CCB TRAINING SYSTEMS REQUIREMENTS

1. Training System Affected	2. Change No.	3. DOC Tracking No.

4. OSIP	5. CCB No.	6. Trainer(s) Affected (Title/Type Equipment Identifier) No.

7. COST ELEMENTS	FY FUNDING			FY FUNDING			8. TASKED ACTIVITY	9. IMPLEMENTING ACTIVITY
	COST	TYPE	RFM	COST	TYPE	RFM		
7A. OPERATIONAL TRAINER KITS								
Kit Installation								
GFE								
Drawings								
Schematics								
Specifications								
Documentation & CSCI								
Curriculum (Conventional-Paper or CGT)								
Test Equipment								
Support Equipment								
Technical Directive								
Other								
7B. MAINTENANCE TRAINER KITS								
Kit Installation								
GFE								
Drawings								
Schematics								
Specifications								
Documentation & CSCI								
Curriculum (Conventional-Paper or CBT)								
Test Equipment								
Technical Directive								
Other								

10. NEW/ADDITIONAL GFE REQUIREMENTS?	11. TECHNICAL DIRECTIVE CHANGE KITS REQUIRED?
☐ YES ☐ NO	☐ YES ☐ NO

12. TECCB EVALUATION COMPLETED BY: TITLE:	DATE:
13. CNATT EVALUATION COMPLETED BY: TITLE:	DATE:
14. APMTS' SIGNATURE	15. CODE
16. TELEPHONE NO.	17. DATE

INSTRUCTIONS FOR NAVAIR FORM 4030/11

RESPONSIBILITY. It is the responsibility of the Assistant Program Managers of Training Systems (APMTS) to complete this form.

PURPOSE. This form is used to identify the impact of the Engineering Change Proposal (ECP) on the training community.

CLASSIFICATION. If the form contains classified information, include the proper security classification a dn downgrading and/or declassification information.

Block 1. Training System Affected. Identify the aircraft and/or common avionics driving the need for the change to the trainers/training.

Block 2. Change Number. Enter the ECP number from block 2 of the CCB Change Request/Directive Form (NAVAIR 4130/1).

Block 3. Document Tracking Number (DTN). Enter the DTN from block 3 of the CCB Change Request/Directive Form (NAVAIR 4130/1).

Block 4. Operation Safety Improvement Program (OSIP) Number. Enter the OSIP number from block 12 of the CCB Change Request/Directive Form (NAVAIR 4130/1).

Block 5. Configuration Control Board (CCB) Number. Enter the CCB number assigned by AIR-1.1/AIR-6.8.5.2 from block 5 of the CCB Change Request/Directive Form (NAVAIR 4130/1).

Block 6. Trainer(s) Affected (Title/Type Equipment Identifier No.). List the trainers affected by the change using title and serial number of the equipment.

Block 7. Cost Elements. This column block contains a list of cost elements that may be affected by the ECP for operational and maintenance trainer kits.

- Cost of training should be addressed in the ECP by the originator/contractor. Consult with the cogizant Government training systems engineer and/or cognizant Government procuring activity to determine quantities, unit cost, procurement lead-time, and other technical details.

- Costs shall be identified for each fiscal year (FY ( ) FUNDING) for each applicable element.

- The RFM shall initial for concurrence with type and amount of funding identified. If e.Power workflow tool is being used, this block may be left empty.

- RFM or Activity-Code shall be consulted for source and type of funding (TYPE) to be used to fund each element.

Block 8. Tasked Activity. Identify the activity that is responsible for completing the task identified in the element.

Block 9. Implementing Activity. Identify the office or activity that will direct the completion of the task.

Block 10. New/Additional GFE Requirements? Check the appropriate box to indicate if there are or are not new/additional GFE requirements.

Block 11. Technical Directive Change Kit Required? Check the appropriate box to indicate if there are or are not Technical Directive change kits required.

Block 12. Type Equipment CCB Evaluation Completed By. Enter the title of the TECCB representative who completed the review and the date of the review. If e.Power workflow tool is being used, this block may be left empty.

Block 13. Chief Naval Aviation Technical Training (CNATT) Evaluation Completed By. Enter the title of the CNATT representative who completed the review and the date of the review. If e.Power workflow tool is being used, this block may be left empty.

Block 14 - 17. APM (TS) Signature, Code, Telephone No., and Date. A designated APMTS must sign the completed form to certify the data is accurate. The representative must also enter his/her code, telephone number and the signature date. If e.Power workflow tool is being used, these blocks may remain empty