

DoD Test Equipment Joint Opportunities List Nomination Form

[Date]

From: Program Manager, _____
To: Automatic Test Systems Management Board (AMB)
Via: Automatic Test Systems Processes IPT (james.deffler@navy.mil)
Chairman, Joint Panel for Aviation Support Equipment

Test Equipment Item: [Item Nomenclature, Name, NIIN, Manufacturer]

Test Equipment Description: [Provide a brief description of what the test equipment item does and the operational requirement it satisfies; include a photograph if available]

Test Capabilities: [Summarize the test capabilities the item provides]

Systems Supported: [Identify the Services and weapon systems currently using or planning to use the test equipment item]

Acquisition Information: [Provide acquisition information, expected contract award dates, current contract information, planned procurement quantities, quantities available to other services, etc]

Life Cycle Support Plan: [Summarize logistics support elements and process in place to ensure that long term test equipment viability is maintained]

Point of Contact Info: [Provide POC information]

Requestor Signature

Date

ATS Processes IPT Concurrence

Date

Chairman, Joint Panel for Aviation SE

Date

___ Approved

___ Disapproved

Director, ATS Executive Directorate
Chair, ATS Management Board

Date