

# FAX ORDER FORM – I

## ROUTINE SYSTEM MAINTENANCE

FAX TO: DSN 354-4696 / COM (301) 744-4696

**AUTHORIZED ORDERER NAME:** \_\_\_\_\_

**AUTHORIZATION CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:**      **DSN:** \_\_\_\_\_      **COM:** \_\_\_\_\_

**UNIT NAME:** \_\_\_\_\_      **UNIT UIC:** \_\_\_\_\_

**LOCATION NAME:** \_\_\_\_\_      **LOCATION UIC:** \_\_\_\_\_

	<b>REASON FOR ORDER</b>	<b>BUNO</b>	<b>MAINTENANCE DATE</b>	<b>AIRCRAFT TMS</b>	<b>MAINTENANCE CYCLE</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

**“SHIP TO” ACTIVITY** (If other than home Air Station; e.g. Deployment Location, Ship Load-out Location; or MALS-Ordnance Activity at MCAS):

**Activity Name:**

**UIC:**

\_\_\_\_\_

### ADDITIONAL COMMENTS/REMARKS:

- FOR UNITS WITH SEATS/ICAPS, ATTACH SEATS/ICAPS EXPIRED PARTS FORECAST WITH CAD/PADS CIRCLED THAT NEED TO BE ORDERED
- FOR UNITS WITHOUT SEATS/ICAPS ATTACH A LIST OF CAD/PADS REQUIRING REPLACEMENT, INCLUDING: DODIC, LOT NO., SERIAL NO., OPEN DATE, EXPIRATION DATE, AND QUANTITY (PROVIDE SEPARATE LIST FOR EACH BUNO)

DATE: \_\_\_\_\_