

## RECOMMENDATION FOR CHANGE OF PUBLICATION

1. Date: mm/dd/yyyy	2. SUBMITTER'S WING / UNIT	3. EMERGENCY OR SAFETY INCIDENT RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO	4. TYPE OF PUBLICATION <input type="checkbox"/> REG <input type="checkbox"/> SUPP <input type="checkbox"/> OI <input type="checkbox"/> PAMPHLET <input type="checkbox"/> OTHER
5. PUBLICATION NAME		6. PUBLICATION NUMBER	7. PUBLICATION RELEASE DATE
8. PAGE NUMBER	9. PARAGRAPH TITLE / NUMBER, FIGURE NUMBER, TABLE NUMBER, FORM BLOCK NUMBER, OR OTHER REFERENCE		
10. PUBLICATION OPR	11. IS SUPPORTING DOCUMENTATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. LEVEL OF PUBLICATION? <input type="checkbox"/> CAP <input type="checkbox"/> RGN <input type="checkbox"/> WING <input type="checkbox"/> GRP <input type="checkbox"/> SQ	
13. TEXT, TABLE OR FIGURE AS IT CURRENTLY READS			
14. CHANGE TO READ ( <i>Describe the desired change as you would like it to read</i> )			
15. RATIONALE ( <i>Provide reason or additional comments for recommendation. List what is considered to be incorrect, missing, or confusing language</i> )			
16. NAME, CAP GRADE, DUTY TITLE AND CAPID ( <i>of submitter</i> )		17. E-MAIL ADDRESS AND/OR PHONE NUMBER	

TO: (Wing Commander)		FROM: (Name, CAP Grade, CAPID, E-mail and/or Phone)	
<b>SECTION 1 (Wing/CC)</b>			
<input type="checkbox"/> CONCUR		<input type="checkbox"/> CONCUR WITH INTENT	
<input type="checkbox"/> DO NOT CONCUR (Remarks required)			
REMARKS (If concurring with intent, describe the desired change as you would like it to read)			
DATE: mm/dd/yyyy	NAME AND WING		E-MAIL AND/OR PHONE NUMBER
TO: (Region Commander. For Wing-level and below publications, proceed to SECTION 3)		FROM: (Name, CAP Grade, CAPID, E-mail and/or Phone)	
<b>SECTION 2 (Region/CC)</b>			
<input type="checkbox"/> CONCUR		<input type="checkbox"/> CONCUR WITH INTENT	
<input type="checkbox"/> DO NOT CONCUR (Remarks required)			
REMARKS (If concurring with intent, describe the desired change as you would like it to read)			
DATE: mm/dd/yyyy	NAME AND REGION		E-MAIL AND/OR PHONE NUMBER
TO: (Publication's OPR)		FROM: (Name, CAP Grade, CAPID, E-mail and/or Phone)	
<b>SECTION 3 (OPR)</b>			
<input type="checkbox"/> CONCUR		<input type="checkbox"/> CONCUR WITH INTENT	
<input type="checkbox"/> DO NOT CONCUR (Remarks required)			
REMARKS (If concurring with intent, describe the desired change as you would like it to read. If safety or emergency related, confer with unit safety officer)			
OPTIONAL CONTROL NUMBER FOR TRACKING SUBMISSION (Suggested format: Publication Number-###): -			
DATE: mm/dd/yyyy	NAME, CAP GRADE, OFFICE SYMBOL, AND TITLE		E-MAIL AND/OR PHONE NUMBER
TO: (Approving Authority)		FROM: (Name, CAP Grade and CAPID)	
<b>SECTION 4 (Approving Authority)</b>			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> CONCUR WITH INTENT	
		<input type="checkbox"/> DISAPPROVED (Remarks required)	
<input type="checkbox"/> REJECTED (Inappropriate use of form)			
REMARKS (If concurring with intent, describe the desired change as you would like it to read)			
DATE: mm/dd/yyyy	APPROVAL / DISAPPROVAL AUTHORITY NAME, CAP GRADE & TITLE		E-MAIL AND/OR PHONE NUMBER
TO: (OPR to retain for consideration during publication's next revision)			

## Instructions for Completing the CAPF 1-2

Block 1: enter date of submission

Block 2: enter submitter's wing and unit of assignment

Block 3: identify if the recommended change is required because of an emergency or safety incident

Block 4: check the appropriate block for the type of publication (regulation, supplement, operating instruction, pamphlet or other)

Block 5: enter the full title of the publication

Block 6: enter the publication's number (for example: 123-1 for a regulation, 16-2 for an operating instruction, or 60-1 for the parent regulation of a supplement)

Block 7: enter the publication's release date

Block 8: enter the page number(s) to which the submitter is recommending a change

Block 9: enter the paragraph title, paragraph number, figure number, table number, form block number, etc. to which the submitter is recommending a change

Block 10: enter the publication Office of Primary Responsibility (OPR). The OPR is usually identified on the bottom of the first page.

Block 11: identify if supporting documentation is attached

Block 12: check the level at which the publication is released: CAP, Region, Wing, Group or Squadron

Block 13: enter the text or describe the figure/table as it currently reads in the publication

Block 14: describe exactly how the submitter believes the text, figure, table, etc. should be presented

Block 15: describe the rationale for why the recommended change is needed

Block 16: enter submitter's name, grade, duty title and CAPID number

Block 17: enter submitter's email address or phone number for contact regarding the recommended change

Section 1: completed by the respective Wing Commander. For wing-level publications, the wing commander will also complete Section 4.

Section 2: completed by the respective Region Commander. For region-level publications, the region commander will also complete Section 4.

Section 3: completed by the publication's OPR. The OPR, with the administrative officer's assistance, assigns an optional tracking number for reference.

Section 4: completed by the appropriate Approving Authority. Determination is made on the appropriate use of the form. Upon approval, the form is sent to the publication's OPR to retain for consideration during the publication's next revision.

NOTE: all applicable sections are to be completed even if a preceding section indicates a "Do Not Concur."