

**NAVY MEDICINE OPERATIONAL TRAINING CENTER
 INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY
 REQUEST FORM**

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REQUESTING DEPARTMENT INFORMATION

DATE:	COMMAND: <input type="checkbox"/> NMOTC <input type="checkbox"/> NSTI <input type="checkbox"/> NAMI <input type="checkbox"/> Other	DEPT. CODE:
POC:		PHONE #:
ITEM DESCRIPTION:	REQ (DD1149) #:	COST:
JUSTIFICATION: (Provide reason for use, components/accessories/product information & vendor quotes)		
SIGNATURE (Requesting Department Head):		DATE:

EQUIPMENT BEING REPLACED OR UPGRADED

ITEM:	MANUFACTURER:	
MODEL #:	SERIAL #:	MINOR PROPERTY #:

09IS TECHNICAL REVIEW

HARDWARE REVIEW: <input type="checkbox"/> Item compatible with NMOTC Systems <input type="checkbox"/> Meets NMOTC Specs	COMMENTS:
	SIGNATURE (09IS): _____ DATE: _____
SOFTWARE REVIEW: <input type="checkbox"/> Software approved by NMOTC <input type="checkbox"/> Software approved in DADMS <input type="checkbox"/> Comparable item found in DADMS	COMMENTS:
	SIGNATURE (N6A): _____ DATE: _____
SIGNATURE (NMOTC 09IS): _____	
DATE: _____	