

AUTHORIZATION CHANGE REQUEST

1. INITIATOR: (name, grade/rank, office symbol)	2. DATE:	3. CONTROL NBR:
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SECTION I: COORDINATION/APPROVAL

4. Indicate the office providing coordination/approval, date, and results (concur/non-concur, approve/disapprove). Provide comments in section IV if needed. Mandatory reviewing/approving authorities are prescribed in AFI 23-101.

REVIEWING AUTHORITY: (name, grade/rank, office symbol)	DATE:	Concur <input type="checkbox"/> Non-concur <input type="checkbox"/>
REVIEWING AUTHORITY: (name, grade/rank, office symbol)	DATE:	Concur <input type="checkbox"/> Non-concur <input type="checkbox"/>
REVIEWING AUTHORITY: (name, grade/rank, office symbol)	DATE:	Concur <input type="checkbox"/> Non-concur <input type="checkbox"/>
REVIEWING AUTHORITY: (name, grade/rank, office symbol)	DATE:	Concur <input type="checkbox"/> Non-concur <input type="checkbox"/>
REVIEWING AUTHORITY: (name, grade/rank, office symbol)	DATE:	Concur <input type="checkbox"/> Non-concur <input type="checkbox"/>
APPROVING AUTHORITY: (name, grade/rank, office symbol)	SIGNATURE:	DATE: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>

SECTION II: TYPE OF REQUEST

5. New Authorization Increase Authorization Decrease Authorization Delete Authorization

SECTION III: NSN & AUTHORIZATION DETAILS

6. Fill in below blocks with Master NSN and Authorization Force System Management (FSM) Details

AUTH ID:	STOCK NUMBER:	NSN NOMENCLATURE:						
ACTBL UIC:	UIC:	ORG ID:	READINESS CD:	UTC:	CUR FREQ:	NEW FREQ:	CUR OAUTH:	NEW OAUTH:

7. JUSTIFICATION AND ITEM DESCRIPTION:

SECTION IV: COMMENTS

8. ADDITIONAL COMMENTS (Reviewing/Approving Authorities, Auth Managers, etc.)

INSTRUCTIONS FOR COMPLETING AF FORM 601

1. Initiator: Person who initiated request.
2. Date: Date of submitted.
3. Control Nbr: Control number is assigned by supply activity for tracking purposes.
4. Coordination/Approval: Mandatory coordinating and approving officials are prescribed in AFI 23-101. Approving official is only mandatory signature requirement.
5. Check appropriate change request type.
6. NSN & Authorization Details: Complete all blocks.
7. Justification and Item Description: Complete justification (and item description, if NSN Nomenclature does not contain full description) for action requested.
8. Additional Comments: Area is provided for additional comments as needed for Reviewing/Approving Authorities, Auth Managers, etc.

Note: Authorization changes may result in existing equipment requisitions being canceled. This form is used for authorization changes only. Units may order equipment as needed once authorization change is approved and system is updated. Procedures for ordering equipment are prescribed in AFMAN 23-122.