1. **SCOPE:**

   1.1 Title: Logistics and Technical Data; provide

2. **REFERENCES:**

   2.1 None.

3. **REQUIREMENTS:**

   3.1 Complete Attachment A for all Government Furnished Material (GFM) and Contractor Furnished Material (CFM) equipment or components installed or permanently removed. This applies to all configuration changes, including alterations and repairs.

   3.1.1 Provide individual Attachment A forms for each piece of equipment or component, including contractor submission and SUPERVISOR receipt signatures.

   3.1.2 Submit data required by Attachment A, in approved transferrable media (spreadsheet or word processing document), to the SUPERVISOR no later than 5 working days after installation or removal of GFM and CFM equipment or components from shipboard system(s).

   3.2 Submit all copies of technical manuals, Maintenance Index Pages (MIP), and Maintenance Requirements Cards (MRC) received with GFM and CFM equipment to the SUPERVISOR no later than 5 working days after receipt of equipment.

   3.3 Data received in 3.2 required for installation and testing will be provided to the contractor.

4. **NOTES:**

   4.1 The technical point of contact for the requirements contained in this NAVSEA Standard Item is the local NSA logistics representative.
ATTACHMENT A
EQUIPMENT/COMPONENT LOGISTICS AND TECHNICAL DATA
NAVSEA STANDARD ITEM 009-21

DATE: ______________

ALL DATA FIELDS ARE MANDATORY FILL. WRITE "NONE" WHERE NOT APPLICABLE.

SHIP NAME: ___________________________ HULL: __________

SPEC PKG. NO.: _______________ AUTHORITY (WORK ITEM): _______________

ACTION: _______ RIC: __________________________

SHIP CHANGE DOCUMENT (SCD)/SHIPALT NO: ________________

SERIAL NUMBER: __________________________

ITEM UNIQUE IDENTIFIER (IUID)/UNIQUE ITEM IDENTIFIER (UII): ________________

VALVE MARK/ELECTRICAL SYMBOL NUMBER: __________________________

QUANTITY: _______________ SHIPBOARD LOCATION: __________________________

RIC NOMENCLATURE: __________________________

TM(S) RECEIVED: __________________________

PMS MIP/MRC'S RECEIVED: __________________________

OBRP(S) RECEIVED: __________________________

INSTALLATION DRAWING NO: __________________________

RIC CHARACTERISTICS:

1. MFR - __________________________

2. MFR DWG - __________________________

3. MFR ID - __________________________

4. NSN - __________________________

CIRCLE ONE: GFM or CFM

COMMENTS: __________________________________________________________________________

____________________________________________________________________________________

REPORTING CONTRACTOR: ________________________________________________

PRINTED NAME: ____________________________________________________________

SIGNATURE: _________________________________________________________________________

RECEIVING SUPERVISOR: _________________________________________________

PRINTED NAME: __________________________________________________________

SIGNATURE: _________________________________________________________________________