



# SPECIAL DEFENSE ACQUISITION FUND

## Asset Allocation Request Form

**WARNING:** This document is considered FOR OFFICIAL USE ONLY (FOUO) when completed. It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DoD policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DoD official. Information contained in this message may be covered by the Privacy Act of 1974.

**INSTRUCTIONS.** This form is used to request the sale of defense articles and defense services in the SDAF inventory to a foreign purchaser or building partner capacity program. Please complete blocks 1-13. Send completed forms to [dscn.ncr.bpc.mbx.sdaf-sales@mail.mil](mailto:dscn.ncr.bpc.mbx.sdaf-sales@mail.mil). For questions about this form, please contact the DSCA Security Assistance and Equipping Directorate.

### I. Allocation Request

- |   |                   |                                |                             |
|---|-------------------|--------------------------------|-----------------------------|
| 1. Reason:  | LOR for LOA       | LOR for P&A                    | Other (Explain in Block 13) |
| 2. Defense Article or Service                               |                   |                                | 3. Quantity Requested       |
| 4. Benefitting Country                                      | 5. Case ID        | 6. RDD (MM/DD/YYYY)            | 7. AOD (MM/DD/YYYY)         |
| 8. OED (MM/DD/YYYY)   | 9. Funding Source | 10. Non-Recurring Cost Waiver: |                             |
|   |                   | Requested                      | Approved      N/A           |
| 11. Case Manager (Name, Title, Phone Number, Email Address) |                   |                                | 12. Date (MM/DD/YYYY)       |
| 13. Remarks (Optional)                                      |                   |                                |                             |

### II. Approval (DSCA ONLY)

**Approve**                      **Disapprove**

Name, Title, Phone Number, Email Address

Signature

Date (MM/DD/YYYY)

Comments