

CONTRACT DATA REQUIREMENTS LIST
(2 Data Items)

FORM APPROVED
OMB NO. 0704-0188

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 440 HOURS PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN TO DEPT. OF DEFENSE, WASHINGTON HEADQUARTERS SERVICES, DIRECTORATE FOR INFORMATION OPERATIONS AND REPORTS, 1215 JEFFERSON DAVIS HWY., SUITE 1204, ARLINGTON, VA. 22202-4302, AND TO THE OFFICE OF MANAGEMENT AND BUDJET, PAPERWORK REDUCTION PROJECT (0704-0188), WASH. DC 20503. PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PR NO. LISTED IN BLOCK E.

A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP TM OTHER				
D.SYSTEM/ITEM 9G 1560-00-611-6000			E. CONTRACT/PR. NO.			F. CONTRACTOR		
1. DATA ITEM NO. 1	2. TITLE OF DATA ITEM CERTIFICATION DATA REPORT			3. SUBTITLE COMPLETE PROCESS OP SHEETS				
4. AUTHORITY (Data acquisition document No) DI-MISC-80678/T1		5. CONTRACT REFERENCE			6. REQUIRING OFFICE			
7. DD 250 REQ LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY AS REQ	12. DATE OF FIRST SUBMISSION SEE BLOCK 16*		14. DISTRIBUTION			
8. APP CODE A		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION SEE BLOCK 16*		a. ADDRESSEE	b. COPIES		
16. REMARKS PARA. 10.1,10.2,10.2.1,10.2.2,10.2.4,10.5 SHALL APPLY * UPON SUBMISSION OF FIRST ARTICLE TESTING SAMPLE ** IF PROCESS OPERATION SHEETS CHANGE AFTER SUCCESSFUL COMPLETION OF F.A.T.						Draft	Final	
					DCMC/QAR	*	1/0	
					DSCR / PCO	**	1/0	
							15. TOTAL	2/0
1. DATA ITEM NO. 2	2. TITLE OF DATA ITEM CERTIFICATION DATA REPORT			3. SUBTITLE COMPLETE INSPECTION METHOD SHTS				
4. AUTHORITY (Data acquisition document No) DI-MISC-80678/T2		5. CONTRACT REFERENCE			6. REQUIRING OFFICE			
7. DD 250 REQ LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY AS REQ	12. DATE OF FIRST SUBMISSION SEE BLOCK 16*		14. DISTRIBUTION			
8. APP CODE A		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION SEE BLOCK 16*		a. ADDRESSEE	b. COPIES		
16. REMARKS PARA. 10.1,10.2,10.2.1,10.2.2,10.2.4,10.5 SHALL APPLY * UPON SUBMISSION OF FIRST ARTICLE TESTING SAMPLE ** AT TIME OF CONTRACT COMPLETION						Draft	Final	
					DCMC/QAR	*	1/0	
					DSCR / PCO	**	1/0	
							15. TOTAL	2/0
					G. PREPARED BY 0731.13		H. DATE	

