

MLC/MC/IHA TABLE OF UNIFORMS REVISION REQUEST FORM
MLC/IHA/MC 制服基準表 改訂要求書

INSTRUCTIONS: All Items must be filled out. Incomplete requests and requested will not be considered.

1. APPLICABLE JOB TITLE, JOB NUMBER, AND BWT. Enter information on the job number to be authorized.

a. JOB TITLE	b. JOB NUMBER	c. BWT	d. No. OF EMPLOYEES

2. REQUESTED ITEM(S) List all items for the job number being requested.

a. ITEM NAME	b. ITEM CODE (Blank for new item)	c. SAFETY REQUIREMENT (Y=Yes N=No)	d. USAGE		f. ISSUE PER EMPLOYEE	g. LIFE EXPECTANCY
			Hrs per Week	Frequency (Days per Week)		

3. DESCRIPTION OF NEW ITEM INDICATED IN BLOCK 2 (FILL OUT ONLY FOR NEW ITEM REQUEST) - Attach picture/catalogue page as applicable.

--

4. SPECIFICATION (FILL OUT ONLY FOR NEW ITEM REQUEST) - Specify required specification, fabric type, color designation, required JIS standard, etc.

--

5. JUSTIFICATION FOR ALL ITEMS - Specify DOD/AGENCY Instruction or safety regulations that mandates usage of requested item. Attach copy of Instruction/regulation.

--

6. WORK ILLUSTRATION: - Describe work situation in which requested item(s) will be used. Attach diagram of work site (s) as applicable.

--

7. GEOGRAPHIC RESTRICTION - If items should be restricted to a specific geographic location, state the location and provide rationale..

--

8. REQUESTER POC INFORMATION

a. FULL NAME	b. PHONE NUMBER	c. E-MAIL ADDRESS

9. REQUESTING ORGANIZATION (COMMAND/DIVISION NAME, INSTALLATION)

--

10. SIGNATURE OF SAFETY CERTIFYING OFFICIAL(if not covered by 5 above)

a. NAME IN PRINT	b. TITLE AND GRADE
c. SIGNATURE	d. DATE

11. SIGNATURE OF COR/HRO

a. NAME IN PRINT	b. TITLE AND GRADE
c. SIGNATURE	d. DATE

TO BE COMPLETED BY SERVICE COMPONENT LABOR DIVISION

CONTROL No.

INITIAL

DATE

USARJ CNFJ 5AF CMFJ