DEVENS RFTA TRAINING SUPPORT CENTER REQUEST FORM

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

TASC Acct # Unit Name Date

ADDRESS: _____

CITY/STATE/ZIP: _____

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

SUBJECT: Request for Training Devices

1.

Device Number	Nomenclature	QTY

*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 _____
   ***No Wednesdays**

4. Request TURN-IN appointment (DATE/TIME): _____ at _____
   ***No Wednesdays**

5. Primary point of contact (NAME/NUMBER): _____

6. Alternate point of contact (NAME/NUMBER) _____

7. Primary and Alternate Email address: _____

8. TASC Contact Info: usarmy.devens.93-sig-bde.list.tasc@army.mil; april.covert2.civ@army.mil
   Office number 978-615-6885 or Teams # 1 520-717-2423

_____
(SIGNATURE OF REQUESTOR)