Document Change Request Form		Date:	
Please email to TLKrauseRR@gmail.com		Specification/Rev:	
Submitted by:		Email:	
Organization:		Phone Number:	

Number *(to be filled in by DCC)*	Chapter & Section	Original Text	Proposed Text	Justification	Change Criteria Category	WG Assigned	WG Comments	WG Decision	WG Approval Date	TSC Decision	TSC Approval Date

EB Decision	EB Approval Date