

TSC SVCS Request Docu Sheet

POC Name			
BDE, BN, CO			
Email			
Phone			
DVC #	NOMENCLATURE	QTY Req.	QTY App.
	Services		TSC ONLY
DVC 07-68	DVC 07-68 M287 AT-4 Anti-Tank Weapon		
DVC 07-188	DVC 07-188 SMS		
DVC 17-277	DVC 17-277 SUBCALIBER INBORE DEVICE 120MM		
DVC 20-95	DVC 20-95 ARTILLERY SIMULATOR		
DVC 20-96/D	DVC 20-96/D SMALL ARMS FLASH NOISE		
L 001-01	L 001-01 EASELS		
Simulator Certification	Requested Date: Name of personnel:		1st and 3rd Tuesday of Month of the Month @0900
SMS Certification	Requested Date: Name of Personnel:		1st and 3rd Thursday of Month of the Month @0900

TSC Rep Signature: _____

Date: _____