ICT Authority

DOCUMEMENT CHANGE REQUEST FORM

DATE: .....

SECTION A: DETAILS OF THE CHANGE

Doc. No.		Doc. Title	
Version No.		Last Review Date	
Type of Change	Editorial, Technical, or General		
Applicable Clause(s)			
Proposed Change			
Briefly Description of the change			
Justification			

Requested by

Department/ Division

Signature

Date

ICT Authority

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SECTION B: REVIEW OF THE CHANGE REQUEST

S NO.	ASSESSMENT CRITERIA	YES/ NO	MITIGATIONS
1.	Does the change affect application, Department/ Division assessment, decision-making, or recertification processes?		
2.	Could the change impact the impartiality of the certification process?		
3.	Will the change involve adjustments to data security or confidentiality measures?		
4.	Specify additional resources needed (e.g., training, technology, staffing).		
5.	Identify any potential effects on candidates, companies, or ICTA personnel		
6.	List the steps needed to implement the change.		

Reviewed by	Designation	Signature	Date
Approved by	Designation	Signature	Date