APPLICATION FOR BUSINESS CARDS

In accordance with FRCWESTPACINST 5603.1, I request issuance of business cards.

Requester's Signature: _____ Date: _____

EXAMPLE of FRCWP Authorized Format for Business Cards

Fleet Readiness Center **Western Pacific** **(FRCWP)** **CDR Donald B. Simmons III, USN** **Commanding Officer** PSC 477 Box 35 FPO AP 96306-2735 Cell Phone: 080-1250-6071 E-mail: Don.Simmons@frcwp.navy.mil DSN: 264-3160 Comm: 011-81-467-63-3160 (Official Use Only) 1-800-473-6597 Fax DSN: 264-3134 Comm Fax: 011-81-467-63-4494	**西太平洋航空機整備センター** **(FRCWP)** 米国海軍 ドナルド B. シモンズ **III** 中佐 司令官 〒 252-1101 神奈川県綾瀬市深谷大上 厚木基地、Bldg 181 FRCWP **電子メール** Don.Simmons@frcwp.navy.mil **軍電** 264-3160 **直通** 0467-63-3160 **直通** Fax 0467-78-4494 **軍電** Fax 264-3134 **携帯** 080-1250-6071
Front Side in English	Back Side in Appropriate Foreign Language

Requestor

Name: _____
Title as you want it to appear: _____
Voice DSN phone number: _____
Fax DSN phone number: _____
Commercial phone number accessible from the U.S.:_____
Fax phone number accessible from the U.S.: _____
Commercial phone number accessible from outside the U.S.: _____
Fax phone number accessible from outside the U.S.: _____
Mailing address: _____
E-Mail address: _____
What language do you want on the back of your card? (Indicate NONE or NOT APPLICABLE as appropriate.) _____

Department Head (If the requestor is not listed as an authorized user in paragraph five, FRCWESTPACINST 5603.1.)

I recommend the above named individual be issued an initial quantity of _____ (usually 50) business cards.

Department Head Signature: _____ Date: _____

Executive Officer

APPROVED/DISAPPROVED (circle one)

Executive Officer Signature: _____ Date: _____