

SATELLITE TERMINAL SYSTEM LETTER OF REQUEST (LOR) CHECKLIST

The following Information should be provided when requesting the purchase of a satellite terminal system:

1. Do you have dedicated satellite resources? _____ Yes _____ No

Do you require access to a US satellite? _____ Yes _____ No

2. Is this a Sole Source Requirement? _____ Yes _____ No

If yes, please specify Manufacturer and Part Number(s) and enclose Sole Source request.

Manufacturer	Part Number	Quantity

3. Is this a standard Army satellite terminal? _____ Yes _____ No

If yes, please specify the National Stock Number (NSN), Nomenclature and Part Number.

NSN	Nomenclature	Part Number	Quantity

4. SATELLITE TERMINAL TYPE

<u>SATELLITE TERMINAL TYPE</u>	<u>QUANTITY</u>
Man portable	
Vehicle	
Vehicle Dismountable	

For vehicle mounted satellite terminals, please answer the following:

Type of vehicle: _____

Are vehicles currently configured for communications? ___ Yes ___ No

If yes, please describe: _____

Installation Kit (IK) _____ Yes _____ No

IK design required: _____ Yes _____ No

If yes, please describe: _____

POWER REQUIREMENTS

AC _____ DC Power Supply _____ Battery _____

Vehicle _____ Generator _____

Power Output: _____

Other _____

ANTENNA REQUIREMENTS

Antenna Required _____ Yes _____ No

Specify Antenna type or special requirements

5. OTHER SATELLITE TERMINAL REQUIREMENTS Check all that apply:

Remote Operation: Yes No

Encryption: Yes No

If yes, type of encryption? _____

Network Planning Yes No

Distribution Management Yes No

Are there compatibility requirements with:

Existing equipment Yes No

Future planned equipment Yes No

International operations Yes No

Please specify:

Other requirements Yes No

Please specify:

6. **TOTAL PACKAGE APPROACH** Check all that apply:

MAINTENANCE :

Unit Level	_____	Yes	_____	No
Direct Support Sites	_____	Yes	_____	No
Depot Level	_____	Yes	_____	No
Repair and Return Program	_____	Yes	_____	No
Contractor Logistics Support	_____	Yes	_____	No
Spare Parts Operational	_____	Yes	_____	No
Spare Parts Depot	_____	Yes	_____	No
Repair and Return	_____	Yes	_____	No
Extended Warranty	_____	Yes	_____	No
How long?	_____			

INSTRUCTOR/KEY PERSONNEL (IKP) TRAINING:

IKP Operator	_____	Yes	_____	No
IKP Unit Level Maintenance	_____	Yes	_____	No
IKP Direct Support Level Maintenance	_____	Yes	_____	No
More Training Details	_____			

SITE SURVEY _____ Yes _____ No

FIELD SERVICE REPRESENTATIVE _____ Yes _____ No

How long? _____

