



**MANUFACTURERS' SHIPMENTS, INVENTORIES,
AND ORDERS TO THE DEPARTMENT OF DEFENSE
SUPPLEMENT: 2006-2007**

OMB No. 0607-XXXX Approval Expires: 00/00/20XX

DUE DATE:

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

RETURN your completed form to:

Director
Bureau of the Census
PO Box 5000
Jeffersonville, IN 47199-5002

**Need help or have questions
about filling out this form?**

Call: M3 Staff
(301) 763-4832

CFN:

NAICS Code:

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR U.S. CENSUS BUREAU REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of U.S. Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondent's files are immune from legal process.

DOMESTIC MANUFACTURING ONLY

**If actual data are not available,
estimates are acceptable.**

**If your establishment uses a fiscal year that ends between
October and February, fiscal year data is acceptable.**

1. From January–December, what were the total shipments?

- a. Of the amount in item 1, how much was to the Department of Defense, including shipments to commercial entities or subcontractors who sell to the Department of Defense?

2007			2006		
Bil.	Mil.	Thou.	Bil.	Mil.	Thou.
\$			\$		
\$			\$		

2. As of December 31, what were the total order backlog or unfilled orders?

- a. Of the amount in item 2, how much was to the Department of Defense, including unfilled orders to commercial entities or subcontractors who sell to the Department of Defense?

\$	\$
\$	\$

3. As of December 31, what were the total inventories at current or market cost?

- a. Of the amount in item 3, how much was to the Department of Defense, including inventories for commercial entities or subcontractors who sell to the Department of Defense?

\$	\$
\$	\$

4. Operational Status in 2007: (Mark one)

- In operation
 Sold or leased to another company (List name and date in remarks)
 Temporarily idle How long: _____ months
 Permanently ceased operations Date: _____

REMARKS:

Name of person to be contacted regarding this report (Please print or type)

Area Code	Telephone number	Ext.
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► **CERTIFICATION** – This form is substantially accurate and has been prepared in accordance with instructions.

Signature of authorized person

Title

Date