

DEPOT MAINTENANCE PLANNING INFORMATION					1. ORIGINATING COMMAND/CONTROL NUMBER			
2. SYSTEM/EQUIPMENT/ITEM NOMENCLATURE			3. T/M/S DESIGNATION		4. SYSTEM/EQUIPMENT/ITEM APPLICATION			
5. EXISTING <input type="checkbox"/>	5a. CURRENT DSOR STATUS <input type="checkbox"/> ORGANIC <input type="checkbox"/> ICS <input type="checkbox"/> COMMERCIAL		5b. CURRENT DSOR LOCATION		5c. PROPOSED DSOR <input type="checkbox"/> ORGANIC <input type="checkbox"/> COMMERCIAL		5d. PLANNED TRANSITION DATE	
6. NEW <input type="checkbox"/>	6a. PROPOSED INITIAL DSOR LOCATION <input type="checkbox"/> ORGANIC <input type="checkbox"/> ICS <input type="checkbox"/> COMMERCIAL		6b. INITIAL DEPOT SUPPORT DATE		6c. PROPOSED PERM DSOR <input type="checkbox"/> ORGANIC <input type="checkbox"/> COMMERCIAL		6d. PLANNED TRANSITION DATE	
7. ACQUISITION/PRODUCTION PROFILE			INITIAL YEAR FY	YEAR 2 FY	YEAR 3 FY	YEAR 4 FY	LAST YEAR FY	PROD TOTAL
SERVICE / AGENCY:								
SERVICE / AGENCY:								
SERVICE / AGENCY:								
SERVICE / AGENCY:								
TOTALS								
8. DEPOT MAINTENANCE CONCEPT SUMMARY			<input type="checkbox"/> ILSP ATTACHED	<input type="checkbox"/> MAINTENANCE PLAN ATTACHED	<input type="checkbox"/> DTA ATTACHED			
			<input type="checkbox"/> PMD ATTACHED	<input type="checkbox"/> OTHER DEPOT PLANNING/DECISION DOCUMENTS ATTACHED				
9. DEPOT SUPPORT REQUIREMENTS SUMMARY								
10. REMARKS								
11. NAME/TITLE OF ORIGINATOR					12. COMMAND/LOCATION/ADDRESS			
13. OFFICE SYMBOL/CODE			14. PHONE		15. DATE		16. JDMAG CONTROL NUMBER	

The purpose of JLC Form 44 is to provide information on depot maintenance plans for the System/Equipment/Item. Information is portrayed on planned repair by an organic (a DoD industrial activity) or by a commercial source. In the instance of an existing System/Equipment/Item requiring review. Whether continued use of the current organic or commercial source of repair is planned in each instance, the originator is required to provide acquisition/production quantities by hear and using service/agency, to describe the depot maintenance concept and to summarize the depot support requirements.

INSTRUCTIONS TO COMPLETE JLC FORM 44

BLOCK/
COLUMN

Date and page data - Self-explanatory

ENTRY

NOTE: BLOCKS 1-4 SHOULD REFLECT THE INFORMATION PROVIDED ON JLC FORM 27, BLOCKS 1,2,3, AND 5.

1. Identify the Service and command submitting the form and its document control number.
2. Enter the System/Equipment/Item noun name from block 4, JLC Form 28, using national stocklist-type nomenclature.
3. Enter the System/Equipment/Item Type/Model/Series(*T/M/S*) designation according to MI-STD-875 and MIL-STD-196 and/or USAS-Y32.16.
4. Identify the weapon system(s) or end item(s) in which the System/Equipment/Item will be installed/used.
5. Enter an "X" in this block if the System/Equipment/Item is already in the originating Service's inventory (*identified in block 1*). If the item is a new item entering the Service inventory, skip block 5 and proceed to block 6.

NOTE: If dual (*or multiple*) depot sources of repair exist or are proposed, identify primary source in block 5a through 5d or 6a through 6d, as appropriate. Fully explain and identify alternate sources in block 10.

- 5a. Identify with an "X" whether the item is currently being reworked by an organic or commercial source. If commercial source, is this interim contractor support (*ICS*).
- 5b. Identify the Service depot or commercial source currently providing depot support.
- 5c. If it is planned to transition the item from the source of repair identified in block 5a, enter an "X" beside the source to which the item will be transitioned.
- 5d. Enter the month(s) and the year(s) during which the transition is planned to commence and to be completed.
6. Enter an "X" in this block if the System/Equipment/Item is entering the Service inventory for the first time.

NOTE: If dual (*or multiple*) depot sources of repair exist or are proposed, identify primary source in block 5a through 5d or 6a through 6d, as appropriate. Fully explain and identify alternate sources in block 10.

- 6a. Enter an "X" to indicate the planned initial source of repair. If commercial source is planned, is this ICS.
- 6b. Enter the month and year by which initial depot support capability of the System/Equipment/Item must be established.
- 6c. If it is proposed to eventually transition the item from the source of repair identified in block 6a, enter an "X" beside the source to which the item will be transitioned.
- 6d. Enter the month(s) and year(s) during which the transition is planned to commence and to be completed.
7. Identify the Service/agency acquisition/production quantities by fiscal year as indicated below. If production will not be completed in the first four years, list the last year quantity and the cumulative production total as indicated.

"NEW ITEM" - List the fiscal year during which initial installed deliveries of the production System/Equipment/Item will be accomplished and the quantity of such deliveries. Enter the three outyears and the last year installed deliveries. Enter under "Prod Total", the anticipated installed acquisition objective quantity.

"EXISTING ITEM" - If the workload is existing, list the current fiscal year and the current year-end installed inventory. List the projected inventory applicable to each of the three outyears and the last year. List anticipated installed acquisition objective quantity.

8. Provide depot maintenance concept summary for entries in block 5 or 6. Check applicable blocks to indicate documentation attached.
9. Provide depot support requirements summary. Describe depot tasks to establish capability (*e.g. develop test program sets, develop repair procedures, develop manufacturing specifications, etc.*) and to support maintenance/rework (*e.g., test and repair as necessary, overhaul and return to new production specification, etc.*)
10. Remarks by originator.
11. Originator and title - enter the name and title, location, office symbol/code/phone number of the originator of JLC Form 44.
12. Originator's command address.
13. Originator's office symbol/code.
14. Originator's phone number
15. Date JLC Form 44 completed.
16. JDMAG Control Number - To be assigned on receipt.