SCRAP WARRANTY

RETURN COMPLETED FORM TO THE CONTRACT ADMINISTRATION OFFICE.

OMB No. 0704-0246 OMB approval expires 20270131

The public reporting burden for this collection of information is estimated to average 6 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

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collection of information if it does not display a currently valid OMB control number.
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
this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-

1. PLANT CLEARANCE CASE NUMBER				2. CONTRACT NUMBER			
3. CONTRACTOR					4. INVENTORY REFERENCE	!	
5. WARF		nty covers materials listed below at indicate	ed procurement cost and s	elling prices as	approved by the Plant Clearar	nce	
Officer a	nd as sold by						
PAGE (1)	ITEM (2)	DESCRIPTION (3)		WEIGHT (4)	ACQUISITION COST (5)	SELLING COST (6)	
b. In consideration of the transfer to the undersigned of the property covered by this agreement at a value based upon its being used as scrap, the undersigned represents and warrants to the United States as follows:							
		vered by this agreement will be used only a ed from this warranty.	s scrap, either in its existi	ng condition or	after further preparation, unles	s and until the	
		undersigned is released from this warranty this warranty shall have been executed at			n for such release shall be mad	de to the United States	
and tend		undersigned sells the property covered by ed States a warranty identical to this execu					
(4) All	obligations of	the undersigned under this warranty shall	expire five years from the	date hereof.			
6. PURC	HASER						
a. TYPED	NAME (Last, F	irst, Middle Initial)		b. ADDRESS (S	Street, City, State, and ZIP Code)		
c. SIGNA	TURE		d. DATE SIGNED (YYYYMMDD)				
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