

USAMMA CUSTOMER REQUEST FOR ASSISTANCE

Complete the Blocks Indicated to Assist Us in Supporting You.

1. Unit Designation (Title): _____

2. UIC: _____ 3. DODAAC: _____ 4. SRC: _____

5. MACOM: _____ 6. COMPO: (Please mark) Active NG Reserve

7. Duty / Home Station Address: _____

8. Points of Contact. Please provide us with your organization's primary points of contact information:

Rank & Name	Office Symbol	Voice FAX	E-Mail
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Commander / XO: _____

G4 /S4 /Co, Sup & Svc: _____

MAINT Officer: _____

LOG Asst Visit POC:

(Other): _____

9. Nature of Request: _____

10. Do you have subordinate units that required assistance?

YES (complete below) NO (Skip to next page)

Complete this Section Only if You Want USAMMA to Contact Your Subordinate Units.

Unit Designation (Title): _____

UIC: _____ DODAAC: _____ SRC: _____

Address: _____

POC: _____

Voice Ph. #: _____ FAX #: _____ E-Mail: _____

MACOM: _____ COMPO: (**Please mark**) Active NG Reserve

Unit Designation (Title): _____

UIC: _____ DODAAC: _____ SRC: _____

Address: _____

POC: _____

Voice Ph. #: _____ FAX #: _____ E-Mail: _____

MACOM: _____ COMPO: (**Please mark**) Active NG Reserve

11. Do you have documentation from your unit's previous USAMMA fielding? e.g....
fielded Medical Materiel Set (MMS) inventory list, issue or turn-in documents,
MTOE LIN (CAN/BDN) summary reports, progression reports, shortage reports,
LIDB reports, and authorization documents.

YES NO

12. What is the date of the last fielding? _____

13. Would you like the documentation from the previous USAMMA fielding sent to you?

YES (complete below) NO (Skip to next question)

14. Does your command or unit need logistics assistance, technical guidance, or help
resolving a medical logistics problem relating to a product or service which
USAMMA provides?

YES (Please comment below) NO