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| <b>CONTRACT DATA REQUIREMENTS LIST</b><br><i>(1 Data Item)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                                                                           |                                       | <i>Form Approved</i><br><i>OMB No. 0704-0188</i>                                                                                      |                                                                            |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| COORDINATORS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                                                                           |                                       |                                                                                                                                       |                                                                            |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>G. PREPARED BY</b><br>Caffey, Brittany R<br>423 SCMS / GUME<br>405-582-9733                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        | <b>H. DATE</b><br>16 APR 2026                                             |                                       | <b>I. APPROVED BY</b><br>//ELECTRONICALLY SIGNED//<br>Briggs, Ebony N<br>423 SCMS / GUMB                      405-734-6866 / 582-6866 |                                                                            |  | <b>J. DATE</b><br>16-APR-26 |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>A. CONTRACT LINE ITEM NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        | <b>B. EXHIBIT</b>                                                         |                                       |                                                                                                                                       | <b>C. CATEGORY</b><br>TDP _____ TM _____ OTHER <u>  X  </u>                |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>D. SYSTEM / ITEM</b><br>B-2 Electro-Mechanical Rotary Actuators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        | <b>E. CONTRACT / PR NO.</b><br>FD20302301677                              |                                       |                                                                                                                                       | <b>F. CONTRACTOR</b>                                                       |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>1. DATA ITEM NO.</b><br>A003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                        | <b>2. TITLE OF DATA ITEM</b><br>Government Property (GP) Inventory Report |                                       |                                                                                                                                       | <b>3. SUBTITLE</b><br>Annual Government Property Physical Inventory Report |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>4. AUTHORITY (Data Acquisition Document No.)</b><br>DI-MGMT-80441D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                        | <b>5. CONTRACT REFERENCE</b><br>PWS                                       |                                       |                                                                                                                                       | <b>6. REQUIRING OFFICE</b><br>423 SCMS/GUME                                |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>7. DD 250 REQ</b><br>LT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>9. DIST STATEMENT REQUIRED</b><br>D |                                                                           | <b>10. FREQUENCY</b><br>ANNLY         |                                                                                                                                       | <b>12. DATE OF FIRST SUBMISSION</b><br>See Block 16                        |  | <b>14. DISTRIBUTION</b>     |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>8. APP CODE</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                        |                                                                           | <b>11. AS OF DATE</b><br>See Block 16 |                                                                                                                                       | <b>13. DATE OF SUBSEQUENT SUBMISSION</b><br>See Block 16                   |  | <b>a. ADDRESSEE</b>         |  | <b>b. COPIES</b>                                                                                                                                                                                                                                                                                                        |  |  |  |       |  |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                        |                                                                           |                                       |                                                                                                                                       |                                                                            |  |                             |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td style="text-align: center;">Draft</td> <td></td> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> </tr> </table> |  |  |  | Final |  | Draft |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Final                                  |                                                                           |                                       |                                                                                                                                       |                                                                            |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| Draft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Reg                                    | Repro                                                                     |                                       |                                                                                                                                       |                                                                            |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| <b>16. REMARKS</b><br><br>NAME: Zilar, Dale N                      DATE: 10 MAY 2024<br><br>NOTE: Changes to office symbols and/or e-mail addresses, when necessary, shall be made by letter through the Government CO/ACO without further revision to this CDRL.<br><br>1. Block 4:<br>a. All reports shall be submitted in the English Language.<br><br>2. Blocks 10, 11, 12, 13:<br>a. This report will be provided annually. Reporting Period is one year.<br>b. The data is representative of the Contractor's Internal Property Control System and shall be current as of the last day of the annual reporting period. If requested outside of an annual cadence, the data shall be current as of the date requested.<br>c. The report shall be delivered within seven (7) calendar days of the end of the first reporting period and annually thereafter, or within seven (7) calendar days of government request.<br><br>3. Block 9:<br>a. DISTRIBUTION STATEMENT "D": Distribution authorized to the Department of Defense and U.S. DoD contractors only, critical technology. (1 April 2024) Other requests for this document shall be referred to 848 SCMG/EN, Tinker Air Force Base, Oklahoma.<br>b. EXPORT CONTROL WARNING: All technical documents/data (printed, digital/electronic) that are determined to contain export-controlled technical data, shall be marked with the following statement:<br>EXPORT CONTROL WARNING: This document contains technical data whose export is restricted by the Arms Export Control Act (Title 22, U.S.C., Sec 2751, et seq.) or the Export Administration Act of 1979 (Title 50, U.S.C., App. 2401 et seq.), as amended. Violations of these export laws are subject to severe criminal penalties. Disseminate IAW provisions of DoD Directive 5230.25.<br>c. DESTRUCTION NOTICE: For classified documents, follow the procedures IAW DoD 5220.22-M, National Industrial Security Program Operating Manual (NISPOM), Section 5-705, and DoDM 5200.01 Vol 3, DoD Information Security Program: Protection of Classified Information, Enclosure 3, paragraph 17.<br><br>For unclassified, destroy by any method that will prevent disclosure of contents or reconstruction of the document IAW DoDI 5230.24 Enclosure 3, Paragraph 17.<br><br>4. Block 7, 14: Submit the Annual Government Property Physical Inventory Report to the following email address: Justin.Oakley.2@us.af.mil |  |                                        |                                                                           |                                       |                                                                                                                                       | See Block 16      0      1      0<br>15. TOTAL            0      1      0  |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |
| COORDINATORS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                                                                           |                                       |                                                                                                                                       |                                                                            |  |                             |  |                                                                                                                                                                                                                                                                                                                         |  |  |  |       |  |       |  |

PREVIOUS EDITION MAY BE USED.

| <b>CONTRACT DATA REQUIREMENTS LIST</b><br><i>(1 Data Item)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>Form Approved</i><br><i>OMB No. 0704-0188</i> |   |                             |              |           |  |  |       |       |  |     |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---|-----------------------------|--------------|-----------|--|--|-------|-------|--|-----|-------|
| <b>G. PREPARED BY</b><br>Caffey, Brittany R<br>423 SCMS / GUME<br>405-582-9733                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                          | <b>H. DATE</b><br>16 APR 2026                       | <b>I. APPROVED BY</b><br>//ELECTRONICALLY SIGNED//<br>Briggs, Ebony N<br>423 SCMS / GUMB                      405-734-6866 / 582-6866                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |   | <b>J. DATE</b><br>16-APR-26 |              |           |  |  |       |       |  |     |       |
| <b>A. CONTRACT LINE ITEM NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | <b>B. EXHIBIT</b>                                        |                                                     | <b>C. CATEGORY</b><br>TDP _____ TM _____ OTHER <u>  X  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>D. SYSTEM / ITEM</b><br>B-2 Electro-Mechanical Rotary Actuators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <b>E. CONTRACT / PR NO.</b><br>FD20302301677             |                                                     | <b>F. CONTRACTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>1. DATA ITEM NO.</b><br>A004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | <b>2. TITLE OF DATA ITEM</b><br>Production Surge Plan    |                                                     | <b>3. SUBTITLE</b><br>Capability Analysis Plan (CAP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>4. AUTHORITY (Data Acquisition Document No.)</b><br>DI-MGMT-80969                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | <b>5. CONTRACT REFERENCE</b><br>PWS                      |                                                     | <b>6. REQUIRING OFFICE</b><br>423 SCMS/GUME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>7. DD 250 REQ</b><br>LT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9. DIST STATEMENT REQUIRED</b><br>A | <b>10. FREQUENCY</b><br>See Block 16                     | <b>12. DATE OF FIRST SUBMISSION</b><br>See Block 16 | <b>14. DISTRIBUTION</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 40%; text-align: center; vertical-align: middle;">a. ADDRESSEE</td> <td colspan="3" style="text-align: center;">b. COPIES</td> </tr> <tr> <td rowspan="2" style="width: 10%; text-align: center;">Draft</td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td style="width: 10%; text-align: center;">Reg</td> <td style="width: 10%; text-align: center;">Repro</td> </tr> </table> |                                                  |   |                             | a. ADDRESSEE | b. COPIES |  |  | Draft | Final |  | Reg | Repro |
| a. ADDRESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | b. COPIES                                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Draft                                  | Final                                                    |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Reg                                                      | Repro                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>8. APP CODE</b><br>A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>11. AS OF DATE</b><br>See Block 16  | <b>13. DATE OF SUBSEQUENT SUBMISSION</b><br>See Block 16 |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
| <b>16. REMARKS</b><br>NAME: Zilar, Dale N                      DATE: 10 MAY 2024<br><br>In the event that the DoD experiences an unplanned spike or sudden increase in demand, due to major theater warfare or a national emergency (also known as surge, reference DFARs 217.208-70 and DFARs 252.217.7001), and invokes surge: The Contractor is willing to work to meet and sustain this demand for quantity levels above and beyond normal peacetime requirements.<br><br>Block 9: Approved for Unlimited Public and Foreign Distribution. Other requests shall be referred to 848 SCMG/EN, Tinker Air Force Base, Oklahoma.<br><br>Block 10, 11, 12, 13: The Capability Analysis Plan (CAP) shall be prepared IAW DI-MGMT-80969 and shall be submitted 30 days after the contract award.<br><br>This Plan shall include a delivery schedule showing the maximum sustainable rate of delivery for items in this contract. This delivery schedule shall provide acceleration by month up to the maximum sustainable rate of delivery achievable within the Contractor's existing facilities, equipment, and subcontracting structure. This Plan will address the surge capacity possible at no increase to the contract prices as well as the surge capacity possible at an additional cost. Based on this Plan, a mutually agreed to increase the quantity of supplies or services called for under this contract by no more than x % percent; and the accelerate the rate of delivery may be established for this contract, at a price or cost established after contract award or to be established by negotiation.<br><br>COORDINATORS: |                                        |                                                          |                                                     | 423 SCMS/GUME<br><br>3001 Staff Drive, Annex 4<br><br>Tinker Air Force Base,<br>Oklahoma 73145<br><br>Attention: Justin W. Oakley                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                | 1 | 0                           |              |           |  |  |       |       |  |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                          |                                                     | <b>15. TOTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                | 1 | 0                           |              |           |  |  |       |       |  |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |
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| <b>G. PREPARED BY</b><br>Caffey, Brittany R<br>423 SCMS / GUME<br>405-582-9733                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                          | <b>H. DATE</b><br>16 APR 2026                       | <b>I. APPROVED BY</b><br>//ELECTRONICALLY SIGNED//<br>Briggs, Ebony N<br>423 SCMS / GUMB                      405-734-6866 / 582-6866                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |   | <b>J. DATE</b><br>16-APR-26 |              |           |  |  |       |       |  |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |   |                             |              |           |  |  |       |       |  |     |       |

PREVIOUS EDITION MAY BE USED.





| <b>CONTRACT DATA REQUIREMENTS LIST</b><br><i>(1 Data Item)</i>                                                                                                                   |                                        |                                                            |                                                          |                                                                                                                                                                                                           | <i>Form Approved</i><br><i>OMB No. 0704-0188</i> |   |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---|-----------------------------|--|
| <b>G. PREPARED BY</b><br>Caffey, Brittany R<br>423 SCMS / GUME<br>405-582-9733                                                                                                   |                                        |                                                            | <b>H. DATE</b><br>16 APR 2026                            | <b>I. APPROVED BY</b><br>//ELECTRONICALLY SIGNED//<br>Briggs, Ebony N<br>423 SCMS / GUMB                      405-734-6866 / 582-6866                                                                     |                                                  |   | <b>J. DATE</b><br>16-APR-26 |  |
| <b>A. CONTRACT LINE ITEM NO.</b>                                                                                                                                                 |                                        | <b>B. EXHIBIT</b>                                          |                                                          | <b>C. CATEGORY</b><br>TDP _____ TM _____ OTHER <u>  X  </u>                                                                                                                                               |                                                  |   |                             |  |
| <b>D. SYSTEM / ITEM</b><br>B-2 Electro-Mechanical Rotary Actuators                                                                                                               |                                        | <b>E. CONTRACT / PR NO.</b><br>FD20302301677               |                                                          | <b>F. CONTRACTOR</b>                                                                                                                                                                                      |                                                  |   |                             |  |
| <b>1. DATA ITEM NO.</b><br>A007                                                                                                                                                  |                                        | <b>2. TITLE OF DATA ITEM</b><br>Teardown Deficiency Report |                                                          | <b>3. SUBTITLE</b><br>TDR                                                                                                                                                                                 |                                                  |   |                             |  |
| <b>4. AUTHORITY (Data Acquisition Document No.)</b><br>DI-PSSS-81534A                                                                                                            |                                        | <b>5. CONTRACT REFERENCE</b><br>N/A                        |                                                          | <b>6. REQUIRING OFFICE</b><br>423 SCMS/GUME                                                                                                                                                               |                                                  |   |                             |  |
| <b>7. DD 250 REQ</b><br>LT                                                                                                                                                       | <b>9. DIST STATEMENT REQUIRED</b><br>D | <b>10. FREQUENCY</b><br>See Block 16                       | <b>12. DATE OF FIRST SUBMISSION</b><br>See Block 16      | <b>14. DISTRIBUTION</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>a. ADDRESSEE</b> </div> <div style="width: 55%;"> <b>b. COPIES</b> </div> </div> |                                                  |   |                             |  |
| <b>8. APP CODE</b><br>N/A                                                                                                                                                        |                                        | <b>11. AS OF DATE</b><br>See Block 16                      | <b>13. DATE OF SUBSEQUENT SUBMISSION</b><br>See Block 16 |                                                                                                                                                                                                           |                                                  |   |                             |  |
| <b>16. REMARKS</b><br>NAME: Caffey, Brittany R                      DATE: 16 APR 2026<br>BLOCKS 10, 11, 12, and 13: To be negotiated upon government's request.<br>COORDINATORS: |                                        |                                                            |                                                          | 423 SCMS/GUME                                                                                                                                                                                             | 0                                                | 1 | 0                           |  |
|                                                                                                                                                                                  |                                        |                                                            |                                                          | <b>15. TOTAL</b>                                                                                                                                                                                          | 0                                                | 1 | 0                           |  |
|                                                                                                                                                                                  |                                        |                                                            |                                                          |                                                                                                                                                                                                           |                                                  |   |                             |  |
|                                                                                                                                                                                  |                                        |                                                            |                                                          |                                                                                                                                                                                                           |                                                  |   |                             |  |

PREVIOUS EDITION MAY BE USED.



