

**DEPARTMENT OF DEFENSE  
APPLICATION FOR PRIORITY RATING FOR PRODUCTION  
OR CONSTRUCTION EQUIPMENT**

*(Read Instructions on Page 4 before completing form.)*

OMB No. 0704-0055  
OMB approval expires  
NOV 30, 2022

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 Directorate (0704-0055) at whs.mc-alex.esd.mbx.dd-dod-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 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. SEE PAGE 4 FOR INSTRUCTIONS ON WHERE TO FILE YOUR COMPLETED FORM.**

|  |                       |
|--|-----------------------|
| <b>1. TO</b> <i>(Name of Military Department or other DoD Component)</i> | <b>2. CASE NUMBER</b> |
|--|-----------------------|

|   |  |
|---|--|
| <b>3. APPLICANT DATA</b>                            | <b>4. APPLICATION DATE</b> <i>(YYYYMMDD)</i> |
| <b>a. NAME</b> <i>(Last, First, Middle Initial)</i> |  |

|                                     |  |
|-------------------------------------|--|
| <b>b. ADDRESS:</b><br><b>STREET</b> | <b>5. ADDRESS WHERE PRODUCTION EQUIPMENT WILL BE INSTALLED</b> |
| <b>CITY</b>                         | <b>a. CITY</b>   |
| <b>STATE</b>                        |  |
| <b>ZIP CODE</b>                     |  |

|   |   |                 |                    |
|---|---|-----------------|--------------------|
| <b>c. REFERENCE NUMBER</b> <i>(If applicable)</i> | <b>d. TELEPHONE NUMBER</b> <i>(Include area code)</i> | <b>b. STATE</b> | <b>c. ZIP CODE</b> |
|---|---|-----------------|--------------------|

**6. PRODUCTION OR CONSTRUCTION EQUIPMENT FOR WHICH RATING AUTHORITY IS REQUESTED**

| NAME AND DESCRIPTION OF EQUIPMENT.<br>ENTER STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE IF AVAILABLE.<br><i>(Include make, model, and capacity. Use Summary Purchase Order Description.)</i> | QUANTITY<br><i>(Number of units)</i> | PURCHASE PRICE PER UNIT | REQUIRED DELIVERY DATES<br><i>(YYYYMMDD)</i> | NUMBER OF HOURS PER WEEK TO BE IN OPERATION ON RATED CONTRACTS AND ORDERS | MARK THE PRIORITY RATING OF THE RATED ORDERS ON WHICH YOU WILL USE THE REQUESTED EQUIPMENT ITEMS <i>(X one)</i><br><i>(DX=Highest National Priority)</i><br><i>(DO=Highest Defense Priority)</i> |        | FOR GOVERNMENT USE ONLY              |
|--|--------------------------------------|-------------------------|--|---|--|--------|--------------------------------------|
|  |                                      |                         |  |   | <b>f.</b>  |        | QUANTITY<br><i>(Number of units)</i> |
|  |                                      |                         |  |   | (1) DX   | (2) DO | e.                                   |
| (1)  |                                      |                         |  |   |  |        |                                      |
| (2)  |                                      |                         |  |   |  |        |                                      |
| (3)  |                                      |                         |  |   |  |        |                                      |
| (4)  |                                      |                         |  |   |  |        |                                      |

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <b>7. IS THE WORK YOU NEED THIS EQUIPMENT FOR NOW BEING SUBCONTRACTED?</b> <i>(X one)</i> | <input type="checkbox"/> a. YES | <input type="checkbox"/> b. NO |
|---|---------------------------------|--------------------------------|

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <b>8. IF NOT SUBCONTRACTED, HAVE YOU TRIED TO PLACE SUBCONTRACTS FOR THIS WORK?</b> <i>(X one)</i> | <input type="checkbox"/> a. YES | <input type="checkbox"/> b. NO |
|--|---------------------------------|--------------------------------|

**9. IF THE WORK IS NOT SUITED FOR SUBCONTRACTING, PLEASE EXPLAIN**

**10. LIST NUMBERS OF THE RATED CONTRACT(S) ON WHICH YOU WILL USE THIS EQUIPMENT**

**11. IF THE REQUEST IS FOR METAL WORKING MACHINERY, COMPLETE THE FOLLOWING**

**a. NAME OF SERVICE GROUP WHICH PLACED OR SPONSORED PRIME OR SUBCONTRACT FOR WHICH THE METAL WORKING MACHINE WILL BE USED, AND CLAIMANT AGENCY CODE NUMBER**

|   |  |
|---|--|
| <b>b. NAME OF THE PRIME CONTRACTOR</b> <i>(If other than applicant)</i> | <b>c. NUMBER OF PRIME CONTRACT PURSUANT TO WHICH THE METAL WORKING MACHINE WILL BE USED</b> <i>(If different from Item 10 above)</i> |
|---|--|

**12. PRODUCTION OR CONSTRUCTION EQUIPMENT ON WHICH RATING IS REQUESTED** *(X one)*

|  |  |
|--|--|
| <input type="checkbox"/> <b>a. TO INCREASE CURRENT PLANT CAPACITY OR EXPAND PRESENT PLANT FACILITIES</b>   | <input type="checkbox"/> <b>d. TO EQUIP OR CONSTRUCT NEW PLANT FACILITIES</b>            |
| <input type="checkbox"/> <b>b. TO CONVERT EXISTING PLANT FACILITY TO DEFENSE PRODUCTION</b>                | <input type="checkbox"/> <b>e. THE EQUIPMENT WILL BE LEASED, NOT PURCHASED</b>           |
| <input type="checkbox"/> <b>c. TO REPLACE OR REBUILD DAMAGED OR OBSOLETE PLANT EQUIPMENT OR FACILITIES</b> | <input type="checkbox"/> <b>f. OTHER, INCLUDING STAND-BY</b> <i>(Specify in Remarks)</i> |

**13. HAVE YOU TRIED TO OBTAIN NEW OR USED EQUIPMENT ON UNRATED ORDERS?** *(X one)*

**a. YES** *(If Yes, complete 13.c - 13.d.)*  
 **b. NO**

|  |  |
|--|--|
| <b>c. COMPANY CONTACTED</b><br><b>(1) COMPANY NAME</b> | <b>d. COMPANY CONTACTED</b><br><b>(1) COMPANY NAME</b> |
|--|--|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>(2) ADDRESS:</b><br><b>STREET</b> | <b>(2) ADDRESS:</b><br><b>STREET</b> |
|--------------------------------------|--------------------------------------|

|             |              |                 |             |              |                 |
|-------------|--------------|-----------------|-------------|--------------|-----------------|
| <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |
|-------------|--------------|-----------------|-------------|--------------|-----------------|

|                   |                   |
|-------------------|-------------------|
| <b>(3) RESULT</b> | <b>(3) RESULT</b> |
|-------------------|-------------------|

**14. IS THIS YOUR FIRST APPLICATION FOR AUTHORITY TO USE A RATING TO ACQUIRE THE EQUIPMENT LISTED AND DESCRIBED?** *(X one)*

**a. YES**  
 **b. NO** *(If No, complete 14.c - 14.f.)*

| <b>DATE REQUESTED</b><br><i>(YYYYMMDD)</i><br><b>c.</b> | <b>NAME OF PERSON CONTACTED</b><br><i>(Last, First, Middle Initial)</i><br><b>d.</b> | <b>CASE NUMBER</b><br><b>e.</b> | <b>f. ACTION TAKEN</b> <i>(X one)</i> |  |
|---|--|---------------------------------|---------------------------------------|--|
|   |  |                                 | <b>(1) DENIED</b>                     | <b>(2) OTHER</b> <i>(Specify in Remarks)</i> |
|   |  |                                 |                                       |  |
|   |  |                                 |                                       |  |
|   |  |                                 |                                       |  |

**15. ARE YOU NOW USING EQUIPMENT SIMILAR TO THAT FOR WHICH YOU ARE APPLYING, TO FULLEST PRACTICAL USE?** *(X one)*

**a. YES**  
 **b. NO** *(If No, explain in Remarks)*

**16. REMARKS**

**17. CERTIFICATION**

THE UNDERSIGNED COMPANY AND THE OFFICIAL EXECUTING THIS CERTIFICATION ON ITS BEHALF, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION OR REPORT IS CORRECT AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. (Section 1001 of Title 18, U.S. Code, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.)

a. NAME OF COMPANY

b. PRINTED OR TYPED NAME OF AUTHORIZED OFFICIAL  
(Last, First, Middle Initial)

c. TITLE

d. SIGNATURE OF AUTHORIZED OFFICIAL

e. DATE SIGNED  
(YYYYMMDD)**18. RECOMMENDATION OF LOCAL CONTRACTING AUTHORITY**

THE EQUIPMENT DESCRIBED IN ITEM 6.a. IS RECOMMENDED FOR APPROVAL IN THE QUANTITIES I HAVE ENTERED IN ITEM 6.g. WHERE THE WORD "DENIED" IS ENTERED IN ITEM 6.g., DENIAL OF THE TOTAL NUMBER OF UNITS REQUESTED IS RECOMMENDED. APPROVAL IN WHOLE OR IN PART WHERE INDICATED OR COMPLETE DENIAL IS RECOMMENDED FOR THE FOLLOWING:

a.

b.

c.

d.

e. SIGNATURE OF AUTHORIZED OFFICIAL

f. TITLE

g. DATE SIGNED  
(YYYYMMDD)19. (X one)  AUTHORIZED  DENIED

AUTHORITY TO USE THE PRIORITY RATING TO OBTAIN THE REQUESTED ITEMS IS GRANTED UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM (DPAS) REGULATION (15 CFR 700). TO OBTAIN A COPY OF THE DPAS, CONTACT THE NEAREST DEFENSE CONTRACT MANAGEMENT AREA OPERATION OFFICE, DEPARTMENT OF DEFENSE (DOD) PROCUREMENT OFFICER, OR THE OFFICE OF INDUSTRIAL RESOURCE ADMINISTRATION, ROOM 3B878, U.S. DEPARTMENT OF COMMERCE, WASHINGTON, DC 20230; REF. DPAS.

a. SIGNATURE OF PRIORITIES ALLOCATIONS OFFICER

b. DATE SIGNED  
(YYYYMMDD)

## GENERAL INSTRUCTIONS FOR COMPLETING DD FORM 691

### 1. Who Should File DD Form 691.

Persons working on priority rated contracts and orders who need production or construction equipment to produce items covered by such orders. This includes prime contractors who have received rated orders directly from a Government procuring agency or subcontractors working on rated orders that have been extended to them by their customers. Rated orders will bear the priority rating.

### 2. Where to Obtain Copies of the Form.

Copies of DD Form 691 may be obtained on request from local Defense Contract Management Agency (DCMA) offices or procurement officers of the military departments or other DoD components.

### 3. Where to File and Number of Copies.

File an original and three (3) copies of DD Form 691 with the nearest DCMA office or procurement officer of the military department or other DoD component having jurisdiction over the orders you are working on. If you have a number of orders belonging to more than one military department, file your application with the nearest DCMA office or procurement officer of the military department or other DoD component that has the majority interest in rated orders on hand and in process on which you will use the requested equipment.

### 4. How to Use the Priority Rating on Approved Requests.

You will receive a certified copy of your application either approving in whole or in part or denying authority to use the rating to obtain the items requested. The extent of approval will be specified by the number of units entered in Item 6.g. for specified items in Item 6.a. You may use the rating only for the number of units of an item shown in Item 6.g. If the word "Denied" has been entered in Item 6.g. for an item specified in Item 6.a., you may not use the rating to obtain any of the item.

If the equipment supplier refuses to accept the rated order or for any reason cannot achieve timely delivery of the equipment, you should promptly seek the assistance of the nearest Defense Contract Management Area Operation Office or DoD Procurement Officer with cognizance over the orders you are working on.

### 5. Where to Find the Standard Industrial Classification (SIC) Codes.

Standard Industrial Classification (SIC) Codes can be found in the SIC Codes manual published annually by the Office of Management and Budget (OMB).

## DEFINITIONS

**PRODUCTION EQUIPMENT:** Any item of capital equipment used in producing materials or furnishing services that has a unit acquisition cost of \$2,500 or more, and anticipated service life in excess of one year, and the potential for maintaining its integrity as a capital item.

**CONSTRUCTION EQUIPMENT:** Any item of capital equipment used in the erection, addition, extension, or alteration of any building, structure, or project that has a unit acquisition cost of \$2,500 or more, and anticipated service life in excess of one year, and the potential for maintaining its integrity as a capital item.