SHELF-LIFE EXTENSION NOTICE

Per DODM 4140.27 V2: All containers require re-marking with shelf-life extension notices. Unit and Intermediate containers require re-marking after removal from exterior containers.

NSN: ____________ **LOT/BATCH:** ____________ **MFD DATE:** ________

CONTRACT NUMBER: ________________ **DATE OF INSP/TEST:** ________

EXTENSION # ____ **OF** ____ **NEXT INSP/TEST DATE:** ________ **or EXP DATE:** ________

AUTHORITY: ____________ **INSPECTED BY:** ____________

(QSL, MQCSS, Other) *(Activity & Inspectors Name or Number)*

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SHELF-LIFE EXTENSION NOTICE (repeated form)

SHELF-LIFE EXTENSION NOTICE

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CONTRACT NUMBER: ________________ **DATE OF INSP/TEST:** ________

EXTENSION # ____ **OF** ____ **NEXT INSP/TEST DATE:** ________ **or EXP DATE:** ________

AUTHORITY: ____________ **INSPECTED BY:** ____________

(QSL, MQCSS, Other) *(Activity & Inspectors Name or Number)*

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