DISPOSAL DETERMINATION APPROVAL

1. PLANT CLEARANCE CASE NO.	2. DATE *(YYYYMMDD)*

3. TYPE OF CONTRACT *(X one)*

- ☐ a. FIXED PRICE
- ☐ b. COST TYPE
- ☐ c. FACILITY
- ☐ d. LEASE
- ☐ e. BAILMENT

4. INVENTORY SCHEDULE NO. *(Attach copy)*

5. TYPE OF INVENTORY *(X one)*

- ☐ a. TERMINATION
- ☐ b. RESIDUAL TO CONTRACT
- ☐ c. CHANGE ORDER
- ☐ d. EXCESS GFP
- ☐ e. PRODUCTION EQUIPMENT

6.a. NAME OF PRIME CONTRACTOR	7.a. NAME OF SUBCONTRACTOR
b. ADDRESS OF PRIME CONTRACTOR *(Include ZIP code)*	b. ADDRESS OF SUBCONTRACTOR *(Include ZIP code)*
c. PROCUREMENT INSTRUMENT ID NUMBER	c. SUBCONTRACT NUMBER

8. DISPOSAL RATIONALE CODES *(Select alpha and numeric codes that apply and insert in the "Code(s)" column below.)*

CATEGORY A
Rationale For Scrap or Salvage

1. Beyond economical repair/estimated cost of repair in excess of 65% of acquisition.
2. Without value except for basic content.
3. Obsolete.
4. Specialized design.
5. Incomplete condition.
6. No reasonable prospect of sale or use as serviceable property without major repairs or alterations.
7. Other *(Specify).*

CATEGORY B
Rationale For Abandonment

1. No commercial value.
2. Donation is not feasible.
3. Estimated cost of continued care and handling exceeds estimated proceeds of sale.
4. Offered for sale and no bids received.
5. Value so little and cost of continued care and handling so great advertising for sale not justified.
6. Abandonment required by considerations of health, safety, or security.
7. Other *(Specify).*

CATEGORY C
Rationale For Sale Without Competitive Bids
(Enter sale price)

1. Sale price equals (or exceeds) current market value.
2. Sale price is fair and reasonable based on (a) test of market or (b) recent sale price of similar property.
3. Sale price equals (or exceeds) that which could be realized through competitive sale, cost of sale, and/or additional storage costs; would more than offset any potential increased return.
4. Other *(Specify).*

CATEGORY D
Other Disposal Action(s) Requiring Documentation *(Attach rationale)*

CODE(S) a.	ITEM NUMBER(S) b.	ACQUISITION COST c.	CODE(S) a.	ITEM NUMBER(S) b.	ACQUISITION COST c.
d. SUBTOTAL *(This column)* ➡			**d. SUBTOTAL** *(This column)* ➡		
			e. TOTAL COST		

9. PLANT CLEARANCE OFFICER	10. REVIEW BOARD CHAIRMAN APPROVAL *(If required)*	
a. TYPED NAME *(Last, First, Middle Initial)*	a. TYPED NAME *(Last, First, Middle Initial)*	
b. SIGNATURE	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*