REQUEST FOR SCBCA COURSE							
NAME OF ATTENDEE (Last, first MI)		SSN SEX		FU	FULL RANK (spelled out)		
Navy	T NAME PS	SC#	F BOX#	 APO	/FPO	COUNTRY STATIONED	
USMC MTMC TELEPHONE NUMBERS							
DSN COMMER	code) FAX			EMAIL ADDRESS			
BILLETING INFORMATION							
DATE OF SCBCA CLASS DAT		OF ARRIVAL			DEPARTURE		
PERSON REQUESTING CLASS							
NAME	RANK	DUTY	POSITION		U	INIT	
Second person							
NAME OF ATTENDEE (Last, first MI)			SN SEX FULL M			K (spelled out)	
BRANCH OF SERVICE UNI Navy	T NAME P	SC#	BOX#	APO/FF	20 (COUNTRY STATIONED	
TELEPHONE NUMBERS DSN COMMERCIAL (+country code) FAX EMAIL ADDRESS							
DSN COMMER	CIAL (+country c	ode) F	·AX		MAIL	ADDRESS	
BILLETING INFORMATION							
DATE OF SCBCA CLASS DATE OF		FARRIVAL			DEPARTURE		
REMARKS	- Janes						