

## **APPENDIX J: REQUEST TO DEPLOY (RTD) FORM AND INSTRUCTION GUIDE**

**11 Oct 2004**

This appendix provides the RTD Form and Instruction Guide. The RTD is the vehicle to support the Prioritization and Scheduling processes of releases being deployed into NMCI. The Application Developer or Sponsoring Command is responsible for the completion of the RTD. RTD Instructions Guide will help in completing this form.

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## **J.1. Request to Deploy Form**



## REQUEST TO DEPLOY

<b>NMCI RELEASE SCHEDULING MANAGER (NRSM) ONLY</b>		
Release RTD Number:	Schedule Submission Date: (MM/DD/YYYY)	Required Deployment Date: (MM/DD/YYYY)
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Action:        (MM/DD/YYYY)	
Mandatory comment if RTD is disapproved.		

The RTD is the vehicle to support the Prioritization and Scheduling processes of releases being deployed into NMCI. The Application Developer or Sponsoring Command is responsible for the completion of the RTD. Instructions for the completion this form are contained in the RTD Form Instruction Guide. This template should only be used if the CDA is unable to complete the online RTD form which is available in the CDA Portal of the NSCM website at <https://nscm.spawar.navy.mil>.

<b>SECTION 1 – CONTACT INFORMATION</b>		
<b>APPLICATION DEVELOPER – TECHNICAL POC</b>		
1. Full Name:		
2. E-mail Address:		
3. Mailing Address	Street:	
4. City:	5. State:	6. Zip Code:
7. Commercial Telephone Number:		
8. DSN Telephone Number: <b>000-0000</b>		
<b>ACTIVITY/COMMAND</b>		
9. Activity/Command Name:		
10. Mailing Address	Street:	
11. City:	12. State:	13. Zip Code:
14. Activity/Command UIC:		
<b>ACTIVITY COMMAND ALTERNATE POINT OF CONTACT (POC)</b>		
15. Full Name:		
16. Mailing Address	Street:	
17. City:	18. State:	19. Zip Code:
20. E-mail Address:		
21. Commercial Phone Number:		
22. DSN Phone Number: <b>000-0000</b>		
Comments:		
<b>SPONSORING COMMAND REVIEW / APPROVAL</b>		
23. Sponsoring Command Name:		
24. Sponsoring Command UIC:		
25. Command POC Name:		
26. E-mail Address:		
27. Commercial Phone Number:		
28. DSN Phone Number: <b>000-0000</b>		

**\*\* A change to this field AFTER an application has been scheduled will result in a cancellation of previously submitted RTD and requires a NEW RTD submission.**



## REQUEST TO DEPLOY

SECTION 2 – APPLICATION INFORMATION	
30. <b>**</b> Application Full Name:	
31. Acronym:	32. <b>**</b> Version:
33. CDA RFS number:	
34. <b>**</b> DADMS ID number:	
35. Type of application: COTS <input type="checkbox"/> GOTS <input type="checkbox"/>	
36. What network will this application be deployed to: NIPRNET <input type="checkbox"/> SIPRNET <input type="checkbox"/> BOTH <input type="checkbox"/>	
37. Is the application classified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
38. What Service uses this application? NAVY <input type="checkbox"/> USMC <input type="checkbox"/> ENTERPRISE <input type="checkbox"/>	
39. Is the release a Joint Application? Yes <input type="checkbox"/> No <input type="checkbox"/>	
40. Purpose, Requirement or Operational use of the application. Describe the Business Process this application supports:	

SECTION 3 – HELP DESK SUPPORT
<p>Help Desk personnel are available to support data-seat-holders around the clock with technical, application, and business questions. Additional information can be obtained at the <a href="#">NMCI Help Desk</a> web site. Individuals using NMCI seats are instructed to contact the NMCI Help Desk whenever they experience issues with their desktops. Because it is often difficult for a user to distinguish the difference between a desktop issue and an application issue, it is anticipated that many applications issues will be directed to the NMCI Help Desk. When these events occur, the NMCI Help Desk needs to be instructed on how to handle the application issue. This form is intended to capture those requirements.</p>
<p>41. Does this application have its own help desk support? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">a. If yes, please provide the application help desk information (including point of contact information).</p> <p style="margin-left: 20px;">b. If no, in the event of an application issue, please describe how an application issue should be escalated (including point of contact information).</p>
42. What key information is required to be collected by the NMCI Help Desk prior to escalating the issue to the above contacts?
43. Application problem resolution work instructions to the NMCI Help Desk?

**\*\* A change to this field AFTER an application has been scheduled will result in a cancellation of previously submitted RTD and requires a NEW RTD submission.**

## REQUEST TO DEPLOY

<b>SECTION 4 – APPLICATION IMPLEMENTATION INFORMATION</b>											
44. Is this a New Application <input type="checkbox"/> or Modification/Update/Patch <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;"><b>EXISTING APPLICATION INFORMATION (Upgrades Only)</b></th> </tr> <tr> <td colspan="2" style="padding: 2px;">a: Application Full Name:</td> </tr> <tr> <td style="padding: 2px;">b: Acronym:</td> <td style="padding: 2px;">c: Version:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">d: CDA RFS Number:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">e: If no CDA RFS exists, enter a command RFS:</td> </tr> </table>	<b>EXISTING APPLICATION INFORMATION (Upgrades Only)</b>		a: Application Full Name:		b: Acronym:	c: Version:	d: CDA RFS Number:		e: If no CDA RFS exists, enter a command RFS:	
<b>EXISTING APPLICATION INFORMATION (Upgrades Only)</b>											
a: Application Full Name:											
b: Acronym:	c: Version:										
d: CDA RFS Number:											
e: If no CDA RFS exists, enter a command RFS:											
45. Provide Technical Description of the Application Release.											
46. Does the release have a Required Deployment Date (RDD)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter the RDD (MM/DD/YYYY)											
<i>Every effort will be made to meet the RDD subject to existing test, certification, and deployment resources available. For planning purposes, the release deployment timeline is 90 days (from the media submission date). Emergency deployments for mission critical releases are approved by NNWC/HQMC C4 on a case-by-case basis.</i>											
47. Enter the date the release media will be ready for submission to the lab for certification: (MM/DD/YYYY) Media Shipping Number: (If known)											
<i>The release testing, certification, and deployment schedule is based on the media submission date. Failure to submit the media to the test and certification lab on time will significantly impact the deployment of the release.</i>											
48. What is the impact of the release on mission accomplishment? (Select one)											
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Rationale for Impact Selected:											
49. What is the impact on the mission if the release is deployed later rather than sooner? (Select one)											
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Rationale for Impact Selected:											
50. Is the release being used to replace an application scheduled for sunset? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If yes, provide name and version of the applications being replaced. Application name:                      Version Number:                      RFS Number:											
51. Does the application provide a solution for a quarantined application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the quarantined application:											
Application Name                      Version Number:                      RFS Number:											
52. Does the release improve the security of the application? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>											

**\*\* A change to this field AFTER an application has been scheduled will result in a cancellation of previously submitted RTD and requires a NEW RTD submission.**

## REQUEST TO DEPLOY

### SECTION 4 – APPLICATION IMPLEMENTATION INFORMATION

53. **\*\*** Select the release plan, which best describes how it will be processed for deployment.

- Planned Annual Release     Planned Point Release     Unplanned Emergency/Urgent Release

If Unplanned Emergency/Urgent Release is selected, questions a-c **must be** completed. *If the Emergency release submission is not approved by NETWARCOM/HQMC C4, the release will be processed as a Planned Point/Annual Release.*

a. Describe the risk(s) the Urgent Release Resolves:

b. Describe the operational impact if not released:

c. Describe its impact to current and future users if not released:

54. If this is a mandated release, check the appropriate box below.

- |  |  |
|--|--|
| <input type="checkbox"/> Safety  | <input type="checkbox"/> Department of Defense |
| <input type="checkbox"/> Fiscal (Changes that effect military, civilian, and contractor pay)     | <input type="checkbox"/> Department of Navy    |
| <input type="checkbox"/> Security (Information Assurance Vulnerability Alert (IAVA))             | <input type="checkbox"/> Local Commander       |
| <input type="checkbox"/> Operational   | <input type="checkbox"/> Major systems         |
| <input type="checkbox"/> Legal (Requirement or Obligation)                                       | <input type="checkbox"/> Minor systems         |
| <input type="checkbox"/> Congressional (Congressional recording requirements/Budgets)            |  |
| <input type="checkbox"/> Ongoing war efforts   |  |
| <input type="checkbox"/> Treaty with a Sovereign Nation (i.e. Status of Forces Agreement (SOFA)) |  |

### SECTION 5 – PRE CERTIFICATION INFORMATION

55. Select the box(s) which effectively describes complexity of the application

- |   |                                     |
|---|-------------------------------------|
| <u>Complex</u>  | <u>Simple</u>                       |
| <input type="checkbox"/> Server   | <input type="checkbox"/> Standalone |
| <input type="checkbox"/> Client/Server  |                                     |
| <input type="checkbox"/> Web based application (client plug-in)                                     |                                     |
| <input type="checkbox"/> Requires a database to operate (list the database application in block 58) |                                     |
| <input type="checkbox"/> Requires other dependent software (see block 58)                           |                                     |

56. Are there any special requirements necessary to support this release? Yes  No  If yes, provide information to support special requirements.

57. If this release is a change to an NMCI deployed application, does this release require any components from that previous deployment? Yes  No

If yes, list deployed components (e.g. DLL, INI, CFG, etc.):

File name(s):

## REQUEST TO DEPLOY

<b>SECTION 5 – PRE CERTIFICATION INFORMATION</b>		
58. Are there any special requirements, software dependencies, or hardware necessary to support the deployment of the release/application? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List software dependencies information:		
RFS Number:	Application name:	Version Number:
List hardware dependencies information:		
RFS Number:	Application name:	Version Number:
59. How should the application be installed on the NMCI environment?		
60. Provide detailed testing procedures. How should the application be tested to ensure it is functioning properly?		
61. For Advanced Publisher created MSI packages, please provide the associated Software, Library, and State files.		
62. For Client / Server applications, provide the following information:		
	a. Login and Password information.	
	b. List of Ports and Protocols.	
	c. NATed and Actual IP address of the Server.	
	d. TNS file information if the application is Oracle based.	
	e. How many servers support this application?	
	f. Where are the Servers located? <input type="checkbox"/> Navy Legacy Network <input type="checkbox"/> NMCI <input type="checkbox"/> Other DOD network <input type="checkbox"/> Commercial Network	

**\*\* A change to this field AFTER an application has been scheduled will result in a cancellation of previously submitted RTD and requires a NEW RTD submission.**

## REQUEST TO DEPLOY

<b>SECTION 5 – PRE CERTIFICATION INFORMATION</b>
63. Provide license / registration keys to support installation.
64. Provide the latest Release Notes and Error / Bug information.
65. Other special requirements:

**\*\* A change to this field AFTER an application has been scheduled will result in a cancellation of previously submitted RTD and requires a NEW RTD submission.**

## **J.2. Request to Deploy (RTD) Form Instruction Guide**

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

Integration of an application release into the NMCI environment requires the completion of a Request to Deploy (RTD) form. The RTD form is the only authorized means to get a patch, modification, fix, upgrade, new (emerging), and quarantined solutions into the NMCI environment. NETWARCOM has approval authority for all application releases submitted for deployment and has established the NMCI Software Configuration Management (NSCM) organization to track, prioritize, and schedule RTD application releases and facilitate deployment of RTD applications into the NMCI environment.

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***The RTD application is only one component of a complete RTD Application Submission package.*** A Complete package is as described in Naval Message R092000Z JUL04 as CDA RFS Registration in ISF Tools Database, Request to Deploy (RTD) Form, Release Deployment Plan (RDP), Implementation Schedule, Application Mapping, Raw or Radia Advance Publisher (.msi instance), Dependent or Supplemental Media, Copies of Software Licensing, Installation Instructions, and Detailed Test Scripts/Test Plans. Additional information concerning these forms and the process of getting an application into the NMCI environment can be found in the NMCI Release Development and Deployment Guide (NRDDG) located on the NMCI website at (<http://www.nmci-isf.com/downloads/ReleaseDevelDeployGuide.zip>)

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**INCOMPLETE RTD INFORMATION:** An incomplete or improperly completed RTD will be suspended and will not be processed until complete information has been provided. It is the responsibility of the Developer/Command to ensure that all instructions are followed and to provide supporting documentation when required. When information is incomplete, a NSCM Claimant CDA Support (CCS) person will be assigned to contact the Developer and provide assistance with the completion of the RTD form.

**RTD SUBMISSION:** The completed RTD form is submitted electronically to [nmci\\_scm@spawar.navy.mil](mailto:nmci_scm@spawar.navy.mil). Within a few days of submission the Developer, Alternate Point of Contact (POC), and the Sponsoring Developer will receive an email acknowledgement for the receipt of the RTD. As the application progresses from media submission to testing and certification, and deployment phases additional email notifications will be sent to the Developer, Alternate Point of Contact (POC), and Sponsoring Command in order to keep all concerned informed of the application status.

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### RTD SERVICE SUPPORT

If assistance is required for the completion of the RTD form, contact Service Support Monday through Friday during the hours of 0800 to 1600 (Pacific Time) (619) 524-4554 or via email to [nmci\\_scm@spawar.navy.mil](mailto:nmci_scm@spawar.navy.mil)

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

### NMCI RELEASE SCHEDULING MANAGER (NRSM) ONLY

Do not enter information into this section. This section will be used by the NSCM Scheduling Manager.

### SECTION 1 – APPLICATION DEVELOPER/ CENTRAL DESIGN ACTIVITY (DEVELOPER) TECHNICAL POINT OF CONTACT (POC) INFORMATION

If the application is a commercial-off-the-shelf (COTS) application the Technical Point of Contact will be the Vendor. Provide actual email address and not a website address.

If the application is a government-off-the-shelf (GOTS) application enter information for the developing activity.

If the application is a Program of Record (POR) application enter information for the Program of Record.

#### APPLICATION DEVELOPER – TECHNICAL POC

1. Full Name: Enter the Developer's full Name (First Name / Middle Initial / Last Name)
2. E-Mail Address: Enter the Developer's E-Mail address (i.e. harry.jones@navy.mil, smithbj@spawar.navy.mil)
- 3-6. Mailing Address: Enter the Developer's mailing address to include street, city, state and zip code. If the mailing address is to a PO Box include PO Box information in the street address line.
7. Commercial Telephone Number: Enter the Developer's commercial telephone number providing the 3 digit area code and the 7 digit phone number (i.e. (555) 555-1234)
8. DSN Telephone Number: (Defense Switch Network) Enter the Developer's 7 digit DSN telephone number.

#### ACTIVITY/COMMAND

If COTS application, Product Technical Point of Contact will be the Vendor

If GOTS application, enter the information of the developing activity.

If POR application, enter information for Program of Record.

9. Activity/Command Name: Enter the name of the Developer's Activity/Command (i.e. NAVAIR, COMPACFLT, NETC, NMOC, etc.).
- 10-13. Mailing Address: Enter the activity/command mailing address to include street, city, state and zip code. If the mailing address is to a PO Box include PO Box information in the street address line.

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

14. Command/Activity Unit Identification Code (UIC): Enter the designated alphanumeric unit identification code (i.e. N00027).

### SPONSORING COMMAND REVIEW/APPROVAL

If the Application Developer can not be reached, an alternate point of contact must be provided. The alternate point of contact should be able to answer questions about technical issues concerning the application.

15. Full Name: Enter the Developer's full Name (First Name / Middle Initial / Last Name)
- 16-19. Mailing Address: Enter the POC's mailing address to include street, city, state and zip code. If the mailing address is to a PO Box include PO Box information in the street address line.
20. E-Mail Address: Enter the POC's E-Mail address (i.e. harry.jones@navy.mil, smithbj@spawar.navy.mil)
21. Commercial Phone Number: Enter the POC's commercial telephone number providing the 3 digit area code and the 7 digit phone number (i.e. (555) 555-1234)
22. DSN Phone Number: (Defense Switch Network) Enter the POC's 7 digit DSN telephone number.

Note: Comment box is provided to place any comments.

### SPONSORING COMMAND REVIEW/APPROVAL

*The RTD requires a sponsor. This section must be completed by the sponsoring COMMAND before the RTD is submitted for processing.*

23. Sponsoring Command Name: Enter the name of the Developer's Activity/Command (i.e. NAVAIR, COMPACFLT, NETC, NMOC, etc.). This is the Command that is being supported by the Developer. Example: A SPAWAR DEVELOPER developing a release for NAVAIR, NAVAIR is the Sponsoring Command.
24. Sponsoring Command UIC: Enter the designated alphanumeric unit identification code (i.e. N00027).
25. Command POC Name: Enter the Full Name (First Name / Middle Initial / Last Name) of the designated POC at the Sponsoring Command for this release.

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

26. Email Address: Enter the POC's E-Mail address (i.e. harry.jones@navy.mil, smithbj@spawar.navy.mil)
27. Commercial Phone Number: Enter the POC's commercial telephone number providing the 3 digit area code and the 7 digit phone number (i.e. (555) 555-1234)
28. DSN Phone Number: (Defense Switch Network) Enter the Developer's 7 digit DSN telephone number (000-0000).

### SECTION 2 – APPLICATION INFORMATION

29. Application Full Name: Enter the full name of the release, this includes a new release or release that modifies, upgrades, or updates an existing application. It is important to ensure that the application name is the same on the RTD as it is listed in the ISF Tools Database and the DON Application & Database Management System (DADMS). Note: Once the RTD has been submitted for processing a *change to the application name will require that the submitted RTD be canceled and a new RTD completed with the correct application name.*
30. Acronym: Enter the abbreviated name of the application. It is important to ensure that the acronym is the same on the RTD as it is listed in the ISF Tools Database and the DON Application & Database Management System (DADMS).
31. Version: Enter the version number of the application. It is important to ensure that the application version number is the same on the RTD as it is listed in the ISF Tools Database and the DON Application & Database Management System (DADMS). Note: Once the RTD has been submitted for processing a *change to the version number will require that the submitted RTD be canceled and a new RTD completed with the correct version number.*
32. CDA RFS Number: The CDA RFS number is listed in the ISF Tools Database. If there is no CDA RFS, one must be created in ISF Tools.
33. DADMS ID: All applications entered into the NMCI environment must be approved by the Functional Area Manager (FAM). When an application has been approved the application is listed in the DON Application & Database Management System (DADMS) with an identification number. Enter that number here. DADMS can be accessed at <https://www.dadms.navy.mil/>. If an application is not approved by the FAM, the Developer must complete a waiver application prior to submitting the RTD.

## **REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE**

34. Type of Application: If the existing application is a Commercial-Off-the-Shelf application check the "COTS" box. If the existing application is Government-Off-the-Shelf application, check the "GOTS" box.
35. What network will this application be deployed to? Check the box that is appropriate NIPRNET (unclassified), SIPRNET (classified), or Both.
36. Is the application classified? Check Yes or No. If yes is selected the CCS person will contact you with special media submission process.
37. What Service uses this application? Check the box that is appropriate. Navy, US Marine Corp or Enterprise
38. Is the release a Joint Application? Check Yes or No. If yes is selected, the sponsor listed for Line 29 must be a Navy Point of Contact (POC)
39. Purpose, Requirement, or Operational use of the application. Describe the Business Process this application supports.

### **SECTION 3 – HELP DESK SUPPORT**

40. Does this application have its own help desk support? Check Yes or No.
  - a) If yes, provide the application help desk information and point of contact information
  - b) If no, in the event of an application issue, describe how the issue should be escalated and include the point of contact information.
41. What key information is required to be collected by the NMCI Help Desk prior to escalating the issue to the above point of contacts?  
For example key information needed by the application help desk may be to provide the Navy Command, Application, Version Number, and problem description
42. Application problem resolution work instructions to NMCI Help Desk  
If an application experiences a problem, provide instructions/coordination protocol(s) to resolve the trouble-call between the application help desk and the NMCI Help Desk.

**REQUEST TO DEPLOY (RTD) FORM  
INSTRUCTION GUIDE**

**SECTION 4 – APPLICATION RELEASE INFORMATION**

43. Is this a New Application or Modification/Update/Patch? Check the appropriate box. If the release is a new application check the “New Application” box. If the release is to be modified/updated/patched, check the Modification/Update/Patch” box. If the application is an upgrade complete Existing Application Information #a through #e below. *A change in the answer to this question after the RTD has been submitted will result in the cancellation of the submitted RTD and a new RTD completed with the correct description*
- a) Application full name
  - b) Acronym
  - c) Version
  - d) CDA RFS Number
  - e) If no CDA RFS, enter Command RFS
44. Provide Technical Description of the Application Release. List the primary function of the application, for example, this application is a client server application that is used as a property management tool to track equipment
45. Does the release have a Required Deployment Date? Check the appropriate box. If yes is selected, enter the date the application release needs to be deployed in MM/DD/YYYY format. The RDD date should be a minimum 90 days from the date of media submission for non-emergency deployments and 45 days from the date of media submission for emergency deployments.
46. Enter the date the media will be ready for submission to the Lab for Certification. Enter the date that the media will be submitted to the testing and certification lab in MM/DD/YYYY format. Failure to submit media to the test and certification lab will result in an incomplete package submission which could result in the cancellation of your RTD.
47. What is the impact of the release on mission accomplishment? Check the appropriate box. High, Medium, Low, and None. Except for none all other entries require an explanation for the type of impact selected.
48. What is the impact on the mission if the release is deployed later rather than sooner? Check the appropriate box. High, Medium, Low, and None. Except for none all other entries require an explanation for the type of impact selected.
49. Is the release being used to replace an application scheduled for sunset? Check Yes or No. If yes is selected, provide the application name, version number, and RFS number for the application.

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

50. Does the release provide a solution for a quarantined application? Check Yes or No. If yes is selected, provide the application name, version number, and RFS number for the application.
51. Does the release increase the security of the application? Check Yes, No, or N/A (non-applicable)
52. Select the release plan, which best describes how it will be processed for deployment. See Chapter 2 of the NRDDG. Planned Annual Release, Planned Point Release, and Unplanned Emergency/Urgent Release. If “Unplanned, Emergency/Urgent Release is selected questions a, b, and c must be completed to support requested deployment plan. *Any change to the type of deployment after the RTD has been submitted will require cancellation of the original submission and a new RTD completed with correct release plan.*
- a) Describe the risk(s) the Urgent Release Resolves
  - b) Describe the operational impact if not released
  - c) Describe its impact to current and future users if not released
- Note: All emergency/urgent application releases must be approved by NETWARCOM. If emergency/urgent deployment is requested, a detailed justification for emergency deployment must be included for NETWARCOM consideration.
53. If this is a mandated release? Check the appropriate box. Safety, Fiscal, Security, Operational, Legal, Congressional, Ongoing war efforts, Treaty with a Sovereign Nation, Department of Defense, Department of Navy, Local Commander, Major systems, or Minor systems.

### SECTION 5 – PRE CERTIFICATION INFORMATION

54. Select the box(s) which effectively describes complexity of the application. Complex: Server, Client/Server, Web based application (client plug-in), requires a database to operate, require other dependent software. Simple: Standalone.

Note: A *complex application* is any application that has a separate client side and server side, which require network connectivity to be fully functional. A *simple application* is defined as a standalone application that requires installation on an NMCI workstation only, and has minimal to no dependency on network connectivity to function.

55. Are there any special requirements necessary to support this release? Check Yes or No. If yes is selected, provide information to support special requirements. For example, deployment of the client upgrade needs to be coordinated with a server upgrade.

## REQUEST TO DEPLOY (RTD) FORM INSTRUCTION GUIDE

56. If this release is a change to an NMCI deployed application, does this release require any components from that previous deployment? Check Yes or No. If yes is selected, list deployed components (DLL, INI, CFG, etc.) and File Name(s). **These components must be included with the media submission package.**
57. Are there are any special requirements, software dependencies, or hardware necessary to support the deployment of the release application? Check Yes or No. If yes is selected provide the software and hardware dependencies by RFS Number, Application Name, and Version Number. Include any other special requirements.
58. How should the application be installed in the NMCI environment? Provide detailed installation instructions as it pertains to the NMCI environment.
59. Provide detailed testing procedures. How should the application be tested to ensure it is functioning properly? Include detailed testing procedure(s) that covers all functionality. For example criteria required for successful testing, all functionality, all major functionality, or specific functionality.
60. For Advanced Publisher created MSI packages, please provide the associated Software, Library, and State files. List the name of those files on the line provided and **include information with the media submission package.**
61. For Client / Server applications, provide the following information on the lines provided if additional space is required attach information to the original RTD.
- a. Login and Password information
  - b. List of Ports and Protocols
  - c. NATed and Actual IP address of the server
  - d. TNS file information if the application is Oracle based
  - e. How many servers support this application
  - f. Where are the servers located?
    - Navy Legacy Network
    - NMCI
    - Other DOD Network
    - Commercial Network
62. Provide license / registration keys to support installation. Provide license / registration key information on the line provided if additional space is required attach information to the original RTD form.

**REQUEST TO DEPLOY (RTD) FORM  
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63. Provide the latest Release Notes and Error / Bug information. Provide Release Notes and Error / Bug information on the line provided if additional space is required attach information to the original RTD form. For example any known errors that would affect testing list those errors
64. Other special requirements