Customer Requirements Request Form
(Supply & Service)

This Form needs to be completed and submitted to LRC NLT 60 days prior to unit training.

1. **Date Submitted:** **SRD Number** (*To be filled in by LRC*):
2. **Organization Name:** **Branch:** **Component:**
3. **Location of Units Origin:**
4. **Location of Work to be Conducted:**
5. **Unit Identification Code (*UIC Given by DA*):**
6. **Training Period:** Start: End:

Remarks:

7. **Type of Support (*Check on All that Apply*):** **Requires Appointment Orders and Signature Cards.*

(Sec. 8.) ☐ *Installation Property Book Support (*Linen Only*)

(Sec. 9.) ☐ *Laundry Service (*Linen Only*)

(Sec. 10.) ☐ Fuel Support (*JP-8, Diesel, & E-85 Only*)

(Sec. 11.) ☐ *Package POL Support (*i.e. Oil, Lubricants*)

(Sec. 12.) ☐ Off Loading Support (*Off Loading Equipment & Containers Coming Onto Ft. Carson Only.*)

(Sec. 13.) ☐ Other Supply & Service Required (*State Other Requirements and Explain Below*)

Remarks:

• If you checked block(s) above, then fill out the appropriate sections below. Sections are indicated next to each block that require additional information.

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8. *Installation Property Book Support: (*Requires Appointment Orders and Signature Card.*)

Quantity of Linen Sets for Issue:

Remarks:

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9. *Laundry Service: (*Requires Appointment Orders and Signature Card.*)

Quantity of Linen Sets for Service: Cleaning Cycle:

Remarks:

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12. Fuel Support:

Quantity of JP-8 Needed: (*Estimation in Gallons*)

Quantity of Diesel Needed: (*Estimation in Gallons, Retail Supply Only*)

Quantity of E-85 Needed: (*Estimation in Gallons, Retail Supply Only*)

☐ Need Fuel Key(s) for Unit Equipment (***Units should bring their own Fuel Keys from Home Station. Home Station Fuel Keys will work on Fort Carson.***)

Remarks:

- *Bulk Fuel Point Hours of Operation: Monday thru Friday: 0800-2359.*
- *If you require fuel after hours, please state above in Remarks and reason why.*
- *If a unit requires **Unleaded Fuel**, then the unit must provide their own fuel cards.*

Provide any and all supporting documentation which will assist with mission success.

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13. *Package POL Support: (*Requires Appointment Orders and Signature Card.*)

NSN: Nomenclature: Quantity:

- ***See PDF attachment External SOP for Hazardous Material Control Center for further requirements.***
- *If you have more than one item, then create a list on a spread sheet with the NSN, Nomenclature and Quantity attached to the CRRF.*
- *Advance notification is required to order packaged POL products. 45 days or more is required to ensure POL products are available for issue during training.*

14. Off Loading Support: (*This support is only for off loading equipment and containers coming onto Ft. Carson. R.T.C.H. needs to operate on a hard stand.*)

☐ R.T.C.H. ☐ Forklift Location of Download:

Download Date: Download Time:

Remarks:

15. Other Supply & Service Required: (*If more space is required, attach additional comments or requirements to this form.*)

Remarks:

16. Points of Contact:

Name & Rank: Name & Rank:

Work Phone: Cell Phone: Work Phone: Cell Phone:

Email: Email:

17. Funding Point of Contact:

Name & Rank: Work Phone:

Cell Phone: Email:

Provide any and all supporting documentation which will assist with mission success.

LRC FCCO Form
Form Revised November 2013