

UTM/Subcal Device Request Form

UNIT: _____

PICK-UP DATE & TIME: _____

TURN-IN DATE & TIME: _____

QUANTITIES:

M16/M4 CCMCK: _____

M249 CCMCK: _____

M9 BERETTA CCMCK: _____

M2 SRTA Bolts: _____

AT-4 SUBCAL: _____

.50-Cal AIMTEST: _____

CCMCK GOGGLES: _____

CCMCK FACEMASK: _____

CCMCK GLOVES, L: _____

CCMCK GLOVES, XL: _____

CCMCK GLOVES, XXL: _____

PERSON PICKING UP EQUIP: _____

	RANK	NAME	TEL#	FAX
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POC: _____

	RANK	NAME	TEL#	FAX
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****Requests MUST be submitted 5 days prior to issue or turn in****

All TADSS Devices drawn from the TSC are military equipment, and must be transported in military vehicle, no exceptions