

**LOR CHECKLISTS FOR AMMUNITION
AND RELATED ITEMS AND SERVICES**

These checklists are provided to assist our foreign customers in filling out a complete and accurate Letter of Request (LOR) when they have requirements for ammunition and related items/services. Use these checklists in conjunction with DSCA and USASAC guidance to give your country program manager as much technical information as possible for them to correctly process your LOR. This will help identify your countries specific ammunition requirements in a timely manner.

U.S. Standard Ammunition:

SEE WORKSHEET ATTACHED BELOW THE CHECKLISTS (pages 6-10)

- ___ 1. Identify DODIC or NSN - if unknown, list specific nomenclature and model number (e.g. Ctg 25mm High Explosive Incendiary Tracer, M792)
- ___ 2. List purpose/how the ammunition will be used (e.g. war reserve, training).
- ___ 3. List what weapon ammunition will be used in.
- ___ 4. List quantity and unit of issue (e.g. 100 each or 100 boxes) or request basic load for specified quantity of a weapon.
- ___ 5. List dollar thresholds if applicable.
- ___ 6. List unique non-U.S. configuration requirements (e.g. packaging, markings, publications in a different language).
- ___ 7. List required delivery dates if applicable.
- ___ 8. Identify transportation requirements (freight forwarder, DTS, SAAM airlift) and specify delivery points.
- ___ 9. Additional shipment considerations:
 - Identify any difficulties that may be encountered with the movement or receipt of ammunition. Is your freight forwarder authorized to move sensitive items?

Is your freight forwarder equipped to move small amounts of ammunition in a timely manner (i.e. able to combine with others to accumulate enough tonnage to obtain a vessel)?

-Do you have an in country seaport or aerial port that can receive ammunition? If not, can your country arrange to pick up ammunition from shipments to a neighboring country?

- ___ 10. Specify training requirements.
- ___ 11. Indicate if there is a recurring requirement. If so, give the duration (e.g. yearly, every 6 months) and consumption rate.
- ___ 12. Indicate if Sole Source procurement has or will be requested. Reminder: Sole Source request and justification must be sent to the U.S. Army Security Assistance Command.
- ___ 13. Indicate if waivers are being requested (e.g. Nonrecurring Cost, riot control agents)

Non U.S. Standard Ammunition:

- ___ 1. Give complete description. Describe what weapon it is used in and purpose/how it will be used (e.g. war reserve, training).
- ___ 2. Give information about manufacture name and model/serial numbers or give names of retail vendors (and websites if available).
- ___ 3. List performance specifications (e.g. armor piercing, long range, NATO standard).
 - If not NATO standard, indicate what level of certification is required (i.e. performance, safety).
- ___ 4. List quantity and unit of issue (e.g. 100 each or 100 boxes).
- ___ 5. List dollar thresholds if applicable.

- ___ 6. List required delivery dates if applicable.
- ___ 7. Identify transportation requirements (freight forwarder, DTS, SAAM airlift) and specify delivery points.
- ___ 8. Additional shipment considerations:
 - Identify any difficulties that may be encountered with the movement or receipt of ammunition. Is your freight forwarder authorized to move sensitive items? Is your freight forwarder equipped to move small amounts of ammunition in a timely manner (i.e. able to combine with others to accumulate enough tonnage to obtain a vessel)?
 - Do you have an in country seaport or aerial port that can receive ammunition? If not, can your country arrange to pick up ammunition from shipments to a neighboring country?
- ___ 9. Specify training requirements.
- ___ 10. Indicate if there is a recurring requirement. If so, give the duration (e.g. yearly, every 6 months) and consumption rate.
- ___ 11. Indicate if Sole Source procurement has or will be requested. Reminder: Sole Source request and justification must be sent to the U.S. Army Security Assistance Command.

Ammunition Peculiar Equipment:

- ___ 1. Identify equipment by nomenclature, APE Management Number (e.g. APE 2050M1) and what it will be used for.
- ___ 2. Request a site survey if applicable.
- ___ 3. List unique non-US configuration requirements (e.g. power source, manuals in a different language).
- ___ 4. List quantity.
- ___ 5. List dollar thresholds if applicable.

- ___ 6. List required delivery dates if applicable.
- ___ 7. Identify transportation requirements (freight forwarder, DTS, SAAM airlift) and specify delivery points.
- ___ 8. Specify training requirements.

Co-Production of Ammunition and Related Items:

- ___ 1. Site Survey is required.
 - Describe purpose
 - Indicate what equipment is in place or needed
- ___ 2. List Memorandum of Understanding and Site Survey
 - Include reference and date
- ___ 3. Indicate Technical Data Package Revisioning timeframe

Ammunition Related Services:

- ___ 1. List Period of Performance
- ___ 2. Describe services in detail (list quantities and timeframes as applicable).
 - Test program requirements
 - Demilitarization
 - item; quantity; known condition of materiel; if inspection will be requested; will total qty be completed at once or incremental; if requesting replacement items; etc.
 - Screening
 - item; quantity; reason requesting screening; if screening due to US guidance (i.e. NAR, AIN) please list; screening total qty or incremental; etc.
 - Technical Data Package (indicate for production, study or operation & maintenance)

- Current TDP or revisioning services; has item been bought through FMS, if so, list case(s)
- Technical Reports (if end item was previously purchased)
- Research, Development and Testing required

- ___ 3. Identify transportation requirements (freight forwarder, DTS, SAAM airlift).
- ___ 4. Specify location of service.
- ___ 5. Indicate if visit requests will be submitted.
- ___ 6. Indicate if there is a recurring requirement. If so, give the duration (e.g. yearly, every 6 months) and consumption rate.

LOR Checklist/Worksheet

U.S. Standard Ammunition

Country _____ Date _____

1. Desired Items: (fill in as applicable)

| | DODIC/NSN | Quantity (U/I=1 Each) | Nomenclature (e.g. Ctg 25mm High Explosive Incendiary Tracer, M792) |
|---|-----------|--------------------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

| | Intended Weapon System(s) | Purpose(s) (e.g. war reserve, training) |
|---|---------------------------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

2. Is There a Required Delivery Date(s)?

Yes No

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If urgent, provide **STRONG** justification for possible diversion (e.g. If not received by RDD, a critical mission failure due to.....will occur). List items and quantities needed by RDD.

3. Is There a Not-To-Exceed (NTE) Value for this Requirement?

Yes No

| | |
|--|--|
| | |
|--|--|

If Yes, list NTE amount: \$ _____ for total case value (includes below the line cost – i.e. 3.8% Admin, Transportation base on DTC, etc.).

Prioritize Items by Percentage of NTE or Minimum Qty Required:

| NTE | DODIC/NSN | Nomenclature | Percent of or Min Qty |
|-----|-----------|--------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. Transportation/Delivery Term Code

(If more than one applies, explain below):

| | | | | |
|---|---|---|---|---|
| DTC-7 | DTC-8 | DTC-9 | SAAM | Other (Explain |
| Below) | | | | |
| <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> |

Special Transportation Requirements/Consideration:

5. Unique Requirements (e.g. Packaging, Marking, Training, Technical Assistance, New materiel only, etc.):

| |
|--|
| |
|--|

6. Indicate if Sole Source procurement is being requested.

Yes No

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, Please Provide Contractor Name and Required Justification:

| |
|--|
| |
|--|

7. Indicate if a waiver for Nonrecurring Cost is being requested.

Yes No

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, Please Provide Justification:

8. Remarks/POC's/etc:

Note: The information provided on this worksheet needs to be submitted with a memorandum signed by a representative who is authorized to sign the Letter of Offer and Acceptance.

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