SAMPLE FORM (FormFlow Version)

REQUEST FOR ENGINEERING SUPPORT

PART I - HEADER INFORMATION ***(To be completed by DLA Initiator)***

1.a. Case Number: DSC ___ - ___ - ___ - _____
b. Revision Letter _____ *(if required)* c. Suffix Letter _____ *(if required)*

2.a. Date: _____
b. Revision Date: _____

3. TO:
ARMY ☐ AZ ☐ BD ☐ BF ☐ CL ☐ CT ☐ ____ USMC ☐ PA ☐ ____
NAVY ☐ HD ☐ HX ☐ KE ☐ ____ ☐ ____ OTHER ☐ ____ ☐ ____
USAF ☐ SE ☐ SU ☐ SX ☐ TA ☐ TG ☐ GT ☐ ____ ☐ ____

4. FROM: a. Requesting Office: _____
b. Point of Contact: _____
c. Address: _____
d. Phone. DSN: _____ ; COMM (____) _____
e. FAX. DSN: _____ ; COMM (____) _____
f. E-Mail Address: _____
g. DSC Engineer/Technician Review:
(1) Name: _____
(2) Title: _____
(3) Phone. DSN: _____ ; COMM (____) _____

5. ESA RESPONSE TIME REQUIRED:
a. ☐ Negotiated: _____ Day(s) *(EMERGENCY)*
b. ☐ 30 Days *(Priority Group 1 PRs, Contract Waivers, RE Project)*
c. ☐ 45 Days *(Priority Group II RPs)*
d. ☐ 60 Days *(Priority Group III RPs, Procurement Pending, Out of Stock)*
e. ☐ 90 Days *(Stock on Hand)*
f. ☐ Negotiated: _____ Day(s) *(Extended Engineering Effort)*

6. NOMENCLATURE

7. NSN

8. CAGE

9. PART NUMBER*(S)*:

10.a. MMAC _____
b. SMIC _____
c. MCC _____

11.a. End Item Application:

b. Next Higher Assembly:

12. CRITICALITY OF RECORD CURRENTLY SHOWS
☐ Yes ☐ No ☐ Blank

13. AMC/AMSC

14. IS THIS A CIT ITEM
☐ No ☐ Yes LIM: _____ ETD: _____

PART II - ENGINEERING SUPPORT REQUEST ***(To be completed by DLA Initiator) (Explanation of Categories on Page 4)***

15. REQUEST FOR ENGINEERING SUPPORT *(Specify Type of Request Below) ("X" all applicable blocks)*

a. ☐ Alternate Method of Support:
(1) ☐ Contractor Advises Item Obsolete Without Replacement
(2) ☐ Contractor Out of Business or Moved Without Forwarding Address
(3) ☐ Product Line Discontinued
(4) ☐ Technical Data Required for Open Competition
(5) ☐ CAGE: _____ P/N: _____ (NSN: _____)
is recommended as a possible replacement.

b. ☐ Alternate Offer: Manufacturer: _____ Point of Contact: _____
Phone: (____) _____
☐ Category 1, Same Item ☐ Category 2, Similar Item ☐ Category 3, New Item *(Re-engineered or Totally New Design)*
(1) ☐ To Manufacture IAW OEM Drawing No.: _____ Revision: _____ *(Encl:* _____ *)*
(2) ☐ To Supply CAGE: _____ ; P/N: _____ IAW technical data *(Encl.:* _____ *)*
(3) ☐ Potential Cost Savings/Improved Delivery: _____

c. ☐ Engineering Change Proposal *(ECP)* / Request for Waiver or Deviation *(Describe in Block 16)*

d. ☐ Request TDP Development or Validation *(Describe in Block 16)*

e. ☐ Reverse Engineering Candidate Approval *(Initial Phase) (Describe in Block 16)*
(1) ☐ Technical Data Provided *(Encl.:* _____ *)*
(2) ☐ Potential Savings/Improved Delivery: _____

f. ☐ Reverse Engineering *(Approval)*

g. ☐ Contract Deliverables *(Describe in Block 16)*

h. ☐ Miscellaneous Technical Requirements *(Describe in Block 16)*

i. ☐ Critical Application

j. ☐ Evaluation of Surplus Offer *(Describe in Block 16)*

k. ☐ Extended Engineering *(Describe in Block 16)*

PART II - ENGINEERING SUPPORT REQUEST *(Continued)*

Case Number: DSC ____ - ____ - _____ - _____ NSN: _____

16. SUPPLEMENTAL INFORMATION/COMMENTS

17. ENCLOSURES *(Identify by number and attach)*

PART III - EVALUATION *(To be completed by ESA)*

18. ☐ ADDITIONAL INFORMATION REQUIRED FROM INITIATOR *(See Block 22 for details)*

19.. IS THIS ITEM ONE OF THE FOLLOWING?

a. CRITICAL APPLICATION ITEM ☐ Yes ☐ No

b. FLIGHT SAFETY CRITICAL ☐ Yes ☐ No

c. FLIGHT SAFETY CRITICAL AIRCRAFT PART ☐ Yes ☐ No

d. LIFE SUPPORT ITEM ☐ Yes ☐ No

20. ENGINEERING SUPPORT EVALUATION *("X" all applicable blocks)*

a. ☐ Alternate Method of Support for subject NSN has been identified s follows:

(1) ☐ Replacement identified: NSN: _____ or P/N: _____ ; CAGE: _____

(2) ☐ Alternate Source/Replacement Item/Technical Data cannot be identified; NSN cancellation is authorized

(3) (a) ☐ Supply by next higher assembly/kit, NSN: _____

(b) ☐ Fabricate/Assemble from the following: NSN: _____ ; U/I: _____ ; QTY: _____

NSN: _____ ; U/I: _____ ; QTY: _____

NSN: _____ ; U/I: _____ ; QTY: _____

b. The Alternate Offer has been:

(1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)* (3) ☐ Conditionally Approved *(See Block 22 for details)*

c. The ECP/Request for Waiver or Deviation has been:

(1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)* (3) ☐ Conditionally Approved *(See Block 22 for details)*

d. TDP Development/Validation status: (1) ☐ Enclosed (2) ☐ Technical data is not available

e. Reverse Engineering Project Initiation has been: (1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)*

No. of Prototypes: _____ Cost Estimate of Test: _____

Testing: ☐ ESA ☐ Outside Source *(Describe tests to be performed in block 22)*

f. Reverse Engineering *(Approval)* has been: (1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)*

g. Contract Deliverables have been: (1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)*

h. Miscellaneous Technical Requirements. *(See Block 22 for details)*

i. Critical Application Decision *(See Block 19)* *(Add description in Block 22)*

j. The Surplus Offer has been: (1) ☐ Approved (2) ☐ Disapproved *(See Block 22 for details)*

k. Extended Engineering. *(See Block 22 for details)*

PART III - EVALUATION *(Continued)*

Case Number: DSC ____ - ____ - _____ - _____ NSN: _____

21. ENGINEERING SUPPORT BILLING CHARGE

a. Scheduled Rate $0.00 b. Actual Hours _____

c. Cost Estimate *(completed by ESA for Extended Engineering Efforts only)* $ _____

22. SUPPLEMENTAL INFORMATION/COMMENTS

23. ENCLOSURES *(Identify by number and attach)*

24. a. Responsible ESA Office: _____ b. Date: _____ c. Point of Contact: _____

d. Address: _____

e. Phone. DSN: _____

COMM: ( ) _____

f. Fax. DSN: _____

COMM: ( ) _____

g. E-Mail Address: _____ h. Reviewer: _____

INSTRUCTIONS FOR COMPLETING DLA FORM 339

PART I - HEADER INFORMATION *(Completed by initiating DLA activity)*

BLOCK 1. **Case Number.** *(Format: DSC + Center [C, I, R, P] + and Business Unit [max 2-digits] + Fiscal Year [2-digits] + sequential [5-digit maximum, e.g., 00001]).* An example would be "**DSC**C-E-99-00001". NOTE: (1) If more than one activity is selected in block 3, add a separate alpha to the end of the sequential digit and send a separate request to each activity. (2) If the request is returned at a later date for additional information, complete block 1.c.

BLOCK 2. **Transmittal Date.** Use MM/DD/YYYY format. Requests returned for additional information will receive revised dates.

BLOCK 3. **To.** Enter the 2-letter Secondary Inventory Control Activity *(SICA)* Code from the latest Total Item Record *(TIR)* which lists all authorized originating and submitting activities. Either "X" the appropriate box or "write in" the letter for those activities not on the form.

BLOCK 4. **From.** Enter information on requesting office including complete office symbol, mailing address, name of individual and respective telephone and fax numbers, and e-mail address.

BLOCK 5. **ESA Response Time Required.** "X" appropriate letter block. Emergency items will be negotiated individually as will items requiring extended engineering effort. Examples of Emergency requests include production line stoppage, MICAP aircraft, etc.

BLOCK 6. **Nomenclature.** Enter the name as appears on the Total Item Record.

BLOCK 7. **NSN.** Enter National Stock Number of item involved. *(NOTE: Limited to a single NSN per form.)*

BLOCK 8. **CAGE.** Cite Manufacturer's 5-digit CAGE Code for the primary reference on the NSN.

BLOCK 9. **Part Number*(s)*.** Enter the primary manufacturer's Part Number*(s)* for item.

BLOCK 10. **MMAC/SMIC/MCC.** Enter the Air Force Materiel Management Aggregation Code *(MMAC),* Navy Special Material Identification Code *(SMIC),* or Army Materiel Category Code *(MCC),* if available.

BLOCK 11. **a. End Item Application.** Indicate end item application for part cited, e.g., F-16 aircraft.
b. Next Higher Assembly. Indicate narrative description of next higher assembly, e.g., Landing Gear.

BLOCK 12. **Criticality of Record.** "X" appropriate block to reflect what DLA records show.

BLOCK 13. **AMC/AMSC.** Enter the Acquisition Method Code/Acquisition Method Suffix Code *(AMC/AMSC).*

BLOCK 14. **CIT.** Indicate whether this item was transferred to DLA under the Consumable Item Transfer *(CIT)* program. If it is a CIT item, enter the 3-position Losing Item Manager *(LIM)* code and the 5-digit Estimated Transfer Date *(ETD).* NOTE: Due to Base Realignment and Closure *(BRAC),* many ESAs have been reorganized. This information will aid the receiving focal point in determining the correct ESA within their Military Service.

PART II - ENGINEERING SUPPORT REQUEST *(To be completed by DLA initiator)*

BLOCK 15. **Request for Engineering Support.** Indicate what support is required. Ensure that all information needed to expedite an accurate reply is forwarded with the request. The specific categories are as follows:

Alternate Method of Support	The existing sources "no bid", and another means of support is required. This may include an item substitution, as recommended by the ESA, development of a technical data package to solicit other sources, using the Next Higher Assembly, etc.
Alternate Offer	An evaluation of a product that is other than the exact product. The exact product means the identical product described by the manufacturer's name and part number cited in the PID, modified *(if necessary)* to conform to any additional requirements set forth in the PID, and manufactured by or under the direction of the manufacturer cited in the PID. Use this category for **Source Approval Request*(s)*.** Use DLAI 3200.1, Enclosure 6, as a guide in preparing evaluations for alternate offers for Flight Safety Critical Aircraft Parts *(FSCAP).*
Engineering Change Proposal *(ECP)* / Waiver/Deviation	A Government or contractor request for approval of an ECP, Value Engineering Change Proposal *(VECP),* Deviation, or Waiver. The request should include adoption of the change to the Technical Data Package *(TDP),* if applicable.

PART II, BLOCK 15 *(Continued)*	
TDP Development/ Validation	A request for (1) development of a TDP to acquire the NSN competitively for the first time, or (2) validate a competitive TDP to ensure all configuration changes have been incorporated since the TDP was first developed.
Reverse Engineering *(RE) (Initial Phase)*	A review to determine if an NSN is a viable RE candidate. This is to be done at the beginning of any RE project.
Reverse Engineering *(Approval)*	A review of the final RE package to determine final acceptability by the ESA.
Contract Deliverables	A review of Contract Data Requirements List *(CDRL)* products from the contractor.
Miscellaneous Technical Requirements	Use this category ONLY if there is no other category that adequately describes your request.
Critical Application Decision	Self-explanatory.
Surplus Offer	Self-explanatory.
Extended Engineering	Do NOT use this category for an initial request. Extended engineering is used only when an ESA negotiates with the DSC for additional time or funding to complete the evaluation.

BLOCK 16. **Supplemental Information/Comments.** Enter any supplemental information or comments necessary to fully explain or understand the request.

BLOCK 17. **Enclosures.** Identify any enclosures required *(by number).*

PART III - Evaluation *(To be completed by ESA)*

BLOCK 18. **Additional Information Required.** Upon receipt of the DLA Form 339, the ESA shall review the content. If the contents are insufficient to conduct an evaluation, "X" block 18, complete Block 24, and return it to the originating Defense Supply Center *(DSC)* Focal Point with a description in block 22 of the information that is lacking.

BLOCK 19. **a. Critical Application Item.** An item that is essential to weapon system performance or operation, or the preservation of life or safety of operating personnel, as determined by the Military Services. "X" the appropriate block. In block 22, describe the application.

b. Flight Safety Critical Part. An aircraft part, assembly, installation or production system with one or more critical characteristics, which, if not conforming to the design data or quality requirements, would result in an unsafe condition. "X" the appropriate block.

c. Flight Safety Critical Aircraft Part. Any part, asssembly, or installation containing a critical characteristic whose failure, malfunction, or absence could cause a catastrophic failure resulting in loss or serious damage to the aircraft or an uncommanded engine shutdown resulting in an unsafe condition. "X" the appropriate block.

d. Life Support Item. All man-mounted or aircraft-installed equipment and components designed to protect, sustain, or save human lives are categorized as Life Support. This includes *(but not limited to)*: ejection systems, crew seats, passenger seats, emergency escape slides, parachutes, life rafts and preservers, survival kits, emergency radios and beacons, aircrew helmets, oxygen masks, goggles, visors, chemical defense equipment, and selected clothing and uniform items. "X" the appropriate block.

BLOCK 20. **Engineering Support Evaluation.** Complete the appropriate section, based on the original request. Provide details for Conditionally Approved items in block 22.

BLOCK 21. **Engineering Support Billing Charge.** The scheduled rate will be automatically filled based on block 15. Submit the actual work-hours for engineering support in block 21.b. For extended engineering efforts, the ESA shall submit a funding cost estimate.

BLOCK 22. **Supplemental Information.** Provide any supplemental information or comments in this space, e.g., type of additional information required, details of conditional approval or reason*(s)* for disapproval.

BLOCK 23. **Enclosures.** Identify, by number, any enclosures being returned to the DSC along with the completed evaluation and attach these to this form.

BLOCK 24. **Responsible ESA Office.** Enter the activity's office symbol, mailing address, point of contact, telephone and fax numbers, and e-mail address.