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**ILS Certification is applicable to the following Hulls:**error

**Equipment Nomenclature and AML#'s:**

Error

**Prepared by:**

**Date Prepared:**

**Certification ID#:** 12569

**Certification Type:**

**Certification Status:**

**Preliminary ID / Title:**

**Revision No / Date:**

**Revision Desc:**

**Drawing Requirements**

**Drawing Requirements**

1. A. Are there Drawing Requirements? N/A

AML ITEM#	Drawing Number	Drawing Title	Existing ,Develop, Change or Revision	Estimated Completion Date	Hull(s) Applicability

**Supply Support Requirements**

**A. Support Requirements**

**Responsible Activity, Name, Code, Telephone Number and E-mail Address:**

1. COTS / NDI? N/A

a. COTS / NDI Remarks

2. PTD Procured or Developed? N/A

a. If yes, date submitted to TSA/NAVICP: (MM/DD/YYYY)

b. If no, provide a brief rationale and/or estimated completion date:

c. TSA/NAVICP Point of Contact:

3. PAL Established? N/A

- 4. Have you planned for procurement of parts to replenish shipboard spares? N/A
  - a. Has the system/equipment reached MSD? N/A
  - b. If no identify the means of support (e.g. PBL , or Interim Supply Support (ISS)):
  - c. Identify if the NAVSEA Push-to-Pull program will be utilized to deliver Ship's initial outfitting requirements. N/A
- 5. Has PSD information been provided to NAVSEA 04 for inclusion in PARTS? N/A
  - a. If yes, date provided: (MM/DD/YYYY)
  - b. Has the installation schedule in PARTS been maintained? N/A
  - c. if no, to question 5, provide a brief rationale and/or estimated completion date:
- 6. Are I&C (INCO) Kits Required? N/A
- 7. Are there intermediate level support requirements? N/A
  - a. If yes, has the identification and transfer of all required equipment assemblies, parts, tools, test and support equipment to maintenance facilities been completed? N/A
  - b. If no, to question 7a, provide the date for completion of these requirements: (MM/DD/YYYY)
  - c. Provide the name, code, telephone number and E-Mail Address of Intermediate level maintenance requirements:
- 8. Are there Depot level support requirements? N/A
  - a. If yes, has the identification and transfer of all required equipment assemblies, parts, tools, test and support equipment to maintenance facilities been completed? N/A
  - b. If no, to question 8a, provide the date for completion of these requirements: (MM/DD/YYYY)
  - c. Provide the name, code, telephone number and E-Mail Address for Depot level maintenance requirements:

**B. Configuration Identification**

**Responsible Activity, Name, Code, Telephone Number and E-mail Address:**

- 1. Has configuration data been loaded in CDMD-OA? N/A

SID#	SID Item#	AML Item#	ACL/APL/PAL/AEL Number	NSN	Cage	Part No.	Equipment ID	MSDB/PBL Date	Hull(s) Applicability

- a. If not, provide the date when the data will be loaded:  
**Note: configuration data must be loaded in CDMD-OA NLT 2 months prior to Installation. (MM/DD/YYYY)**
  - b. If data is not being provided via CDMD-OA, provide a brief justification:
- 2. Is Software included in the Alteration? N/A
  - a. Software Version / Date:

3. Are there configuration items being removed? N/A

SID#	SID Item#	AML Item#	ACL/APL/PAL/AEL Number	NSN	Cage	Part No.	Equipment ID	MSDB/PBL Date	Hull(s) Applicability
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**C. Are On-Board Support Items required to be provided by the LCM (e.g., Alteration Sponsor) to support Ship's initial outfitting?** N/A

1. Identify On-Board Support Items (i.e. SRIs, OBRPs and OSIs) in the table provided:

SID#	SID Item#	AML Item#	ACL/APL/PAL/AEL Number	NSN	Cage	Part No.	Quantity (OBA)	Equipment ID	MSDB/PBL Date	Hull(s) Applicability
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2. Is a Pack-up Kit or other types of support kit required? N/A

**D. Are Maintenance Assistance Modules (MAMs) required?** N/A

SID#	SID Item#	AML Item#	APL/PAL Number	NSN	Cage	Part No.	Qty	Est. Avail Date	Stowage Location	Hull(s) Applicability
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1. If MAMs are not required, can you fault isolate down to the Lowest Repairable Unit (LRU)? N/A

**E. Are there any support requirements for Hazardous or Flammable Material?** N/A

SID#	SID Item#	AML Item#	Material Identification	Special Stowage / Handling Requirements
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**REMARKS:**

Technical Manual Requirements

**A. Are there any Technical Manual Requirements?** N/A

SID#	SID Item#	AML Item#	Tech Manual ID (TMIN)/(IETM)	Title	Status	TM Status	Avail Date	Est. Completion Date	Hull(s) Applicability
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**REMARKS:**

Maintenance Planning Requirements

**A. Are there any Planned Maintenance System (PMS) requirements?** N/A

SID#	SID Item#	AML Item#	MIP/MRC	Identification Number	Status	PMS Status	PMS Avail. Date	Est. Completion Date (For Final PMS)	Hull(s) Applicability
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**B. Is the Integrated / Class Maintenance Plan (ICMP) Impacted?** N/A

SID#	SID Item#	AML Item#	ICMP/CMP Task Number	Status	Est. Completion Date	Hull(s) Applicability
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1. If yes, has the Maintenance Change Request (ICMP) / Manual Change Request (CMP) form been submitted?  
 a. Date Submitted: (MM/DD/YYYY)
2. If the Change Request/Manual Change Request form has not been submitted, provide estimated submission date for these requirements: (MM/DD/YYYY)

Note: ICMP For Surface Ships Only, maintenance change request should be submitted via the NAVSEA 04 ICMP Web Page at <http://cmpnavsea.navy.mil/icmp/icmp.nsf>. CMP maintenance change requests for Submarines should be submitted to SUBMEPP Code 1813, and Aircraft Carrier maintenance change request should be submitted to SUPSHIP Newport News Code 1800

**C. Are Technical Repair / Maintenance Standards Impacted** N/A

SID#	SID Item#	AML Item#	TRS/MS Identification Number	Title	Status	Est. Completion Date
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**D. Are there Intermediate level maintenance requirements?** N/A

1. If yes, provide the date for the establishment these requirements: (MM/DD/YYYY)
2. Provide name, code, telephone number and E-mail Address for Intermediate level maintenance requirements:

**E. Are there Depot level maintenance requirements?** N/A

1. If yes, provide the date for the establishment these requirements: (MM/DD/YYYY)
2. Provide name, code, telephone number and E-mail Address for Depot level maintenance requirements:

**REMARKS:**

**Support and Test Equipment Requirements**

**A. Does the system use Built in Test / Built in Test Equipment for fault isolation?** N/A

**B. Does the system have Support and Test Equipment Requirements?** N/A

SID#	SID Item#	AML Item#	Equipment Type	Nomenclature	APL/AEL Number	SCAT	NSN	Qty	Est. Avail Date	Hull(s) Applicability
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**C. Has SPETERL information been provided to NSWC IHD DETACHMENT EARLE?** N/A

If no, indicate when SPETERL information will provided:

**Support and Test Equipment**

**REMARKS:**

**Note: If any GPETE or SPETE will not be available prior to installation, indicate what will be provided and when in the Remarks block**

**Training Requirements**

**A. Does the System have Training Requirements?**

N/A

1. If Formal and / or Informal training courses are not available prior to first installation, indicate how training will be provided:

2. Please provide a Navy Training Systems Plan (NTSP) Number:

**B. Is Initial/Differences Training Required?**

N/A

SID#	SID Item#	AML Item#	Type of Training	Course Number	Course Title	Location	Trainers Impacted	Duration	NEC	Rating/Rate	#Per Ship	Estimated/Completion Date

**C. Is Follow-On/Life Cycle Support Training Required?**

N/A

SID#	SID Item#	AML Item#	Course Number	Course Title	Location	Trainers Impacted	Duration	NEC	Rating/Rate	#Per Ship	Estimated/Completion Date	RFT Date

1. Please indicate how Follow-On/Life Cycle Support Training will be identified. Briefly describe what plans have been made to update training hardware and software to support this change (e.g., Technical Training Equipment):

**NOTE: Shore Trainer Installations should be completed approximately 4 months prior to first ship installation.**

**D. Identify any additional training products (such as A/V, CBT, Simulation, etc.) to be delivered to the Fleet.**

N/A

SID#	SID Item#	AML Item#	Product Number	Description	Format / Type	Estimated Avail. Date

**E. Are there any PQSs impacted by this change?**

N/A

NAVEDTRA Number	PQS Title	Model Manager	Qualification Description	Effective Date

**REMARKS:**

**Alteration Installation Schedule**

SHIPS INCLUDED IN THE ILS CERTIFICATION						
Alteration	Uic	Ship Name	Homeport	Tycom	Install Date	AIT
SHIPS NOT INCLUDED IN THE ILS CERTIFICATION						
Alteration	Uic	Ship Name	Homeport	Tycom	Install Date	AIT

**Certification Approval**

**Prepared by:**

**Date Prepared:**

**Certification ID#:** 12569

**Certification Type:**

**Certification Status:**

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**Revision No / Date:**

**Revision Desc:**

No Approvals