

MODIFICATION WORK ORDER FIELDING PLAN (MWOFP)

For use of this form, see AR 750-10; the proponent agency is DCS, G-4.

AMC LIFE CYCLE MANAGEMENT COMMAND (LCMC) NAME		MODIFICATION WORK ORDER (MWO) NUMBER	
TITLE		NOMENCLATURE	
NATIONAL STOCK NUMBER (NSN)	LINE ITEM NUMBER (LIN)	CLASSIFICATION	FISCAL YEAR INVOLVED
<p>This document represents an agreement for application of the modification described herein and for the necessary logistical and administrative support to accomplish the effort.</p> <p>Full agreement between the _____ and _____ is indicated by the signatures of command representatives at the close of this document.</p>			
1. PURPOSE			
2. METHOD OF APPLICATION		3. APPLICATION SCHEDULE (if applicable)	
4. REQUIREMENTS:			
a. MAN-HOUR		b. FACILITIES	
c. USER SUPPORT		d. TRAINING	e. DISPOSITION
5. MWO KIT REQUIREMENTS (Please include kits required for float, and other stocked and training equipment and weapon systems, if applicable)			
6a. MODIFICATION SITE AND POC		b. PHONE (DSN/COMM)	c. E-MAIL ADDRESS
7. KIT DELIVERY: Kits are free issue (ONE TIME ONLY). Do Not Requisition the modification kits. Kits will be shipped to the Department of Defense Activity Address Code (DODAAC) you designate in this document. The storage of kits will be the responsibility of the modification site POC.			
a. SHIP TO ADDRESS		b. SHIP TO DODAAC	
		c. POC	d. PHONE (DSN/COMM)
APPLICATION REPORTING PROCEDURES: The organization that applies the MWO is responsible for submitting all MWO completions into the Modification Management Information System (MMIS) (https://www.mmis.army.mil).			
8. FUNDING: The user only needs to complete the below information if funding is required, otherwise leave blank. Specifically excluded from this estimate will be the cost for depreciation of plant equipment and cost of military labor.			
a. REIMBURSEMENT INFORMATION:		b. MIPR INFORMATION:	
MAN-HOUR DIRECT LABOR COST		MIPR POC	
OVERHEAD INDIRECT EXPENSE		MIPR ADDRESS	
CONSUMABLE MATERIAL COST			
TRANSPORTATION		PHONE (DSN/COMM)	
COST PER UNIT		E-MAIL ADDRESS	
TOTAL NUMBER OF UNITS			
TOTAL COST		FAX	
9a. LCMC MWO COORDINATOR SIGNATURE			b. DATE (YYYYMMDD)
10a. INSTALLATION MWO COORDINATOR SIGNATURE			b. DATE (YYYYMMDD)