

# STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

## INSTRUCTIONS

1. The preparing activity must complete blocks 1,2, 3, and 8. In block 1, both the document number and revision letter should be given.
2. The submitter of this form must complete blocks 4, 5, 6, and 7.
3. The preparing activity must provide a reply within 30 days from receipt of the form.

NOTE: This form may not be used to request copies of documents, nor to request waivers, or clarification of requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

### I RECOMMEND A CHANGE:

1. DOCUMENT NUMBER

MIL-STD-2301A

2. DOCUMENT DATE (YYMMDD)

981001

### 3. DOCUMENT TITLE

COMPUTER GRAPHICS METAFILE (CGM) IMPLEMENTATION STANDARD FOR THE NITFS

### 4. NATURE OF CHANGE (Identify paragraph number and include proposed rewrite, if possible. Attach extra sheets as needed.)

Table XXXIV. Edge Visibility input. Hex value on side of table is 0x52C2 should be 0x53C2.

Table XXXVI. Edge Type input. Bottom row of table says EDGE\_WIDTH should be EDGE\_TYPE.

Table XXXVIII. Line Width input. Hex value on side of table is 0x5362 should be 0x5062.

Table XL. Line Color input. Hex value on side of table is 0x5383 should be 0x5083.

### 5. REASON FOR RECOMMENDATION

These are administrative changes for document clarification.

### 6. SUBMITTER

a. NAME (Last, First, Middle Initial)

Steve Kerr

b. ORGANIZATION

JITC

c. ADDRESS (Include Zip Code)

BLDG 57305  
Fort Huachuca, AZ 85613

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(1) Commercial (%@) 538-5154

(2) AUTOVON  
(If applicable)

7. DATE SUBMITTED

(YYMMDD)

981201

### 8. PREPARING ACTIVITY

a. NAME

b. TELEPHONE (Include Area Code)

(1) Commercial (2) AUTOVON

c. ADDRESS (Include Zip Code)

**IF YOU DO NOT RECEIVE A REPLY WITHIN 45 DAYS, CONTACT:**

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