## REQUEST FOR ISSUE/TURN-IN OF MILES

### SECTION 1. TO BE FILLED OUT BY CUSTOMER (EXCEPT BLOCK 2)

1. **DATE OF REQUEST:**
2. **DATE RECEIVED BY DPTMS/TSC MILES DIST SECTION:**
3. **NEW REQUEST?** (Check box if YES)
4. **RESCHEDULE REQUEST?** (Check box if YES)
   - Note: Provide copy of original request with dates assigned in SECTION 2.
5. **UNIT SIGNING FOR EQUIPMENT:**
6. **TSC ACCOUNT NUMBER:**
7. **INDIVIDUAL SIGNING FOR EQUIPMENT:**
8. **POC FOR FURTHER INFORMATION ABOUT THIS REQUEST:**
9. **ADDRESS:**
10. **PHONE NUMBER:**
11. **FAX EXTENSION:**
12. **E-MAIL ADDRESS:**
13. **TRAINING/MISSION SUPPORTED:**
14. **DATE TRAINING/MISSION STARTS:**
15. **DATE TRAINING/MISSION ENDS:**
16. **ISSUE DATE REQUESTED:**
17. **TURN-IN DATE REQUESTED:**

**NOTE:** DATE REQUESTED MAY NOT BE AVAILABLE; SEE SECTION 2 FOR DATES/TIMES ASSIGNED.

### SECTION 2. TO BE FILLED OUT BY DPTMS/TSC MILES DISTRIBUTION SECTION

18. **ISSUE DATE/TIME VEHICLES REQUIRED:**
19. **TURN-IN DATE/TIME ASSIGNED:**

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**IMPORTANT**

Individuals signing for MILES must be either:

1. The unit’s hand receipt holder.
2. Listed on a valid DA Form 1687 (Signature Card) signed by the unit’s hand receipt holder.

**FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN EQUIPMENT NOT BEING ISSUED TO THE UNIT.**
<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>EQUIPMENT</th>
<th>QUANTITY</th>
<th>SYSTEM</th>
<th>EQUIPMENT</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFA</td>
<td>M19 (50 cal)</td>
<td></td>
<td>M2/M3 BFV</td>
<td>M2/M3 W/TOW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M21 (M240)</td>
<td></td>
<td>M2/M3 W/O TOW</td>
<td>Adapter for fluted barrel</td>
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<tr>
<td></td>
<td>M24 (M240B)</td>
<td></td>
<td>MGSS</td>
<td>MGSS *fired the M30 cartridge</td>
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</tr>
<tr>
<td>Controller's</td>
<td>Universal Control Device (UCD)</td>
<td></td>
<td>MITS</td>
<td>MITS</td>
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</tr>
<tr>
<td>Gun</td>
<td>Micro Control Device (MCD)</td>
<td></td>
<td>MK-19 XXI</td>
<td>MK-19 XXI</td>
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<tr>
<td>IWS MILES</td>
<td>M4/M16 IWS</td>
<td></td>
<td>MRAD</td>
<td>MRAD</td>
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<tr>
<td></td>
<td>M249 IWS (SAW)</td>
<td></td>
<td>Shoulder</td>
<td>AT4</td>
<td></td>
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<tr>
<td></td>
<td>M240 IWS</td>
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<td>Launched</td>
<td>RPG *both AT4 and RPG fire a M22</td>
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<tr>
<td></td>
<td>M2 IWS</td>
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<td>Munitions</td>
<td>Stinger Missile</td>
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<tr>
<td></td>
<td>M110/107 IWS (Sniper)</td>
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<td>(SLW)</td>
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<tr>
<td>Legacy MILES</td>
<td>M16A2</td>
<td></td>
<td>TOW</td>
<td>TOW ITAS-FTS</td>
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<tr>
<td>Legacy</td>
<td>M249 (SAW)</td>
<td></td>
<td>TOW II</td>
<td>TOW II W/Tube</td>
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<tr>
<td>MILES</td>
<td>SAAF (Alignment box for Legacy MILES)</td>
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<td>Veh Test Set</td>
<td>Veh Test Set</td>
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<tr>
<td>Legacy</td>
<td>Dry Fire Cable (M16A2, M249)</td>
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<td>Other</td>
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<tr>
<td>MILES</td>
<td>LTID</td>
<td></td>
<td>Other</td>
<td>Other</td>
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<tr>
<td>M1 Abrams</td>
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<td>M1 Abrams</td>
<td>M1A2 MILES Kit</td>
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<td>Other</td>
<td>Other</td>
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</tbody>
</table>

20. BATTERIES (check one box): [ ] Unit will provide own batteries [ ] Unit requires batteries furnished by TSC

21. SEND COMPLETED FORM TO DPTMS/TSC MILES DISTRIBUTION SECTION BY ANY OF THE FOLLOWING METHODS:

   a. Mail:
      DPTMS (IMKN-PLT)
      BLDG 483
      199 6TH AVE STE 333
      FORT KNOX KY 40121-5720
   b. E-mail:
      Knox.tsc.landl@conus.army.mil
   c. Walk-In
      Bldg. No. 485, Spearhead Division Avenue
      Heard Motor Park
      Fort Knox, Kentucky
      Phone (502) 624-5409
      (Note: Bring 2 copies of completed form. Depending on workload, appointment dates and times may not be given when request is received.)
   d. FAX:
      Commercial (502) 624-6013; DSN 464-6013