

REQUEST FOR DISPOSITION OR WAIVER

For use of this form, see TB 43-0140, the proponent agency is U. S. Army DARCOM.

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|--|--|---------------------|-----------------|--------------------|-------------------------------------|--|----------|----------|---------------|
| 1. <input type="checkbox"/> DISPOSITION | | | | | <input type="checkbox"/> WAIVER | | | | |
| 2. LOCATION OF EQUIPMENT | | | | | 3. DATE <i>(Submission)</i> | | | | |
| | | | | | 4. DOCUMENT NO. <i>(Depot Only)</i> | | | | |
| 5. EQUIPMENT NOMENCLATURE | | | | | | | | | |
| a. YEAR MFGR. | | b. HOURS/MILES | | c. NSN | | d. MAKE | | e. MODEL | |
| f. SERIAL NO. | | | | | g. REGISTRATION NO. | | | | |
| 6. ENGINE MAKE | | | a. ENGINE MODEL | | | b. ENGINE SERIAL NO. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7. MAINT. EXPENDITURE LIMITS <i>(MEL)</i> | | | | | MAX. ALLOWABLE PERCENTAGE | | | | |
| TB | | | | | DATE: | | | | |
| | | | | | % | | | | |
| 8. ATTACHMENTS - <i>(INTENSIVE MANAGED ITEMS/AUTOMATIC RETURN ITEMS)</i> | | | | | | | | | |
| a. NSN | | b. ITEM DESCRIPTION | | | c. MAKE | | d. MODEL | | e. SERIAL NO. |
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| | | | | | | | | | |
| 9. ESTIMATED REPAIR COSTS <i>(See attached DA Form 2404)</i> | | | | 10. REMARKS | | | | | |
| PARTS & MATERIALS | | | | | | | | | |
| LABOR COSTS | | | | | | | | | |
| MHRS. X\$ | | | | | | | | | |
| TRANSPORTATION <i>(NICP)</i> | | | | | | | | | |
| MISSING ITEMS | | | | | | | | | |
| TOTAL COST | | | | | | | | | |
| ACQUISITION COST | | | | | | | | | |
| REPAIR COST PERCENT | | | | % | | | | | |
| 11. TYPED NAME, ORG. & SIGNATURE OF INSPECTOR | | | | 14. CONDITION CODE | | 15. DISPOSITION OF WAIVER INSTRUCTIONS | | | |
| 12. TYPED NAME & SIGNATURE OF NMP REP. | | | | | | | | | |
| 13. TYPED NAME & SIGNATURE OF NICP REP. | | | | | | | | | |