

# REQUEST FOR ISSUE/TURN-IN OF MILES

## SECTION 1. TO BE FILLED OUT BY CUSTOMER (EXCEPT BLOCK 2)

1. DATE OF REQUEST:		2. DATE RECEIVED BY DPTMS/TSC MILES DIST SECTION:	
3. NEW REQUEST? (Check Box if YES) <input type="checkbox"/>		4. RESCHEDULE REQUEST? (Check box if YES) <input type="checkbox"/>	
		5. UNIT SIGNING FOR EQUIPMENT:	
<i>Note: Provide copy of original request with dates assigned in SECTION 2.</i>			
6. TSC ACCOUNT NUMBER:		7. INDIVIDUAL SIGNING FOR EQUIPMENT:	
8. POC FOR FURTHER INFORMATION ABOUT THIS REQUEST:			
9. ADDRESS:			
10. PHONE NUMBER:		11. FAX EXTENSION:	12. E-MAIL ADDRESS:
13. TRAINING/MISSION SUPPORTED:			
14. DATE TRAINING/MISSION STARTS:	15. DATE TRAINING/MISSION ENDS:	16. ISSUE DATE REQUESTED:	17. TURN-IN DATE REQUESTED:

**NOTE: DATE REQUESTED MAY NOT BE AVAILABLE; SEE SECTION 2 FOR DATES/TIMES ASSIGNED.**

## SECTION 2. TO BE FILLED OUT BY DPTMS/TSC MILES DISTRIBUTION SECTION

18. ISSUE DATE/TIME VEHICLES REQUIRED:		19. TURN-IN DATE/TIME ASSIGNED:	
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### IMPORTANT

Individuals signing for MILES must be either:

1. The unit's hand receipt holder.
2. Listed on a valid DA Form 1687 (Signature Card) signed by the unit's hand receipt holder.

**FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN  
EQUIPMENT NOT BEING ISSUED TO THE UNIT.**

**SECTION 3. TO BE FILLED OUT BY CUSTOMER**

SYSTEM	EQUIPMENT	QUANTITY	SYSTEM	EQUIPMENT	QUANTITY
<b>BFA</b>	M19 (50 cal)		<b>M2/M3 BFV</b>	M2/M3 W/TOW	
	M21 (M240)			M2/M3 W/O TOW	
	M24 (M240B)			Adapter for fluted barrel	
<b>Controller's Gun</b>	Universal Control Device (UCD)		<b>MGSS</b>	MGSS *fired the M30 cartridge	
	Micro Control Device (MCD)		<b>MITS</b>	MITS	
<b>IWS MILES</b>	M4/M16 IWS		<b>MK-19 XXI</b>	MK-19 XXI	
	M249 IWS (SAW)		<b>MRAD</b>	MRAD	
	M240 IWS		<b>Shoulder Launched Munitions (SLW)</b>	AT4	
	M2 IWS			RPG *both AT4 and RPG fire a M22 ATWESS cartridge	
	M110/107 IWS (Sniper)			Stinger Missile	
	MAJIK (Alignment Kit for IWS)		<b>TOW</b>	TOW ITAS-FTS	
<b>Legacy MILES</b>	M16A2		<b>TOW II</b>	TOWII W/Tube	
	M249 (SAW)		<b>Veh Test Set</b>	Veh Test Set	
	SAAF(Alignment box for Legacy MILES)		<b>Other</b>		
	Dry Fire Cable (M16A2, M249)		<b>Other</b>		
<b>LTID</b>	LTID		<b>Other</b>		
<b>M113</b>	M113		<b>Other</b>		
<b>M1 Abrams</b>	M1		<b>Other</b>		
	M1A2 MILES Kit		<b>Other</b>		

20. BATTERIES (check one box):       Unit will provide own batteries       Unit requires batteries furnished by TSC

21. SEND COMPLETED FORM TO DPTMS/TSC MILES DISTRIBUTION SECTION BY ANY OF THE FOLLOWING METHODS:

a. Mail:

DPTMS (IMKN-PLT)  
BLDG 483  
199 6TH AVE STE 333  
FORT KNOX KY 40121-5720

c. Walk-In

Bldg. No. 485, Spearhead Division Avenue  
Heard Motor Park  
Fort Knox, Kentucky  
Phone (502) 624-5409

(Note: Bring 2 copies of completed form. Depending on workload, appointment dates and times may not be given when request is received.)

b. E-mail:

Knox.tsc.landi@conus.army.mil

d. FAX:

Commercial (502) 624-6013; DSN 464-6013