## **Selective Interchange Request**

Initiating Information			Form Version: 1.2
Maintenance Commodity:		Date:	
Does the equipment have an op	perational commitment?	Y N If yes, what is the op	peration?
Were all local sources of Supply Justification for the request:	checked? (RIP, SMU, DSI's, Float Blocks,	ServMart, etc.)	Y N
End item Information TAMCN:		Nomen:	
NSN:		ID #:	
Losing Equipment Information		Gaining Equipment Information	
Serial #:		Serial #:	
SR#:		SR#:	
Priority: Operational Status:		Priority: Operational Status:	
Days Deadlined:		Days Deadlined:	
Current Defect: UIC and CMR SUC:		Current Defect: UIC and CMR SUC:	
	ad wants from the lasting and them accordi		and item\
Nomen	od parts from the losing end item swapp NSN		Applicable)
		Y N	
	-	Y N	
Statement of Understanding			
	tion is accurate and the selective interch	ange is the recommended course of	action. I understand that selective
_	f cannibalization and requires additional	_	
exchange. This selective interch	nange will return the gaining item to a ful	ly operational status in the most exp	edient manner possible.
Maintenance Officer/Chief Name:		Signature:	
Endorsements			
Responsible Officer of the losing	g equipment: acknowledge this request to pull compon	ants from aquinment Lam responsib	No for Lundorstand that this may
	equipment is inducted for maintenance.		ne for. I diluerstand that this may
Forwarding recommending:	Approval	Disapproval	
Comments (Must input justificat	tion if recommending disapproval):		
RO's Printed Name:		Signature:	
Maintenance Management Offi			
	terchange request for accuracy, necessity	y, and justification.	
Forwarding recommending:	Approval	Disapproval	
Comments (Must input justificat	tion if recommending disapproval):		
MMO's Printed Name:		Signature:	
Battalion Commander:			
Selective Interchange Request:	Approved	Disapproved	Returned for Further Action
Printed Name:	Date:	Signature:	