



**TRAINING SUPPORT CENTER (TSC)**  
**TADSS WORK ORDER**

1. WORK ORDER NUMBER

2. SECURITY CLASSIFICATION  
UNCLASSIFIED

**SECTION I - REQUIREMENT**

3a. TO

**TRAINING SUPPORT CENTER**  
**FORT CARSON, COLORADO**

4a. FROM (Unit or Activity)

3b. E-MAIL ADDRESS

4b. E-MAIL ADDRESS

5. ACCOUNT CODE

6a. ACCOUNT NO.

b. APC CODE

7a. REQUESTER (Name, Grade)

b. PHONE AND FAX NUMBERS

8. DATE REQUESTED (YYYYMMDD)

9a. ALTERNATE POINT OF CONTACT

b. PHONE AND FAX NUMBERS

10. DATE REQUIRED (YYVYMMDD)

11. PRODUCTION / MAINTENANCE REQUESTED

12. **DESCRIPTION OF WORK** (Be specific and attach any diagrams, etc.)

a. Device

FGD No:

DVC No:

b. Device Maintenance

c. Training Aid

d. Other (Specify)

13. POI NUMBER:

14. JUSTIFICATION FOR REQUESTED TADSS SERVICE:

15a. Requested service is for official purposes and is  
***Required by stated deadline.***

15b. VALIDATION SIGNATURE

**SECTION II - JOB ASSIGNMENT (FOR AUDIOVISUAL OFFICE USE ONLY)**

16. DATE RECEIVED (YYYYMMDD)

17. DATE ASSIGNED (YYYYMMDD)

18. TRAINING SUPPORT OFFICER APPROVAL (Signature)

19. SPECIAL INSTRUCTIONS

**SECTION III - WORK RECEIPT**

20A. CUSTOMER NOTIFIED:

20b. RECEIVED BY (Signature)

20c. DATE (YYYYMMDD)