

**FAX ORDER FORM - III**  
**SURVIVAL/TEST EQUIPMENT**  
 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:** \_\_\_\_\_

• **ITEMS REQUIRED:**

	<u>REASON FOR ORDER</u>	<u>DODIC</u>	<u>QUANTITY TO ORDER</u> (Next 90 Days or Deployment Period)	<u>QUANTITY ON-HAND</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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

**Activity Name:** \_\_\_\_\_      **UIC:** \_\_\_\_\_

**ADDITIONAL COMMENTS/REMARKS:**

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