

FAX ORDER FORM - II
STANDARD DEPOT LEVEL MAINTENANCE (SDLM)

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

AUTHORIZED ORDERER NAME: _____

AUTHORIZATION CODE: _____

TELEPHONE NUMBER: _____ **SN:** _____ **COM:** _____

UNIT NAME: _____ **UNIT UIC:** _____

LOCATION NAME: _____ **LOCATION UIC:** _____

	REASON FOR ORDER	BUNO	CAD/PAD INSTALLATION DATE	AIRCRAFT TMS	MAINTENANCE CYCLE	SDLM CYCLE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

“SHIP TO” LOCATION (If other than depot; e.g. Air Station where depot maintenance is being conducted on-site):

Activity Name: _____ **UIC:** _____

ADDITIONAL COMMENTS/REMARKS:

- ATTACH LIST OF CAD/PADS REQUIRED FOR INSTALLATION INCLUDING DODIC AND QUANTITY FOR EACH BUNO.

DATE: _____