



## AUP Design Change Request (DCR)

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| DCR Initiator:   | Date:                         | Affected WBS No. & L2 Manager |
|  |                               |                               |
| DCR Title:   | Design Change Request Number: |                               |
|  |                               |                               |
| Requested Change (provide attachments as needed):  |                               |                               |
|  |                               |                               |
| Does the proposed change impact the Functional Requirements?                             |                               |                               |
|  |                               |                               |
| How does the proposed change impact existing fabrication contract(s) or parts in stock?  |                               |                               |
|  |                               |                               |
| Anticipated serial number(s) of the part(s) for which this change will first be applied: |                               |                               |
|  |                               |                               |
| Reason for change (provide attachments as needed):                                       |                               |                               |
| <input type="checkbox"/> Subsystem or Interfacing System Request                         |                               |                               |
| <input type="checkbox"/> Subcontractor Feedback  |                               |                               |
| <input type="checkbox"/> NCR/DR  |                               |                               |
| <input type="checkbox"/> Review Action Item  |                               |                               |
| <input type="checkbox"/> Other (describe in Comments field below)                        |                               |                               |
| Comments:  |                               |                               |
|  |                               |                               |
| Other Documents Affected:  |                               |                               |
|  |                               |                               |
| Other subsystems/organizations to be notified/coordinated:                               |                               |                               |
|  |                               |                               |
| Estimated Cost or (Savings):   |                               |                               |
|  |                               |                               |



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|                                     |       |   |
|-------------------------------------|-------|---|
| DCR Approved By Primary L2:         | Date: | DCR Approved By Secondary L2 (if applicable): |
|                                     |       |   |
| DCR Approved by L1 (if applicable): |       | DCR Approved by Secondary L3 (if applicable): |
|                                     |       |   |
| Other approval (if applicable):     |       | Other approval (if applicable):               |
|                                     |       |   |

|   |                 |
|---|-----------------|
| DCR Implemented By:   | Date Completed: |
|   |                 |
| Associated Engineering Change or Work Request number(s):                            |                 |
|   |                 |
| Actual serial number(s) of the part(s) for which this change will first be applied: |                 |
|   |                 |
| Notes:  |                 |
|   |                 |

- Fields highlighted in GREEN are for the Requestor to complete.
- Fields highlighted in GRAY are for Approvers.
- Fields highlighted in ORANGE for the person who implemented the approved DCR.
- “Notes” field can be used by anyone in the process.