

<b>DOD PROPERTY IN THE CUSTODY OF CONTRACTORS</b> (DFARS 245.505-14) <i>(See Instructions on back before completing this form.)</i>	<b>REPORT AS OF</b> 30 SEP _____ <b>OR</b> _____	<i>Form Approved</i> OMB No. 0704-0246 Expires Feb 28, 2006
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The public reporting burden for this collection of information is estimated to average 1 hour 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 the Department of Defense, Executive Services and Communications Directorate (0704-0246). 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.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.  
RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 1.**

1. <b>TO</b> <i>(Enter name and address of property administrator)</i>	2. <b>FROM</b> <i>(Enter full name, address and CAGE code of contractor)</i>
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3. **IF GOVERNMENT-OWNED, CONTRACTOR-OPERATED PLANT, ENTER GOVERNMENT NAME OF PLANT**

4. <b>CONTRACT NO.</b> <i>(PIIN)</i>	5. <b>CONTRACT PURPOSE</b>	6. <b>BUSINESS TYPE</b> <i>(Enter L, S, or N)</i>	7. <b>OFFICIAL NAME OF PARENT COMPANY</b>
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8. <b>PROPERTY LOCATION(S)</b>	9. <b>PLANT EQUIPMENT PACKAGE</b> <i>(PEP No. and use)</i>
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a. <b>PROPERTY</b> <i>(Type or Account)</i>	b. <b>BALANCE START OF PERIOD</b>		c. <b>ADDITIONS</b> <i>(in dollars)</i>	d. <b>DELETIONS</b> <i>(in dollars)</i>	e. <b>BALANCE END OF PERIOD</b>	
	(1) <b>ACQUISITION COST</b> <i>(in dollars)</i>	(2) <b>QUANTITY</b> <i>(in units or acres)</i>			(1) <b>ACQUISITION COST</b> <i>(in dollars)</i>	(2) <b>QUANTITY</b> <i>(in units or acres)</i>
10. <b>LAND</b>						
11. <b>OTHER REAL PROPERTY</b>						
12. <b>OTHER PLANT EQUIPMENT</b>						
13. <b>INDUSTRIAL PLANT EQUIPMENT</b>						
14. <b>SPECIAL TEST EQUIPMENT</b>						
15. <b>SPECIAL TOOLING</b> <i>(Government Title Only)</i>						
16. <b>MILITARY PROPERTY</b> <i>(Agency-Peculiar)</i>						
17. <b>GOVERNMENT MATERIAL</b> <i>(Government-Furnished)</i>						
18. <b>GOVERNMENT MATERIAL</b> <i>(Contractor-Acquired)</i>						

19. **CONTRACTOR REPRESENTATIVE**

a. <b>TYPED NAME</b> <i>(Last, First, Middle Initial)</i>	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED</b> <i>(YYYYMMDD)</i>
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20. **DOD PROPERTY REPRESENTATIVE**

a. <b>TYPED NAME</b> <i>(Last, First, Middle Initial)</i>	c. <b>SIGNATURE</b>	d. <b>DATE SIGNED</b> <i>(YYYYMMDD)</i>
b. <b>TELEPHONE NUMBERS</b> <i>(Commercial and DSN)</i>		

## REPORTING INSTRUCTIONS

**GENERAL.** The prime contractor shall report all DoD property (as indicated) in its custody or in that of its subcontractors as of September 30 to the Government Property Representative by October 31 of each year. Also report zero end of period balances when no DoD property remains accountable to the contract. Report data from records maintained in accordance with FAR Subpart 45.5 and DFARS Subpart 245.5.

**REPORT AS OF 30 SEP \_\_\_\_\_.** Fill in the appropriate year (*or other date*).

**ITEM 1 - TO.** Enter the name of the Government Property Representative, the Contract Administration Office or other office the Government Property Representative works for, and the full mailing address (*including City, State, and ZIP+4*).

**ITEM 2 - FROM.** Enter the full name and address of the reporting contractor with the Division name stated after the Corporate name. Use the name as it appears on the contract but omit articles and insert spaces between company names that are made up of letters like XYZ Inc., for example. Also enter the Commercial and Government Entity (CAGE) Code.

**ITEM 3 - IF GOVERNMENT-OWNED CONTRACTOR-OPERATED PLANT, ENTER GOVERNMENT NAME OF PLANT.** Enter the Government name of the plant if the plant is Government-owned and Contractor-operated. Leave blank if it is a contractor-owned plant.

**ITEM 4 - CONTRACT NO. (PIIN).** Enter the 13-digit contract number or Procurement Instrument Identification Number (PIIN) under which the Government property is accountable. Use format XXXXXX-XX-X-XXXX.

**ITEM 5 - CONTRACT PURPOSE.** Enter one of the following 1-character alphabetic codes to identify the general purposes of the contract:

- A. RDT&E
- B. Supplies and Equipment (*deliverable end items*)
- C. Facilities Contract
- D. Lease of facilities by the contractor
- E. Maintenance, Repair, Modification, or Rebuilding of Equipment
- F. Operation of Government-Owned Plant or Facilities including test sites, ranges, installations
- G. Service contract performed primarily on Military Installations, test facilities, ranges or sites
- H. Contract for storage of Government Property
- I. Others

**ITEM 6 - BUSINESS TYPE.** Enter a 1-character alphabetic code indicating the type of business concern:

L = Large                      S = Small                      N = Non-profit

(See FAR Part 19 for definition of Small Business and FAR 31.701 for definition of Non-profit Organizations.)

**ITEM 7 - OFFICIAL NAME OF PARENT COMPANY.** Enter the name of the Parent Corporation of the Reporting Contractor. The Parent Corporation is one in which common stock has been issued whether or not the stock is publicly traded and which is not a subsidiary of another corporation.

**ITEM 8 - PROPERTY LOCATION(S).** Enter the primary location(s) of the property if it is located at site(s) other than that of the Reporting Contractor, e.g., location of subcontract property or property at alternate sites of the prime contractor. Location is the City, State and Zip or the Military Installation or the Foreign site. Limit input to 69 characters. NOTE: Can be used as a "REMARKS" field.

**ITEM 9 - PLANT EQUIPMENT PACKAGE.** Enter the Number and Use of a Plant Equipment Package (PEP) if one exists on this contract. Leave blank otherwise. Example: ARMY PEP #570 - 81 mm Shells.

**ITEMS 10 - 18.b.(1) - ACQUISITION COST (BALANCE AT THE BEGINNING OF THE FISCAL YEAR).** Enter the acquisition cost for each type of property as defined in FAR 45.5 or DFARS 245.5. The amounts reported must agree with the amounts reported in the previous year for BALANCE AT END OF PERIOD.

**ITEMS 10, 12 - 16.b.(2) - QUANTITY (BALANCE AT BEGINNING OF THE FISCAL YEAR).** Enter the quantity for all categories of Government property except for Other Real Property and Material on hand at the beginning of the fiscal year. The amounts reported must agree with the amounts reported in the previous year for BALANCE AT END OF PERIOD.

**ITEMS 10 - 15.c. - ADDITIONS (*in dollars*).** For the property categories indicated, enter the acquisition cost for the total additions to the contract from any source during the fiscal year. Do not enter for Government Material or Military Property.

**ITEMS 10 - 15.d. - DELETIONS (*in dollars*).** For the property categories indicated, enter the acquisition cost for the total deletions from the contract during the fiscal year. Do not enter for Government Material or Military Property.

**ITEMS 10 - 18.e.(1) - ACQUISITION COST (BALANCE AT THE END OF THE FISCAL YEAR).** Enter the acquisition cost for each type of property as defined in FAR 45.5 or DFARS 245.5.

**ITEMS 10, 12-16.e.(2) - QUANTITY (BALANCE AT END OF FISCAL YEAR).** Enter the quantity for all categories of Government Property except for Other Real Property and Material on hand at the end of the fiscal year. These will be carried forward to reflect the balance at the beginning of the following year.

**ITEMS 17 and 18 - GOVERNMENT MATERIAL.** Report material as reflected on inventory records in accordance with FAR 45.505-3.

**ITEM 19 - CONTRACTOR REPRESENTATIVE.** Type the name of the contractor representative authorized by the property control system to sign this report.

**ITEM 20 - DOD PROPERTY REPRESENTATIVE.** Type the name of the DoD Property Administrator or other Authorized Property Representative, plus that individual's commercial area code and telephone number and DSN number (*if one exists*). Signature and date.

**NOTE TO CONTRACTOR:** When reporting more than one contract from the same location and the same contractor, you may elect to fill out Data Elements 1, 3, 6, 7, and 19 only once as long as each form can be readily identified if any form becomes separated from the others.