

Technical Support Inquiry Form

EXPEDITE

4HR

8HR

24HR

ROUTINE

MANDATORY DATA	Control No. (HMIS USE ONLY) _____
Date _____	OPTIONAL DATA
Requestor _____	Specification _____
Phone _____	Lot No. _____
Fax _____	Co. Name/Contractor. _____
Activity _____	Co. Address. _____
NSN _____	Co. Phone No. _____
Contrat No. _____	
*Cage _____	Comments _____
Part No./Trade Name _____	

Question

- MSDS
- HCC
- Transportation

Response

Date Completed _____

Action Officer's Initials _____

*If Cage not available, provide Company Name & Address
HMIS Tech Support Helpline: DSN 695-4371; Comm. (804) 279-4371
Fax: DSN 695-4149; Comm. Fax: (804) 279-4149