

NWS REQUEST FOR CHANGE FORM

1. WSH TRACKING NUMBER 1A. REV LEVEL 2. DATE RECEIVED

ISCS RC 0043
Ref DRG RC 13790

07/01/2013

PART A - COVER SHEET

This form is in three parts. Submitters must complete un-shaded blocks in Part A, and as much of Part B and C as possible. If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).

3. ORIGINATOR OFFICE ISCS	4. SUBMITTING AUTHORITY Name: Robert Gillespie Routing Code: W/OPS17 Phone: 301-713-9478 x140	5. COGNIZANT TECHNICAL INDIVIDUAL Name: Lino Contreras Routing Code: W/OPS17 Phone: 301-713-9479 x176	6. ORIGINATOR TRACKING NUMBER NA	7. DATE SUBMITTED 07/10/2013
----------------------------------	--	--	---	-------------------------------------

8. SYSTEMS AFFECTED BY CHANGE <input type="checkbox"/> ASOS <input type="checkbox"/> AWIPS <input type="checkbox"/> CSSA <input type="checkbox"/> CRS <input checked="" type="checkbox"/> DATA PRODUCTS <input type="checkbox"/> EMWIN <input type="checkbox"/> NEXRAD <input type="checkbox"/> RRS <input type="checkbox"/> OTHER (specify)	9. ORD IDENTIFIER
--	-------------------

10. TITLE OF CHANGE
Add Climate Products for WFO State College, Pennsylvania

11. CATEGORY OF CHANGE <input checked="" type="checkbox"/> RC <input type="checkbox"/> PECP <input type="checkbox"/> ECP	12. TYPE OF CHANGE <input type="checkbox"/> DOCUMENTATION ONLY <input type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE <input checked="" type="checkbox"/> DATA
---	--

13. SITES AFFECTED
Add Climate Products for WFO State College, PA (CTP)

14. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM
Add Climate Products for WFO State College Pennsylvania

15. KNOWN OR PROPOSED SOLUTION
This is an RC for the implementation of the DRG RC referenced in Block 1

16. ALTERNATE SOLUTIONS
n/a

17. REQUIRED CHANGE DATE 07/01/2013	18. RATIONALE FOR REQUIRED CHANGE DATE	19. PRIORITY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> EMERGENCY
--	--	--

DRG/CCB/PMC/CMB DECISION

20. DECISION AUTHORITY AND IMPACT LEVEL	<input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED	<input checked="" type="checkbox"/> CCB LEVEL ONLY	<input type="checkbox"/> FAST TRACK	<input type="checkbox"/> MAJOR CHANGE	<input type="checkbox"/> MINOR CHANGE
---	---	--	-------------------------------------	---------------------------------------	---------------------------------------

21. CCB LEVEL DECISION	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	SIGNATURE <i>Robert Gillespie</i>
	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> REFERRED TO OSIP	DATE SIGNED <i>July 17, 2013</i>

FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED

22. PMC OR NWS CMB DECISION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	SIGNATURE/DATE
-----------------------------	-----------------------------------	--------------------------------------	----------------

