

MATERIAL APPROVAL SUBMITTAL

(See Instructions on Reverse)

*Form Approved
OMB No 9000-0062
Expires May 31, 2005*

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project OMB No 9000-0062, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to: SAF/AQCP, 1060 Air Force Pentagon, Washington DC 20330-1060.

| | | |
|---|----------------------------------|--|
| TO: <i>(Contracting Officer)</i> | FROM: <i>(Contractor)</i> | DATE (YYYYMMDD) |
| CONTRACT NUMBER | SUBMISSION NUMBER | SUBMITTAL <input type="checkbox"/> NEW <input type="checkbox"/> RESUBMITTAL |
| PREVIOUS SUBMISSION NUMBER | PROJECT NUMBER | |

| TO BE COMPLETED BY CONTRACTOR | | | FOR GOVERNMENT USE ONLY | | | |
|-------------------------------|--|--|--------------------------|--------------------------|--------------------------|---------|
| ITEM NO. | SPECIFICATION SECTION/ PARA NO./DRAWING NO. | DESCRIPTION OF MATERIAL <i>(Include Type, Model Number, Catalog Number, Mfg., etc.)</i> | AP- PROVED | DISAP- PROVED | SEE REVERSE | INITIAL |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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BY COMPLETING THIS FORM, THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE MATERIAL COMPLIES WITH ALL SPECIFICATIONS OF SUBJECT CONTRACT.

| | | |
|-----------------|------------------------------|-----------|
| DATE (YYYYMMDD) | TYPE OR PRINT NAME AND TITLE | SIGNATURE |
|-----------------|------------------------------|-----------|

FOR GOVERNMENT USE ONLY

TO: *(Base Civil Engineering Officer)*

For Evaluation and Action

| | | |
|-----------------|------------------------------|-----------|
| DATE (YYYYMMDD) | TYPE OR PRINT NAME AND GRADE | SIGNATURE |
|-----------------|------------------------------|-----------|

TO: *(AF Contracting Office)*

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| RECOMMEND | <input type="checkbox"/> APPROVAL | DISAPPROVAL AS INDICATED ABOVE AND SUBJECT TO ANY APPLICABLE COMMENTS ON THE REVERSE |
| DATE (YYYYMMDD) | TYPE OR PRINT NAME AND GRADE | SIGNATURE |

TO: *(Contractor)*

APPROVED DISAPPROVED AS INDICATED ABOVE AND SUBJECT TO ANY APPLICABLE COMMENTS ON THE REVERSE SIDE. REQUEST RESUBMITTAL ON DISAPPROVED ITEMS WITHIN _____ DAYS OF DATE SHOWN BELOW.

| | | |
|-----------------|------------------------------|-----------|
| DATE (YYYYMMDD) | TYPE OR PRINT NAME AND GRADE | SIGNATURE |
|-----------------|------------------------------|-----------|

