DEVICE FABRICATION REQUEST

TO: TRAINING AIDS DEVICES, SIMULATORS, AND SIMULATIONS (TADSS), FORT HOOD, TEXAS 76544

1a. ORGANIZATION/UNIT UIC	1b. TSC ACCOUNT	1c. DATE REQUIRED
2a. REQUESTER'S FULL NAME	2b. RANK/GRADE	2c. TELEPHONE (including area code)
3a. COMPANY COMMANDER'S FULL NAME	3b. RANK/GRADE	3c. TELEPHONE (including area code)

11a. WORK ORDER NUMBER

11b. DATE REQUEST RECEIVED

11c. PRIORITY

11d. PROJECT CODE

4a. REQUEST VALIDATION SIGNATURE

4b. CUSTOMER SIGNATURE

4c. DATE

5a. SELECT ONE

- ☐ CONSULTATION ONLY
- ☐ CATALOG DEVICE
- ☐ ALTERED CATALOG DEVICE
- ☐ NON-CATALOG DEVICE

5b. CATALOG NUMBER

A DRAWING OR SKETCH MUST ACCOMPANY THIS REQUEST FOR ALTERED CATALOG AND NON -CATALOG DEVICES. SEE WWW.HOOD.ARMY/TSC FOR CATALOG AND DEVICE NUMBERS.

5c.

- ☐ UNIT DEPLOYING WITHIN NEXT 6 MONTHS
- ☐ UNIT REDEPLOYED WITHIN LAST 6 MONTHS
- ☐ CONSULTATION REQUIRED
- ☐ REIMBURSABLE WORK ORDER

6. DEVICE NOMENCLATURE:

7. JUSTIFICATION FOR REQUESTED SERVICES:

8. QUANTITY: EA

9. REMARKS:

12. GRAPHICS QC

DATE: BY:

13. FINAL QC:

DATE: BY:

14. PICKUP NOTIFICATION:

10. CONSULTATION VERIFICATION:

CUSTOMER:

EMPLOYEE:

DATE:

11. GOVERNMENT APPROVAL

15. QC

16. PICKUP VERIFICATION:

CUSTOMER SIGNATURE

DATE