

FAMILY OF MEDIUM TACTICAL VEHICLES
LETTER OF REQUEST (LOR) CHECKLIST
(AS OF 29 OCT 2018)

NOTE: This checklist must be completed by a country representative and returned to USASAC-RA. TACOM SAMD will not be able to develop the various Service connected documents and cost data unless this checklist is accurately and fully completed in a timely manner not to exceed 30-days. Please use an attachment if needed.

The information provided on this checklist supports the TACOM Commanders Guidance to reduce contracting delays by accurately understanding the Countries requirements during LOA Development! The responsibility to coordinate and obtain this information rests with USASAC-RA County Program Manager (CPM).

FMTV Letter of Request (LOR) Checklist

Date: _____

Name of Country _____

Name of SAO—POC _____

Telephone Number _____

Email address _____

1. Source Direction for the requested Vehicles and Services? If so, Current OEM Company is OSHKOSH Defense: _____

2. Desired Models and Quantity Required/requested. Please select preferred model and quantity. Each model Armor Kit-A) fully armored configurations (Optional equipment reflected in item 5).

	Model	Nomenclature	NSN	Gen Code
a)	M1078A1P2	Truck, Cargo, LMTV (2.5T) w/o winch	2320-01-549-8577	E3K
b)	M1078A1P2	Truck, Cargo, LMTV (2.5T) w/winch	2320-01-549-8611	E3K
c)	M1079A1P2	Truck, Cargo, LMTV (2.5T) w/o winch	2320-01-552-7745	E3K
d)	M1079A1P2	Truck, Cargo, LMTV (2.5T) w/winch	2320-01-552-7749	E3K
e)	M1080A1P2	Truck, Chassis, LMTV (2.5T) w/o winch	2320-01-552-7791	E3K
f)	M1083A1P2	Truck, Cargo, MTV (5T) w/o winch	2320-01-549-8610	E3T
g)	M1083A1P2	Truck, Cargo, MTV (5T) w/winch	2320-01-549-8565	E3T
h)	M1084A1P2	Truck, Cargo, MTV (5T) w/o winch w/MHE RSV	2320-01-552-7739	E3T
i)	M1085A1P2	Truck, Cargo, MTV (5T) LWB w/o winch	2320-01-552-7773	E3T
j)	M1085A1P2	Truck, Cargo, MTV (5T) LWB w/winch	2320-01-552-7770	E3T
k)	M1086A1P2	Truck, Cargo, MTV (5T) LWB w/MHE wo/w	2320-01-552-7780	E3T
l)	M1087A1P2	Truck, Van, Expansive w/o winch	2320-01-552-7781	E3Z
m)	M1088A1P2	Truck, Tractor, MTV w/winch	2320-01-552-7753	E3W
n)	M1088A1P2	Truck, Tractor, MTV w/o winch	2320-01-552-7759	E3W
o)	M1089A1P2	Truck, Wrecker, MTV w-winch	2320-01-595-3994	E3X
p)	M1148A1P2	Truck, FMTV Load Handling System (LHS)	2320-01-557-4546	E3Z
q)	M1147Trailer,	Trailer, FMTV Load Handling System (LHS)	2320-01-508-7887	E2Z
r)	M1157A1P2	Truck, 10 Ton Dump w/o winch	2320-01-552-7787	E3U
s)	M1157A1P2	Truck, 10 Ton Dump w/winch	2320-01-552-7782	E3U
t)	M1082	Trailer, Cargo, LMTV (2.5T)	2330-01-449-1775	E2A
u)	M1095	Trailer, Cargo, FMTV (5T)	2330-01-449-1776	E3A

Note: If a specially configured FMTV, i.e., Special Operations, Command Center, is desired; please add an attachment describing the requirement in detail (Please use continuation sheet): _____

3. Vehicle Mission/Purpose:

- a) What function will the vehicle be used for? _____
- b) If a cargo truck, what is the required payload? _____
- c) If a wrecker; what type(s) of vehicle(s) are to be towed/recovered? _____
- d) Provide as much detail as possible regarding the mission and purpose of the requested vehicle and the type of environment in which it will be deployed: _____

4. Paint Color. Please select paint color (Note: Additional Cost for colors other than CARC 686A Tan):

_____ CARC 686 Desert Tan (Current USG Default Color)
_____ CARC 383 Green
_____ CARC 33531 SANDSTONE
_____ Other (Special Request)

5. Desired Radio Configuration Mounting Hardware ONLY. Note to Case Managers; TASK this line to CECOM

Please indicate if standard communications/radio equipment mounting hardware is required: Yes _____ or No _____ If Yes:
Indicate: SINCGARS _____ Harris _____ Other _____

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6. Optional Equipment. Please select the desired optional equipment (NOTE: Each FMTV comes standard with a Maxi tool kit, fire extinguisher and first aid kit)

- ___ Recovery Winch
___ Fold-up Troop Seats (provides seats for 12) (Dump Truck Variant) 2540-01-584-4518
___ Armor B-Kit (**Default Color for fuel tank pads will be BLACK ONLY**).
___ Trailer Towing:
 i) Capacity (payload/weight of trailer to be towed): _____ pounds
 ii) Type of brakes on towed trailer (if known): _____
 iii) Hitch type: ☐ Ball; ☐ Pintle; ☐ Fifth Wheel; ☐ Other (explain): _____

7. Spare Parts. Do you want U.S. Government Spare Parts: Yes / No (Please Circle)

NOTE: Highly recommend that Country maintains a CLSSA to reduce the initial LOA Cost. TACOM will recommend the minimum of USG Spares during LOA Development as a cost savings measure. The use of the CLSSA provides the Country with "Read-Back" capability into the USG Supply System and avoids the expense of stock piling expensive Major Assemblies such as Engines, Transmissions, Axles, etc. Please discuss the CLSSA with your USASAC Country Program Manager (CPM).

How many years of Spare Parts support do you require? 1 Year _____ 2 Years _____ 3 Years _____

8. Maintenance and Operator Training SERVICES. Standard training program consists of an Operator and Maintenance (organizational support) training course. There are many suppliers for training and if the customer prefers the Original Equipment Manufacturer, a request for sole source in accordance with the SAMM needs to be furnished for acquisition execution.

A. Do you want the standard training program? Yes _____ No _____

B. If you prefer a tailored program, please specify on attached memorandum/letter:

C. Do you prefer training in your country (OCONUS) or (CONUS) the United States (Yes// NO)?

(OCONUS Only, at this location _____)?

D. Total Number of Students Operator Training _____?

E. Total Number of Students Maintenance Training _____?

F. Is English language acceptable? YES or NO

If no, what **language and dialect** is desired? **Example:** Arabic-Farsi. _____

NOTE: To Save Cost, will you provide OCONUS Interpreter support (**Recommend 2 per Class**)? YES or NO

9. MAINTENANCE TRAINING SERVICES: (from question 8)

a. **Students' level of experience** maintaining the equipment he is being trained to maintain:

- ___ Operator level: Check oil, fuel, tires
___ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.
___ Repair Facility: Engine Fault Diagnosis, Engine Overhaul, Transmission Overhaul.
___ Other relevant experience: _____

b. **State the level of proficiency** which you require the students to be at the end of the course:

- ___ Operator level: Operate the item, Check oil, fuel, tires
___ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.
___ Repair Facility: Overhauling engines etc.
___ Other (Please use separate sheet if necessary) _____

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10. Technical Manuals. One Operator's Technical Manual, one Operators Hand Receipt and one Warranty Technical Bulletin will be over packed with each FMTV:

How many additional sets of Technical Manuals are required? _____

How many additional IETMs are required? _____

11. Tools. Mandatory Tool Set Quantity Computation (NOTE: Minimum of one set of special tools recommended per maintenance location regardless of FMTV quantity):

a. **How many Maintenance Locations which will need the SATS:** _____

a. **4910-01-531-2053** Standard Automotive Tool Set (SATS)

b. Do you need a General Mechanics, tool kit? ____Yes____No QUANTITY requested: _____

12. The Maintenance Support Device (MSD) Version 3: AMCOM B64 Managed Items, is the current U.S. Army electronic test set which is required for BOTH Operators and Maintainers to conduct PMCS, Diagnostics with the Engine, Transmission as well as read the IETMs containing other maintenance manuals.

- a. Recommended number of MSD-ICE is one (1) set per maintenance location and minimum of is one (1) per two (2) OSHKOSH Vehicles.
- b. HOW MANY Maintenance Locations do you have or plan to have supporting the OSHKOSH Trucks: _____?
- c. Based upon the number of OSHKOSH Trucks requested, TACOM will recommend one (1) MSD for 2-Oshkosh trucks!

13. Space left BLANK for Future usage

14. Field Service Representative SERVICES. A Field Service Representative (FSR) can deliver, Deprocessing of equipment, provide minimum operator training and maintain your new FMTV for a specified time.

a. Do you want an (FSR)? ____Yes____No. For how many months? _____

Note: There are many suppliers for support and if the customer prefers the Original Equipment Manufacturer, a request for sole source in accordance with the SAMM needs to be furnished for acquisition execution.

b. Is Sole Source procurement requested by the Customer? ____Yes____No

If yes, please provide name of contractor _____.

Note: **Customer must submit Sole Source justification to USASAC prior to LOA submission.**

c. Please provide the **specific vehicle density and location (City or Military Base) by Model type(s) and Quantities.** Please specify on attached memorandum/letter if needed?

Model: _____ QTY: _____ Location (City): _____

Model: _____ QTY: _____ Location (City): _____

Model: _____ QTY: _____ Location (City): _____

Model: _____ QTY: _____ Location (City): _____

d. The FMS Country will provide the Field Service Representative the following:

1. Maintenance Facility(s), location and access
2. Tools and Diagnostic Equipment
3. Overhead lift capability
4. Repair Parts & Special Tools and Test Equipment

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5. Internet access
6. Interpreter Support for multiple locations
7. Secure Transportation
8. Secure Lodging
9. Physical Security for the FSR Team
10. Required Fuel, Oil and Lubricant (POL) products and disposal

15. FLEET Service Representative SERVICES. A **Fleet Service Representative** (FSR) can monitor and assist the country representatives in improving fleet readiness, provide technical assistance, technical guidance in accordance with appropriate technical manuals, provide and assist failure analysis, assist the country with the procurement of parts, coordination of warranty repairs and warranty parts replacements, review unit "Non-Mission Capable" reports, provide host country with reporting, and provide both formal and informal training over a period of years.

e. Do you want an (**Fleet Service Rep**)? _____ Yes _____ No. For how many YEARS? _____

Note: There are many suppliers for support and if the customer prefers the Original Equipment Manufacturer, a request for sole source in accordance with the SAMM needs to be furnished for acquisition execution. **A source designation from country helps speed up the Contracting time and process.**

f. Is Sole Source procurement requested by the Customer? _____ Yes _____ No

If yes, please provide name of contractor _____.

Note: **Customer must submit Sole Source justification to USASAC prior to LOA submission.**

g. Please provide the **specific vehicle density and location (City or Military Base) by Model type(s) and Quantities.** Please specify on attached memorandum/letter if needed?

Model: _____	QTY: _____	Location (City): _____
Model: _____	QTY: _____	Location (City): _____
Model: _____	QTY: _____	Location (City): _____
Model: _____	QTY: _____	Location (City): _____

h. The **FMS Country will provide the Field Service Representative supporting their vehicles reflected on this checklist**, with the following:

11. Maintenance Facility(s), location and access
12. Tools and Diagnostic Equipment
13. Overhead lift capability
14. Repair Parts & Special Tools and Test Equipment
15. Internet access
16. Interpreter Support for multiple locations
17. Secure Transportation
18. Secure Lodging
19. Physical Security for the FSR Team
20. Required Fuel, Oil and Lubricant (POL) products and disposal

16. CONSTRAINTS? (COST LIMITATION, DATES, and HOLIDAYS-List the specific dates) _____

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17. What is your typical "WORK DAY/WORK WEEK" in your Country? *Monday – Friday OR Tuesday – Saturday?*

Number of hours per day ____ Number of days per week ____ Days off: ____

18. *CUSTOMER INSPECTION-COORDINATOR/COTR (please provide 2 POCs)*

PRIMARY:

ALTERNATE:

Name: _____ **NAME:** _____

Email: _____ **email:** _____

Phone (include country/city code) _____ **Phone:** _____

Fax number) _____ **Fax number:** _____

Cell/Mobil phone: _____ **Cell/mobile phone:** _____

19. Please identify any other unique requirements not specified above _____.