CONCLUDING MATERIAL

Custodians:

Army - MR

Navý - AS

Air Force - 11

Preparing activity: Army - MR

(Project CMPS-0173)

Review activities:

Army - AR, AT, AV, MI Navy - SH Air Force - 13

DLA-IS

STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

INSTRUCTIONS

- 1. The preparing activity must complete blocks 1, 2, 3, and 8. In block 1, both the document number and revision letter must be given.
- 2. The submitter of this form must complete blocks 4, 5, 6, and 7.
- 2. The preparing activity must provide a reply within 30 days from receipt of the form.

NOTE: This form may not be used to request copies of documents, nor to request waivers, or clarification of requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

referenced document(3) or to afficial contractading	qui orriorito.	
RECOMMEND A CHANGE:	1. DOCUMENT NUMBER MIL-HDBK-17-3F	2. DOCUMENT DATE (YYYYMMDD) 20020617
3. DOCUMENT TITLE COMPOSITE MATERIALS HANDBOOK - VOLU	UME 3, Polymer Matrix Composites, Mate	rials Usage, Design, and Analysis
4. NATURE OF CHANGE (Identify paragraph number as	nd include proposed rewrite, if possible. A	ttach extra sheets as needed)
5. REASON FOR RECOMMENDATION		
, 12.1001(1 011 120 011 121 121 121 101 (
5 SURMITTER		
5. SUBMITTER		
6. SUBMITTER a. NAME (Last, First, Middle Initial)	b. ORGANIZATION	
a. NAME (Last, First, Middle Initial)	d. TELEPHONE (Include Area	7. DATE SUBMITTED
a. NAME (Last, First, Middle Initial)	d. TELEPHONE (Include Area Code)	7. DATE SUBMITTED (YYYYMMDD)
a. NAME (Last, First, Middle Initial)	d. TELEPHONE (Include Area	
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code)	d. TELEPHONE (Include Area Code) (1) Commercil	
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY	d. TELEPHONE (Include Area Code) (1) Commercil	(YYYYMMDD)
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY a. NAME US Army Research Laboratory	d. TELEPHONE (Include Area Code) (1) Commercil (2) DSN (If applicable) b. TELEPHONE (Including Ar (1) Commercial	rea Code) (2) DSN
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY a. NAME US Army Research Laboratory Weapons & Materials Research Directorate	d. TELEPHONE (Include Area Code) (1) Commercil (2) DSN (If applicable) b. TELEPHONE (Including Ar (1) Commercial (410) 306-0725	(YYYYMMDD) rea Code) (2) DSN 458-0725
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY a. NAME US Army Research Laboratory Weapons & Materials Research Directorate C. ADDRESS (Include Zip Code)	d. TELEPHONE (Include Area Code) (1) Commercil (2) DSN (If applicable) b. TELEPHONE (Including Ar (1) Commercial (410) 306-0725 IF YOU DO NOT RECEIVE A R	ea Code) (2) DSN 458-0725 EPLY WITHIN 45 DAYS, CONTACT:
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY a. NAME US Army Research Laboratory Weapons & Materials Research Directorate	d. TELEPHONE (Include Area Code) (1) Commercil (2) DSN (If applicable) b. TELEPHONE (Including Ar (1) Commercial (410) 306-0725 IF YOU DO NOT RECEIVE A R Defense Standardization Program	(YYYYMMDD) rea Code) (2) DSN 458-0725 EPLY WITHIN 45 DAYS, CONTACT: a Office (DLSC-LM)
a. NAME (Last, First, Middle Initial) c. ADDRESS (Include Zip Code) 8. PREPARING ACTIVITY a. NAME US Army Research Laboratory Weapons & Materials Research Directorate C. ADDRESS (Include Zip Code) ARL/WMRD	d. TELEPHONE (Include Area Code) (1) Commercil (2) DSN (If applicable) b. TELEPHONE (Including Ar (1) Commercial (410) 306-0725 IF YOU DO NOT RECEIVE A R Defense Standardization Program 8725 John J. Kingman Road, Sui	ea Code) (2) DSN 458-0725 EPLY WITHIN 45 DAYS, CONTACT: