

FLOATING STOCK/SPARES REQUIREMENT AND JUSTIFICATION

| 1. PRODUCTION LINE FILL FLOATING STOCK | | | | |
|--|---|---|--------------------|------------------------------|
| FROM | TO | DATE | APPROVAL | DISAPPROVAL |
| 1. IET | FIXER | | | |
| 2. FIXER | MATERIAL SUPPORT UNIT (MSU) | | | |
| 3. MATERIAL SUPPORT UNIT (MSU) | DEPOT SUPPLY BRANCH CHIEF | | | |
| 4. DEPOT SUPPLY BRANCH CHIEF | FINANCIAL | | | |
| 5. FINANCIAL | MAINTENANCE DIRECTORATE | | | |
| 6. MAINTENANCE DIRECTORATE | IET | | | |
| 7. USING OR ASSEMBLY RCC | 8. NOUN, NSN, AND ERRC OR REQUESTED FLOATING STOCK | | | |
| 9. NOUN OF NEXT HIGHER ASSEMBLY | 10. NOUN OF PRODUCTION END ITEM | | | |
| 11. COMPUTATION (Floating Stock) | | DATA ELEMENT VALUE | | |
| RT | REPAIR CYCLE IN CALENDAR DAYS(Component) | | | |
| IT | CALENDAR DAYS WHICH CAN ELAPSE BETWEEN REMOVAL AND REINSTALLATION OF THE COMPONENT ITEM ON THE NEXT HIGHER ASSEMBLY | | | |
| EI | NUMBER OF PRODUCTION END ITEMS SCHEDULED PER MONTH. AVERAGE OF NEXT TWELVE MONTHS SCHEDULE | | | |
| UPA | UNITS PER ASSEMBLY | | | |
| CD | AVERAGE NUMBER OF CALENDAR DAYS PER MONTH FOR NEXT TWELVE MONTHS | | | |
| FS | $\frac{\text{QUANTITY OF FLOATING STOCK REQUIRED FOR IRREGULAR PRODUCTION}}{\text{CD}}$ | | | |
| FS | $\frac{\text{QUANTITY OF FLOATING STOCK REQUIRED FOR IRREGULAR PRODUCTION}}{\text{CD}}$ | | | |
| 12. REMARKS | | | | |
| 13. AUTHORIZATION SERIAL CONTROL NUMBER (SCN) Work Center, Day, Serial Control Number, e.g. MPJAA-85-365-0012) | | | | |
| 14. POINT OF CONTACT | | | | |
| a. DEPOT MAINTENANCE | | OFFICE | PHONE | |
| b. DEPOT SUPPLY | | OFFICE | PHONE | |
| c. INVENTORY MANAGER | | OFFICE | PHONE | |
| 15. COORDINATION | | | | |
| <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> CHANGE <input type="checkbox"/> REVALIDATION/NO CHANGE | | | | |
| PRODUCTION COORDINATION | SCHEDULING COORDINATION | ENGINEERING APPROVAL | QUANTITY REQUESTED | COST (unit price x quantity) |
| 16. PRODUCT DIRECTOR APPROVAL/DISAPPROVAL | | | | |
| | | <input type="checkbox"/> PD APPROVED OTHER THAN REQUESTED(See Block 12) | | |
| <input type="checkbox"/> PD APPROVED REQUESTED QUANTITY | | <input type="checkbox"/> PD DISAPPROVAL(See Block 12) | | |
| SIGNATURE OF PRODUCT DIRECTOR CHIEF(2-Letter) | | | DATE | |

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www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

| ATE/FLIGHT TEST/FINAL TEST | | | | |
|--|--|--|------------------------------|------------------------------|
| II. ROUTING (Use Complete Office Symbols and Mailing Addresses) | | | | |
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| 4. DEPOT SUPPLY BRANCH CHIEF | FINANCIAL | | | |
| 5. FINANCIAL | MAINTENANCE DIRECTORATE | | | |
| 6. MAINTENANCE DIRECTORATE | IET | | | |
| 7. USING OR ASSEMBLY RCC | 8. NOUN, NSN, AND ERRC OR REQUESTED FLOATING STOCK | | | |
| 9. (ATE) APPLICATION INFORMATION | | | | |
| a. WEAPON SYSTEM APPLICATION | | | | |
| b. TEST SET NOMENCLATURE | | | | |
| c. TECH SET NOMENCLATURE | | FIGURE | INDEX | QPA |
| d. QUANTITY OF TEST STATIONS TO BE SUPPORTED | e. NUMBER OF END ITEMS SUPPORTED | | f. NUMBER OF SHIFTS OPERATED | |
| g. IS REQUESTED ITEM AUTHORIZED AS FLOATING SPARE IN ANOTHER AREA | | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Remarks why it cannot be shared) | | | | |
| 10. PRIOR 12 MONTHS USAGE (If available) | | 11. QUANTITY ON HAND (If revalidation or change) | | |
| 12. REMARKS | | | | |
| 13. AUTHORIZATION SERIAL CONTROL NUMBER (ASCN) Work Center, Day, Serial Control Number, e.g. MPJAA-85-365-0012) | | | | |
| 14. POINT OF CONTACT | | | | |
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| b. DEPOT SUPPLY | | OFFICE | PHONE | |
| c. INVENTORY MANAGER | | OFFICE | PHONE | |
| 15. COORDINATION | | | | |
| <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> CHANGE <input type="checkbox"/> REVALIDATION/NO CHANGE | | | | |
| PRODUCTION COORDINATION | SCHEDULING COORDINATION | ENGINEERING APPROVAL | QUANTITY REQUESTED | COST (unit price x quantity) |
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| SIGNATURE OF PRODUCT DIRECTOR CHIEF (2-Letter) | | | DATE | |