemicals: Approve \square Disapprove \square			
Reply via Correspondence Database Initiated: Yes \square			