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| --- |
| ADS Def Stan 00-970 Request for change. |
|  |  |
| Reference |  |
|  |
| **Part 1 – Originator** |
|  |
| **Title / Address** | **Originator’s Reference** |  |
|  |  |
| **Contact #** |  |
|  |
| **e-mail** |  |
|  |
| **Subject Text - Location Details** |
| **970 Part** | **Section/Subpart** | **Requirement** | **Additional.** |
|  |  |  |  |
| **Subject Title** |  |
|  |
| **Subject Text \*** |
|  |
|  |
| **Proposed Text \*\*** |
|  |
|  |
| **Rationale \*\*\*** |
|  |
|  |
| **Originator’s Signature** | **Name** | **Appointment** | **Date** |
|  |  |  |  |

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| --- |
| \* Copy the selection of original text requiring review.\*\* Proposed new text.\*\*\* Narrative description of the issue with current text, reference to other documents if known.Attach Continuation sheets as required.When completed send to DSA-MAA-Cert-ADSGroup@mod.gov.uk |

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|  |
| **Part 2 - MAA Cert Use Only.** |
| **MAA Cert DO/SME review** |
|  |
| **Review Signature** | **Name** | **Appointment** | **Date** |
|  |  |  |  |
| **MAA Cert HoB Endorsement**  |
|  |
| **HoB Endorsement Signature** | **Name** | **Appointment** | **Date** |
|  |  |  |  |
| Authorization levelSOP 020 Annex A | **Class[[1]](#endnote-2)** |  |

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| i SOP 020 Annex ADef Stan 00-970 and 00-972 Amendments authorization level |
| **Class 5** - Changes to be retrospectively mandated. | 2\* | D Tech |
| **Class 4** - Changes introducing novel or contentious requirements or resulting in a major change (not retrospectively mandated). | 1\* | Hd Rq & Cert |
| **Class 3** - Changes having significant engineering impact (not retrospectively mandated). | OF5 | Dep Hd Cert |
| **Class 2** - Changes having minor engineering impact (not retrospectively mandated). [NPA not required] | OF4 | HOB |
| **Class 1** - Changes which are editorial or administrative (not retrospectively mandated). [NPA not required] | OF3 | ADS1 and ES3 |

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|  |
| **Part 3 - ADS Use** |
| **ADS-RFC Number** |  **/** | **Date Registered** |  |
| Reason if rejected |  |
| Reply to Originator Y/N |  | Date Sent |  |  |
|  |  |  |  |
| Internal resolution Y/N |  |  |
| Classification 1-5 (SOP 020 Annex A) |  |  |
| MAA RFC Y/N Required?  |  | Details (eg MRP change identified?)  |
| Review Form Y/N |  | (link) |
| External Resolution Y/N |  |  | Cert Managing DO/SME |  |
| External Agency |  | Date completed |
|  |
| **Authorised for publication** |
| **NAA Signed**  | Name | Appointment | Date |
| (Refer to SOP 024) |  |  |  |
| **NAA Number** |  |
| **Incorporation in Issue**  |  | **Date Closed** |  |

1. [↑](#endnote-ref-2)