ORGANIZATIONAL CONTROL RECORD FOR EQUIPMENT

For use of this form, see DA PAM 750-8; the proponent agency is DCS G-4.

DATE *(YYYYMMDD)*	PAGE NO.	NO. OF PAGES
DISPATCHER		

OFFICIAL USER *a*	REPORTING POINT *b*	PHONE EXT. NUMBER *c*	TIME TO REPORT *d*	EXPECT TIME OF RETURN *e*	DESTINATION *f*	UNIT IDEN-TIFICATION NUMBER *g*	TYPE OF EQUIP-MENT *h*	REGISTRATION NUMBER *i*	OPERATOR'S NAME AND GRADE *j*	TIME		REMARKS *m*
										OUT *k*	IN *l*	