

## DLA ENERGY DISPOSITION REQUEST

<b>1. NAME OF SUBMITTING ORGANIZATION</b>	<b>1.a. If Other, enter below</b>	<b>2. EBS QN NUMBER</b> <i>(if applicable)</i>	<b>3. REQUEST DATE</b> <i>(YYYYMMDD)</i>	<b>4. DODAAC AND LOCATION</b>
<b>5. PRODUCT CODE AND NSN</b>	<b>5.a. DWCF Product</b> <i>(Yes or No)</i>	<b>6. PRODUCT QUANTITY</b>		<b>7. APPROX. USD VALUE OF PRODUCT</b>
<b>8. LOCATION WHERE PRODUCT IS BEING HELD:</b> <i>(Provide details such as tank number, bowser #, type of truck, pipeline, vessel type/name)</i>				
<b>9. IS REPLACEMENT PRODUCT REQUIRED?</b> <input type="checkbox"/> <b>No, go to block 10.</b> <input type="checkbox"/> <b>Yes, explain details below.</b>				
<b>10. SUMMARY OF OFF-SPECIFICATION INCIDENT</b>				
a. Summary of Incident				
b. Delivery Date of Receipt <i>(YYYYMMDD)</i>				
c. Name of Supplier				
d. Contract Number				
e. Batch Number				
<b>11. IS REGRADE RECOMMENDED?</b> <input type="checkbox"/> <b>No, go to block 12.</b> <input type="checkbox"/> <b>Yes, explain details below.</b>				
Attach all relevant laboratory test results. If activity is recommending regrade or blend-back solution, explain below and provide tests results <i>(attached to this form)</i> of a hand-blend sample representative of the anticipated blend ratio.				
<b>12. PROVIDE RECOMMENDED ALTERNATE USE, DISPOSITION, OR PROPOSED RECOVERY MEASURES.</b>				
<b>13. PROVIDE LOCAL FACILITY CAPABILITIES TO REHABILITATE OFF-SPECIFICATION PRODUCT.</b> <i>(Recirculation Capability, Filtration Capability, etc.)</i>				
<b>14. IF RECOMMENDING DISPOSAL PLEASE DESCRIBE RECOVERY EFFORTS TAKEN PRIOR TO OPTING FOR DISPOSAL.</b>				
If the requesting activity does not have capability to recover and/or rehabilitate the off-specification product, state that as well. If a local cost analysis was completed and determined it is less costly to dispose of the product than to recover/remediate it, summarize that analysis below.				
<b>15. IS DISPOSITION ASSOCIATED WITH A TANK CLEANING OPERATION?</b> <input type="checkbox"/> <b>No, go to block 16.</b> <input type="checkbox"/> <b>Yes, explain details below.</b>				
Provide rationale explaining why useable product cannot be recovered and describe proposed local disposition options.				
<b>16. IS THE ACTIVITY SUGGESTING TANK CLEANING CONTRACTOR BE ALLOWED TO DISPOSE OF PRODUCTS?</b> <input type="checkbox"/> <b>No, go to block 17.</b>				
<input type="checkbox"/> <b>Yes, explain below the terms of that arrangement and if there will be any funds recovered from contractor for product removed.</b>				
<b>17. DOES ACTIVITY REQUIRE ASSISTANCE FROM DLA ENERGY TO RECOVER, REMEDIATE OR DISPOSE OF PRODUCTS?</b> <input type="checkbox"/> <b>No, process complete.</b>				
<input type="checkbox"/> <b>Yes, state nature of requested support</b> <i>(i.e., specify if activity requires DLA Energy to contract for product disposal or if DLA Energy funds are required to facilitate local disposal).</i>				
<b>Print Submitter's Name:</b>		<b>Signature:</b>		<b>Date:</b> <i>(YYYYMMDD)</i>

**18. SERVICE CONTROL POINT COORDINATION**

Name of Service Control Point:

Print Name:

Date: (YYYYMMDD)

Signature:

**19. REGIONAL OFFICE COORDINATION**

Name of Requesting Regional Office:

Print Name:

Date: (YYYYMMDD)

Signature:

**20. DLA ENERGY QUALITY COORDINATION**

**Approved**  
(See comments above)

**Disapproved**  
(See comments above)

**Additional  
Details** Requested

Print Name:

Date: (YYYYMMDD)




Signature:

**21. DLA ENERGY FENA**

**Approved**  
(See comments above)

**Disapproved**  
(See comments above)

**Additional  
Details** Requested

Print Name:

Date: (YYYYMMDD)




Signature: