



TRAINING SUPPORT CENTER REQUEST FORM

(PLEASE TYPE OR PRINT)



1. To:	TRAINING SUPPORT CENTER Bldg#6890, Warehouse Ave Camp Shelby, MS 39407 Phone: 601-558-2520		2. Organization: _____ _____ _____
3. Date of Request:	4. Phone(s)		
5. Requestor:	6. Alternate POC:		
7. Desired Pick-up date/time:	8. Turn-in Date:		
INDIVIDUAL PICKING UP OR DROPPING OFF ISSUE MUST BE ON SIGNATURE CARD			
9. REQUESTED ITEMS	QTY		
10. Special Instructions: Please provide us with a valid EMAIL ADDRESS: _____	11. DA FORM 1687 VERIFICATION:		
12. Type of Request: GTA____ TADSS____	<input type="checkbox"/> DA FORM 1687 ATTACHED <input type="checkbox"/> DA FORM 1687 ON FILE TADSS OFFICE <input type="checkbox"/> DA FORM 1687 VERIFIED BY PHONE W/PB MGR		
13. Request received BY:			