

FROM: DSCC - _____ Name: _____ Phone: _____ **Date:** _____
TO: DSCC - VSP Name: _____ Phone: _____ **Date:** _____
RETURN TO: DSCC - _____ Name: _____ Phone: _____ **Date:** _____

REQUEST FOR PRESERVATION, PACKAGING, PACKING & MARKING WAIVER BY VENDOR

PR Number: _____ **Contract #:** _____ Call # (if used): _____ Line Item #: _____

NSN: _____ Contractor's CAGE: _____ Contractor's P/N: _____

Contractor's POC/Phone #: _____

Item weight and dimensions: _____

Item (material) composition: _____ ESD Sensitive: YES NO

Proposed Packaging Design _ is _ is not attached. Attachments: _____

Unit Container is: _____ (If fiberboard container specify the following information: Bursting Strength _____;
Stacking Strength _____; _ Single Wall; _ Double Wall; _ Triple Wall)

Shipping Container is: _____ (ie. Bag, Fiberboard box, Wood box, Crate, etc)

RECEIVING LOCATIONS

<u>Location</u>	<u>Quantity</u>	<u>Location</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____

Military requirements on PR: **SEE ATTACHED.** (Must include a complete copy of solicitation/contract and offeror's documentation.)

Vendor proposes to comply with: *{Circle Answer}*

- | | | |
|-----------------------------|-----|----|
| a. MIL-STD 2073 - 1C | YES | NO |
| b. Quantity Unit Pack (QUP) | YES | NO |
| c. MIL-STD 129 Marking | YES | NO |
| d. Barcode (AIM BC-1) | YES | NO |

Vendor is: _ Sole Source _ Low Offeror _ Only Offeror Required Delivery Date (RDD) -*Electronics Only*: _____

Additional Remarks/Comments/Reasons for requesting waiver: _____

****Please provide a copy of the completed form to DSCC-VSP via mail, e-mail (packaging@dsc.dla.mil) or facsimile 2-1901.****

Waiver has been: ___ **Approved** (Letter will be sent to applicable depots, upon receipt of contract number. **Buyer is required to follow up & provide contract number to VSP.** Contract number required to request depot to properly package IAW military packaging requirements within CTDF. Letter also notifies depot of authorized packaging waiver and ensures no Reports of Discrepancy shall be issued to Center on this contract and specified CLINs.)

___ **Declined** Reason: _____

Authorizing Packaging Specialist Signature: _____ DSCC-VSP Phone #: _____ Date: _____