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)*

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.)*

☐ LAC	Add Characteristics Data	☐ LCD	Change Data	☐ LDM	Delete Management Data	
☐ LCC	Change Characteristics Data	☐ LDD	Delete Data	☐ LKV	Cancel - Invalid	
☐ LDC	Delete Characteristics Data	☐ LAM	Add Management Data	☐ LDU	Delete MOE Rule:	
☐ LAD	Add Data	☐ LCM	Change Management Data	☐ LCI	NIIN/PSCN Status Code Change	
☐ LAU	Add MOE Rule/Related Data	☐ LCU	Change MOE Rule/Related Data			

☐ LKD Cancel Duplicate of NSN:	☐ LKU Cancel Use NSN:

☐ LCD Change Name/INC to:	RPDMRC:	Type II:
☐ LCG Change Name/INC to:	FSC:	RPDMRC:	Type II:

b.	CAGE	PROPOSED REFERENCE NUMBER*(S)*	RNFC	RNCC	RNVC	DAC	RNSC	RNAAC
☐ L ___ R								
☐ L ___ R								
☐ L ___ R								
☐ L ___ R								
☐ L ___ R								
☐ L ___ R								

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

7. PREPARER

a. NAME *(Last, First, MI)*	b. TELEPHONE NUMBER

8. APPROVING OFFICIAL

a. NAME *(Last, First, MI)*	b. TITLE	c. SIGNATURE	d. DATE *(YYMMDD)*

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)*

11. ACTION

☐ a. CONCUR WITHOUT COMMENTS	☐ d. NO INTEREST. ACTION ATTACHED
☐ b. CONCUR. COMMENTS ON BACK	☐ e. NO INTEREST. ACTION INITIATED SEPARATELY
☐ c. NONCONCUR. COMMENTS ON BACK	☐ f. OTHER COMMENTS ON BACK

12. PREPARER

a. NAME *(Last, First, MI)*	b. TELEPHONE NUMBER

13. APPROVING OFFICIAL

a. NAME *(Last, First, MI)*	b. TITLE	c. SIGNATURE	d. DATE *(YYMMDD)*

DD FORM 1685, AUG 93   PREVIOUS MAY BE USED.

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.

DD FORM 1685 (BACK), AUG 93