



Search Request Form

Submit Completed Form to:

AFLCMC/EZPAA
5215 THURLOW RD.
AREA A, BLDG 70, SUITE 5
WRIGHT-PATTERSON AFB, OH
45433-5543

Email: CDRS@US.AF.MIL

(DSN 674-0114)

Requestor Information

Name (Project Lead): _____ Date: _____

Contractor: _____ DOD/Government Activity: _____
(Company Name and Cage Code if available.) (Government Agency/Office Symbol.)

Contract #: _____ Government POC: _____
(Contractors must provide a current government contract number for this project and a government sponsor point of contact--POC.)

Address: _____ Address: (POC) _____

Telephone: _____ Ext. _____ Telephone: (POC) _____ Ext. _____

FAX: _____ FAX: (POC) _____

Email: _____ Email: (POC) _____

Item Description (Dimensions assumed inches unless otherwise specified)

1. Nomenclature: _____

2. NSN/Part#: _____

3. Dimensions: Length: _____ Width: _____ Height: _____
Diameter: _____

4. Weight (lbs): _____

5. Fragility of Item: _____

6. Item DOD Hazard Class: _____

7. Drawing available: Yes No

8. Special Handling Requirements or Constraints: _____

Container Requirements

9. Quantity: _____

10. Date Required: _____

11. # Items per Container: _____

12. Container Composition: Any Steel Aluminum
 Plastic Fiberglass Other _____

13. Shock Mitigation System: Cushion Shock Mount Any

14. Opening Style: Any Centerline Bottom (butterdish)
 Top End

15. Other Required Features: _____