

NWP 3-50.1 (REV A) CHANGE RECOMMENDATION

FROM COMMAND: _____ P.O.C.: _____

DSN #: _____ COMM #: _____ FAX #: _____

PAGE #: _____ PARA #: _____ LINE: _____ FIG. #: _____

PURPOSED CHANGE:

REASON FOR CHANGE:

SARMM REMARKS:

* SEND ALL PROPOSED CHANGES TO:

ATTN: ENLISTED SAR MODEL MANAGER
HELICOPTER COMBAT SUPPORT SQUADRON THREE
P.O. BOX 357122
SAN DIEGO, CA 92135-7122
FAX: DSN 735-5404 COMM (619) 545-5404

SARMM ACTION

APPROVED: _____ NOT APPROVED: _____ REQUIRES RESEARCH: _____

OTHER: _____

AGENDA ITEM NO.: _____