DEVENS RFTA TRAINING SUPPORT CENTER REQUEST FORM

Ensure all contact phone numbers are reachable, govt or mobile numbers are preferred

UNIT:	DATE:
ADDRESS:	

CITY/STATE/ZIP:

MEMORANDUM FOR Training Support Center, 12 Feinberg St., BLDG 3574, Devens, MA 01434

SUBJECT: Request for Training Devices

1. Request the following training devices

Device Number	Nomenclature	Quantity

*NOTE: *The personnel, requesting, pick-up, turn-in, all must be on your units 1687 or will be rescheduled until proper personnel are available.*

2.	Equipment/training devices will be used at:	
3.	Request ISSUE appointment for (DATE/TIME):	at
4.	Request TURN-IN appointment (DATE/TIME):	at
5.	TSC account number:	
6.	. Primary point of contact (NAME/NUMBER):	
7.	Alternate point of contact (NAME/NUMBER)	
8.	Primary and Alternate Email address:	

9. TASC Contact Info: usarmy.devens.93-sig-bde.list.tasc@army.mil; (978) 615 6884/6885/6808

(SIGNATURE OF REQUESTOR)