DISPOSAL DETERMINATION APPROVAL				1. PLANT CLEARANCE CASE NO. 2. E			2. DATE (YYYYMMDD)	
3. TYPE OF CONTRACT (X one)         a. FIXED PRICE         b. COST TYPE         c. FACILITY		4. INVENTORY SCHEDULE NO. (Attach copy)		5. TYPE OF INVENTORY (X one)         a. TERMINATION         b. RESIDUAL TO CONTRAC         c. CHANGE ORDER		CONTRACT	d. EXCESS GFP e. PRODUCTION EQUIPMENT	
6.a. NAME OF PRIME CONTRACTOR				7.a. NAME OF SUBCONTRACTOR				
b. ADDRESS OF PRIME CONTRACTOR (Include ZIP code)				b. ADDRESS OF SUBCONTRACTOR (Include ZIP code)				
C. PROCUREMENT INSTRUMENT ID NUMBER				C. SUBCONTRACT NUMBER				
8. DISPOSAL RATIONALE CODES (Select alpha and numeric codes that apply and insert in the "Code(s)" column below.)								
Ra	CATEGORY A ationale For Scrap or Salvage	CATEGORY B Rationale For Abandonment			ent	CATEGORY C Rationale For Sale Without Competitive Bids (Enter sale price)		
1. Beyon of repair	nd economical repair/estimated cost in excess of 65% of acquisition.		<ol> <li>No commercial value.</li> <li>Donation is not feasible.</li> </ol>			1. Sale price equals (or exceeds) current market value.		
<ol> <li>Without value except for basic content.</li> <li>Obsolete.</li> </ol>		<ol> <li>Setimated cost of continued care and handling exceeds estimated proceeds of sale.</li> </ol>				2. Sale price is fair and reasonable based on (a) test of market or (b) recent sale price of similar property.		
<ol> <li>4. Specialized design.</li> <li>5. Incomplete condition.</li> <li>6. No reasonable prospect of sale or use as</li> </ol>		<ol> <li>Offered for sale and no bids received.</li> <li>Value so little and cost of continued care and handling so great advertising for sale not justified.</li> </ol>			ued care	3. Sale price equals (or exceeds) that which could be realized through competitive sale, cost of sale, and/or additional storage costs; would more than offset any potential increased return.		
<ul><li>serviceable property without major repairs or alterations.</li><li>7. Other (<i>Specify</i>).</li></ul>		<ol> <li>Abandonment required by considerations of health, safety, or security.</li> </ol>			lerations of	4. Other <i>(Specify)</i> .		
		7. Other (Specify).			CATEGORY D Other Disposal Action(s) Requiring Documentation (Attach rationale)			
CODE(S) a.	ITEM NUMBER(S) b.	ACQUISITION COST c.		CODE(S) a.	ITEM	l NUMBER(S) b.	ACQUISITION COST c.	
d. SUBTOTAL (This column)			d. SUBTOTAL (This column)					
			e. TOTAL COST					
	CLEARANCE OFFICER NAME (Last, First, Middle Initial)		10. REVIEW BOA					
a. TYPED NAME (Last, First, Middle Initial) a. TYPED NAME (Last, First, N						9		
b. SIGNAT	TURE	b. SIGNATURE				c. DATE SIGNED (YYYYMMDD)		

DD FORM 1641, APR 2000