

DATA EXCHANGE AND/OR PROPOSED REVISION OF CATALOG DATA

1. TO (Mailing Address, include 9-digit ZIP Code)	2. FROM (Mailing Address, include 9-digit ZIP Code)
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NOTE: A copy of this form will be returned with an indication of your concurrence/nonconcurrence within _____ days.

3a. REFERENCE NSN	b. ITEM NAME OR ITEM NAME CODE (INC)	c. TYPE II	4. DOCUMENT CONTROL NUMBER

5a. PROPOSED ACTIONS ("X" appropriate DIC(s) in block to left of DIC. Supporting data will be enclosed as required.)

<input type="checkbox"/> LAC	Add Characteristics Data	<input type="checkbox"/> LCD	Change Data	<input type="checkbox"/> LDM	Delete Management Data
<input type="checkbox"/> LCC	Change Characteristics Data	<input type="checkbox"/> LDD	Delete Data	<input type="checkbox"/> LKV	Cancel - Invalid
<input type="checkbox"/> LDC	Delete Characteristics Data	<input type="checkbox"/> LAM	Add Management Data	<input type="checkbox"/> LDU	Delete MOE Rule:
<input type="checkbox"/> LAD	Add Data	<input type="checkbox"/> LCM	Change Management Data	<input type="checkbox"/> LCI	NIIN/PSCN Status Code Change
<input type="checkbox"/> LAU	Add MOE Rule/Related Data	<input type="checkbox"/> LCU	Change MOE Rule/Related Data		
<input type="checkbox"/> LKD	Cancel Duplicate of NSN: _____	<input type="checkbox"/> LKU	Cancel Use NSN: _____		
<input type="checkbox"/> LCD	Change Name/INC to: _____	RPDMRC: _____		Type II: _____	
<input type="checkbox"/> LCG	Change Name/INC to: _____	FSC: _____	RPDMRC: _____	Type II: _____	

b.	CAGE	PROPOSED REFERENCE NUMBER(S)	RNFC	RNCC	RNVC	DAC	RNSC	RNAAC
<input type="checkbox"/>	L ___ R							
<input type="checkbox"/>	L ___ R							
<input type="checkbox"/>	L ___ R							
<input type="checkbox"/>	L ___ R							
<input type="checkbox"/>	L ___ R							
<input type="checkbox"/>	L ___ R							

6. REMARKS (Identify enclosures, as applicable) (Continue on back, if necessary)

7. PREPARER

a. NAME (Last, First, MI)	b. TELEPHONE NUMBER
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8. APPROVING OFFICIAL

a. NAME (Last, First, MI)	b. TITLE	c. SIGNATURE	d. DATE (YYMMDD)
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SPACE BELOW IS PROVIDED FOR RESPONDENTS USE ONLY

9. TO (Mailing Address, include 9-digit ZIP Code)	10. FROM (Mailing Address, include 9-digit ZIP Code)
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11. ACTION

<input type="checkbox"/> a. CONCUR WITHOUT COMMENTS	<input type="checkbox"/> d. NO INTEREST. ACTION ATTACHED
<input type="checkbox"/> b. CONCUR. COMMENTS ON BACK	<input type="checkbox"/> e. NO INTEREST. ACTION INITIATED SEPARATELY
<input type="checkbox"/> c. NONCONCUR. COMMENTS ON BACK	<input type="checkbox"/> f. OTHER COMMENTS ON BACK

12. PREPARER

a. NAME (Last, First, MI)	b. TELEPHONE NUMBER
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13. APPROVING OFFICIAL

a. NAME (Last, First, MI)	b. TITLE	c. SIGNATURE	d. DATE (YYMMDD)
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14. REMARKS/COMMENTS

INSTRUCTIONS FOR COMPLETION OF DD FORM 1685

BLOCKS	INSTRUCTIONS
1.	Insert mailing address of collaborator, for his/her Service/Agency, or when the originator is the manager, or insert mailing address of submitter when the action is originated by the manager and there are no other Service/Agencies recorded but the FSC is subject to single submitter procedures.
2.	Insert mailing address of originator.
3a.	NSNs should be typed or printed in sequenced format, e.g., 5960-00-123-4567.
4.	Insert Document Control Number. Must be the same number reflected on attached worksheet(s).
5.	Insert "X" and other data as required. When the Multiple DIC Input (LMD) concept is applicable, enter "LMD" on "OTHER" line and insert "X's" in associated DIC blocks.
6.	Complete when considered necessary.
7.	Insert name and telephone number of individual who prepared this DD Form 1685.
8.	Insert name and title of Approving Official.
9.	Insert mailing address of originator when an addressee who appeared in Block 1 is expressing concurrence/nonconcurrence and is returning the form to the originator; or, the mailing address of the manager when Block 9 represents a collaborator or submitter.
10.	Insert the mailing address of the collaborator, manager, or submitter.
11.	"X" the statement block that applies.
12.	Insert name and DSN number of individual who is authorized to prepare the Respondent's portion of this DD Form 1685.
13.	Insert name and title of individual at the Respondent's activity (or his authorized delegate) who is the Approving Official of this DD Form 1685.
14.	Self-explanatory.