

NOTICE OF ACCEPTANCE OF INVENTORY SCHEDULES		1. PLANT CLEARANCE CASE NUMBER	<i>Form Approved OMB No. 0704-0246 Expires: 20210930</i>
<p>The public reporting burden for this collection of information is estimated to average 30 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 the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246) at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p style="text-align: center;">PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS IN BLOCK 2</p> <p style="text-align: center;"><i>ALL FUTURE DOCUMENTS CONCERNING THIS CASE MUST BEAR THE PLANT CLEARANCE CASE NUMBER SHOWN ABOVE.</i></p>			
2. TO <i>(Include ZIP Code)</i>		3. FROM <i>(Include ZIP Code)</i>	
NOTE TO CONTRACTOR			
<p>This office accepts the inventory schedules listed below as being satisfactory in form for storage or removal purposes. Acceptance of the inventory schedules as satisfactory in form will not affect the Government's right to require additional information on any listed item, nor prejudice the</p>		<p>Government's right to contest the cost, quantities, and allocability of any item or items. Within a few days, a Government representative will visit your plant to verify the inventory submitted, review your bill of material, and confirm allocability of the inventory submitted.</p>	
4. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	5. SUBCONTRACT OR PURCHASE ORDER NUMBER	6. CHANGE ORDER NUMBER	7. TERMINATION DOCKET NUMBER
8. CONTRACTOR'S REFERENCE NUMBER	9. TYPE OF CONTRACT <i>(X one)</i>		
	<input type="checkbox"/> a. FIXED PRICE	<input type="checkbox"/> b. COST TYPE	<input type="checkbox"/> c. FACILITY
	<input type="checkbox"/> d. LEASE	<input type="checkbox"/> e. BAILMENT	<input type="checkbox"/> f. STORAGE
10. TYPE OF INVENTORY <i>(X one)</i>	<input type="checkbox"/> a. TERMINATION	<input type="checkbox"/> b. RESIDUAL TO CONTRACT	
	<input type="checkbox"/> c. CHANGE ORDER	<input type="checkbox"/> d. EXCESS GFP	<input type="checkbox"/> e. PRODUCTION EQUIPMENT
11. COST OF INVENTORY SCHEDULES		12. LOCATION OF PROPERTY	
a. STANDARD FORM 1426 <i>(Schedule A)</i>	\$		
b. STANDARD FORM 1428 <i>(Schedule B)</i>	\$		
c. STANDARD FORM 1430 <i>(Schedule C)</i>	\$		
d. STANDARD FORM 1432 <i>(Schedule D)</i>	\$		
e. DD FORM 1342	\$		
f. STANDARD FORM 1434	\$		
g. TOTAL	\$		
		13. CONTRACTOR OR SUBCONTRACTOR	
		a. NAME <i>(Identify as Prime Contractor or Subcontractor)</i>	
		b. ADDRESS OF CONTRACTOR OR SUBCONTRACTOR <i>(Include ZIP Code)</i>	
14. COMMENTS <i>(Continue on additional sheets if necessary.)</i>			
15. PLANT CLEARANCE OFFICER			
a. TYPED NAME <i>(Last, First, Middle Initial)</i>		b. SIGNATURE	c. DATE