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| **TRANSFER AND ACCEPTANCE OF DoD REAL PROPERTY** | | | | | | | | | | | | | | | | | | | | *Form Approved OMB No. 0704-0188* | | | |
| PAGE 1 OF 1 PAGES | | | |
| The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.** | | | | | | | | | | | | | | | | | | | | | | | |
| **1. FROM** *(Organization Name)*  (Contractor Company Name and Address) | | | | | **2. DATE PREPARED**  *(YYYYMMDD)* | | | | **3. PROJECT/JOB**  **NUMBER**  EEPZ 10-1001 | | **4. SERIAL NUMBER** | | | **8. TRANSACTION DETAILS** | | | | | | | | | |
| **a. METHOD** *(X all that apply)* | | | | | | | | | **b. WHEN/EVENT** *(X one)*  **TOTAL ASSET PLACED-IN-SERVICE**  **PARTIAL ASSET PLACED-IN-SERVICE** |
|  |  | **ACQUISITION BY CONSTRUCTION TRANSFER BETWEEN SERVICES CAPITAL IMPROVEMENT**  **INVENTORY ADJUSTMENT** | | | | | | |
|  |
| **5. TO** *(Organization - Installation Code and Name)*  14 CES / BCE  555 Simler Blvd  Columbus AFB, MS 39710 | | | | | **6. RPSUID/SITENAME/**  **INSTCODE/INSTNAME** | | | | **7. CONTRACT**  **NUMBER(S)** | | **7a. PLACED-IN-**  **SERVICE DATE**  *(YYYYMMDD)* | | |
|  |
|  |
| **c. TYPE** *(X one)* | | | | | | | | | |
|  |  | **DRAFT** | |  | **FINAL** | | |  | **INTERIM** |
| **9. ITEM NO.** | **10a.**  **FACILITY NO.** | **10b. RPUID** | **11.**  **CATEGORY CODE** | **12.**  **CATCODE DESCRIPTION** | | **13. TYPE CODE** | **AREA** | | | **OTHER** | | | **18. COST** | | | | **19. FUND SOURCE** | | **20. FUND ORG** | | **21. INTER- EST CODE** | | **22. ITEM**  **REMARKS** |
| **14.**  **PRIMARY UM** | **15.**  **PRIMARY UM QUANTITY** | | **16.**  **SECONDARY UM** | | **17.**  **SECONDARY UM QUANTITY** |
| 01  02  03  04  05  06  07  08  09  10 | 456  456  456  456  456  456  456  456  456  456 | ????  ????  ????  ????  ????  ????  ????  ????  ????  ???? | 610811  880211  880221  890121  890272  851143  852289  890273  211111  880201 | Administrative Office Space, Non Air Force  Closed Head Automatic Sprinkler  Automatic Fire Detection A/C-Heating Plant 5-25 tons  Energy Management Control System Field Equipment  Curbs and Gutters Sidewalk  Energy Management Control System Data Links  Maintenance Hangar  High Expansion Foam System | | P P P P P  P 4 P P  P | SF SF SF TN EA  LF SY LF SF  SF | +  +  +  +  +  +  +  +  +  + | | EA EA  SF | |  |  | | | |  | |  | |  | | Non restroom or shower Areas  Admin wing Admin wing  Tons: Admin wing  For new HVAC to report to Bldg 385.  Road curbcut at sidewalk.  Sidewalk from entry canopy to road.  Connect from new EMCS to existing EMCS data lines.  Cost of hangar replacement elements (~ incl new items)  Added cost of high expansion foam system |
| **23. STATEMENT OF COMPLETION.** The facilities listed hereon are in accordance with maps, drawings, and specifications and change orders approved by the authorized representative of the using agency except for the deficiencies listed on the reverse side. | | | | | | | | | | **24.a. ACCEPTED BY** *(Typed Name and Signature)* | | | | | | | | | | | | | **b. DATE SIGNED**  *(YYYYMMDD)* |
| **a. TRANSFERRED BY** *(Typed Name and Signature)* | | | | | | | **b. DATE SIGNED**  *(YYYYMMDD)* | | |
| **c. TITLE** *(DPW/RPAO)* | | | | | | | | | | | | | **25. PROPERTY VOUCHER NUMBER** |
| **c. TITLE** *(Area Engr./Base Engr./DPW/Construction Agent)* | | | | | | |

**DD FORM 1354, SEP 2009** PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 8.0

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| --- | --- | --- |
| **26. CONSTRUCTION DEFICIENCIES** *(Attach blank sheet for continuations)* | **27. PROJECT REMARKS** *(Attach blank sheet for continuations)* | |
| **INSTRUCTIONS**  **GENERAL.** This form has been designed and issued for use in connection with the transfer **10a. Facility Number.** Assigned in accordance with the Installation/Base Master Numbering Plan. of military real property between the military departments and to or from other government  agencies. It supersedes ENG Forms 290 and 290B (formerly used by the Army and Air **10b. RPUID.** Real Property Unique Identifier - Identified in Real Property Inventory.  Force) and NAVDOCKS Form 2317 (formerly used by the Navy). **11. Category Code.** The category code describes the facility usage.  Existing instructions issued by the military departments relative to the preparation of DD  Form 1354 are applicable to this revised form to the extent that the various items and **12. Catcode Description**. The category code name which describes the facility usage. columns on the superseded forms have been retained. The military departments may  promulgate additional instructions, as appropriate. **13. Type Code.** Construction Type Code - Type of construction: P for Permanent; S for Semi- permanent; T for Temporary.  For detailed instructions on how to fill out this form, please refer to Unified Facilities  Criteria (UFC) 1-300-08, dated 16 April 2009 or later. **14. Primary Unit Of Measure.** Area unit of measure; use the unit of measure associated with the category code selected in 11.  **SPECIFIC DATA ITEMS. 15. Primary Unit of Measure Quantity.** The total area for the measure identified in Item 14. Use negative numbers for demolition.   1. **From.** Name of the transferring agency.   **16. Secondary Unit of Measure.** Unit of Measure 2 is the capacity or other measurement unit (e.g.,   1. **Date Prepared.** Date of actual preparation. Enter all dates in YYYYMMDD format LF, MB, EA, etc.). (Example: March 31, 2010 = 20100331).   **17. Secondary Unit of Measure Quantity.** The total capacity/other for the measure identified in Item   1. **Project/Job Number.** Project number on a DD Form 1391 or Individual Job Order 16.   Number. **18. Cost.** Cost for each facility; for capital improvements to existing facilities, show amount of increase only. If there is no increase for the capital improvement, enter N/A.   1. **Serial Number.** Sequential serial number assigned by the preparing organization   (e.g., 2010-0001). **19. Fund Source.** Enter the Fund Source Code for this item.   1. **To.** Name and address of the receiving installation, activity, and Service of the Real **20. Funding Organization.** Enter the code for the organization responsible for acquiring this facility.   Property Accountable Officer (RPAO). **21. Interest Code.** RPA Interest Type Code. Enter the code that reflects government interest or ownership in the facility.   1. **RPSUID/SITENAME/INSTCODE/INSTNAME.** Real Property Site Unique Identifier and   Site Name or Installation Code and Installation Name where the constructed facility is **22. Item Remarks.** Remarks pertaining only to the item number identified in Item 9; show cost located. sharing.   1. **Contract Number(s).** Contract number(s) for this project. **23. Statement of Completion.** Typed name, signature, title, and date of signature by the responsible   transferring individual or agent.  **7a. Placed-In-Service Date.** RPA Placed In Service Date. This is the date the asset is **24. Accepted By.** Typed name, signature, title, and date of signature by the RPAO or accepting actually placed-in-service. official.   1. **Transaction Details. 25. Property Voucher Number.** Next sequential number assigned by the RPAO in voucher register.    1. Method of Transaction. Mark (X) as many boxes as apply.    2. When/Event. When or event causing preparation of DD Form 1354. X only one box. **26. Construction Deficiencies.** List construction deficiencies in project during contractor turnover    3. Type. Draft, interim, or final DD Form 1354. X only one box. inspection. 2. **Item Number.** Use a separate item number for each facility, no item number for additional **27. Project Remarks.** Project level remarks and continuation of blocks. usages. | | |
|  | | Reset |

**DD FORM 1354 (BACK), SEP 2009**