

FORM PROCESSING ACTION REQUEST <small>(Read Instructions in DoD 7750.7-M before completing this form)</small>		1. TYPE SUBMISSION (X one)			2. FORM DESIGNATION AND NUMBER (Leave blank if a new form)		3. DATE OF FORM (Complete only when cancelling a form)			
		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CANCELLATION			OTHER (Specify)		DD Form 2139			
4. FROM (DoD Component OPR Organization and complete mailing address) PDUSD(AT&L)DPAP/DARS 3060 Defense Pentagon Washington, DC 20301-3060				5. THRU (DoD Component FMO Organization and complete mailing address) DISA 701 S. Courthouse Rd. Attn. SSG Crystal Slay Arlington, VA 22204			6. TO (Organization and complete mailing address) WHS/DIOR 1215 Jefferson Davis Highway Suite 1204 Arlington, VA 22202-4302			
7. FORM TITLE Report of Contract Performance Outside the United States					8. SUPERSEDED FORMS (If applicable)					
					a. FORM NUMBER DD Form 2139		b. EDITION DATE Aug 2004		c. DISPOSITION (X one)	
									(1) USE <input checked="" type="checkbox"/>	
9. PRESCRIBING DOCUMENT NUMBER (Attach copy) DFARS 252.225-7003/7004			10. FUNCTIONAL CODE (Leave blank if a new form) 4205		11. TYPE OF FORM (X one) <input checked="" type="checkbox"/> PRESCRIBED <input type="checkbox"/> ADOPTED					
12. DESIGN CONSIDERATIONS										
a. SUGGESTED SIZE (Width) (Length) 8 1/2 11		b. SPECIAL CONSTRUCTION REQUIRED (X one) YES, (if Yes, attach printing specifications) <input checked="" type="checkbox"/> NO		c. IS FORM CLASSIFIED? (X as applicable) WHEN BLANK? <input checked="" type="checkbox"/> NO WHEN FILLED IN? <input type="checkbox"/>		d. IS FORM CONTROLLED? (X as applicable) SAFEGUARD <input checked="" type="checkbox"/> NO SERIALLY NUMBERED <input type="checkbox"/>		e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? (X WITH STIPULATIONS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
13. PURPOSE AND DESCRIPTION OF USE (Attach additional sheet, if necessary) This form is used for contractor reporting and DoD monitoring of the volume and type of contract performance outside the United States.										
14. INTERNAL COORDINATION AND CONCURRENCE										
					(1) COORDINATOR		(2) APPLICABLE (Yes or No)		(3) REMARKS (Enter Reports Control Number(s) and expiration date(s), if applicable)	
	NAME	INITIALS	OFFICE SYMBOL	TELEPHONE NUMBER (include DSN/Area Code)						
a. PRIVACY ACT	David Bosworth		DISA	703 681-2066		NO				
b. POSTAL	Leonard Bartels		DOA/MPSA	703 325-0674		NO				
c. DATA ELEMENTS	SSG Crystal Slay		DISA	703 607-6035		YES				
d. REPORTS										
INTERAGENCY	SSG Crystal Slay		DISA	703 607-6035		NO				
RCS	SSG Crystal Slay		DISA	703 607-6035		NO				
OMB	SSG Crystal Slay		DISA	703 607-6035		YES				
15. EXTERNAL COORDINATION AND CONCURRENCE (Not required for SD, DoD Component, or Command forms)										
a. DOD COMPONENT	b. COORDINATOR				c. ESTIMATED ANNUAL USAGE		d. IF REVISION, QTY EXISTING FORMS ON HAND			
	NAME	INITIALS	OFFICE SYMBOL	TELEPHONE NUMBER (include DSN/Area Code)						
Army	Barbara Binney		ASA/ALT	703 604-7113		L-R A				
Navy	Clarence Belton		OASN(RD&A)	703 693-4006		L-R A				
Air Force	Heidi Johnson		SAF/AQCP	703 588-7062		L-R A				
DLA	Robert Morrison		DLA/AOA	703 767-3778		L-R A				
DCMA	William Hill		DCMA- OCD	703 428-0998		L-R A				
<i>*local reproduction authority</i>										
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.										
16. DOD COMPONENT OPR AND/OR ACTION OFFICER										
a. TYPED NAME Amy G. Williams			b. SIGNATURE <i>Amy G. Williams</i>				c. TELEPHONE NO. 703 602-0328			
17. DOD COMPONENT APPROVING OFFICIAL					18. DOD COMPONENT AND/OR COMMAND FORMS MANAGEMENT OFFICER					
a. SIGNATURE			b. DATE SIGNED		a. SIGNATURE SSG Crystal Slay			b. DATE SIGNED		
19. APPROVING FORMS MANAGEMENT OFFICER										
a. TYPED NAME			b. SIGNATURE				c. DATE SIGNED			

REPORT OF CONTRACT PERFORMANCE OUTSIDE THE UNITED STATESOMB No. 0704-0229
OMB approval expires
May 31, 2007

The public reporting burden for this collection of information is estimated to average 20 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 the Department of Defense, Executive Services Directorate (0704-0229). 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: DEPUTY DIRECTOR OF DEFENSE PROCUREMENT (FOREIGN CONTRACTING), OUSDA(A&T)DP(FC),
WASHINGTON, DC 20301-3060

1.a. PRIME CONTRACT NUMBER (Use solicitation number when report is submitted with offer)

1.b. PURCHASE ORDER NUMBER (If applicable)

2. PROGRAM IDENTIFICATION (e.g., F-16 aircraft, F-100 engine, AN/APN-59 radar, or type of services) (Please avoid use of acronyms.)

3. NAME AND DIVISION OF PRIME CONTRACTOR

4. ADDRESS OF PRIME CONTRACTOR (Street, City, State, and 9-digit ZIP Code)

5. NAME OF SUBCONTRACTOR OR FOREIGN DIVISION OF PRIME CONTRACTOR (If subcontractor, identify whether first- or second-tier)

 FIRST-TIER SUBCONTRACTOR SECOND-TIER SUBCONTRACTOR

6. ADDRESS OF SUBCONTRACTOR OR FOREIGN DIVISION OF PRIME CONTRACTOR (Street, City, State, 9-digit ZIP Code, and Country)

7. VALUE (in dollars) OF EFFORT PERFORMED OUTSIDE THE UNITED STATES FOR THIS ACTION ONLY. DO NOT INCLUDE AMOUNTS PREVIOUSLY REPORTED.

8. COUNTRY OF ORIGIN (Enter city and country of actual producer of supplies or firm providing services)

9. DESCRIPTION OF SUPPLIES OR SERVICES OBTAINED OUTSIDE THE UNITED STATES (e.g., vertical stabilizer, F-15; Bomb Nav System, FB-111; or repair of F-16 wings) (Please avoid use of acronyms.)

10. NAME OF COMPANY SUBMITTING REPORT (Prime contractor for reports on first-tier subcontracts or first-tier subcontractor for reports on second-tier subcontracts)

11. NAME OF SUBMITTER (LAST, First, Middle Initial)

12. TELEPHONE NUMBER (Include Area Code)

13. SIGNATURE

14. DATE (YYYYMMDD)