Search Request Form

Submit Completed Form to:

AAC/688 ARSS (CDRS)
615 Apalachicola Rd.
Eglin AFB, FL 32542-6845
or FAX: 850-882-1688
(DSN 872-1688)

Requestor Information

Name (Project Lead): _____ Date: _____

o Contractor: _____ o DOD/Government Activity: _____
(Company Name and Cage Code if available.) (Government Agency/Office Symbol.)

Contract #: _____ Government POC: _____
(Contractors must provide a current government contract number for this project and a government sponsor point of contact--POC.)

Address: _____ Address: (POC) _____

_____ _____

_____ _____

Telephone: _____ Ext. _____ Telephone: (POC)_____ Ext. ____

FAX: _____ FAX: (POC) _____

Email: _____ Email: (POC) _____

Item Description (Dimensions assumed inches unless otherwise specified)

1. Nomenclature: _____

2. NSN/Part#: _____

3. Dimensions: Length: _____ Width: _____ Height: _____
Diameter: _____

4. Weight (lbs): _____

5. Fragility of Item: _____

6. Item DOD Hazard Class: _____

7. Drawing available: o Yes o No

8. Special Handling Requirements or Constraints: _____

_____

Container Requirements

9. Quantity: _____

10. Date Required: _____

11. # Items per Container: _____

12. Container Composition: o Any o Steel o Aluminum
o Plastic o Fiberglass o Other _____

13. Shock Mitigation System: o Cushion o Shock Mount o Any

14. Opening Style: o Any o Centerline o Bottom (butterdish)
o Top o End

15. Other Required Features: _____

_____