NAVMC HQ 973 (REV. 10-11) (EF)
FOUO - Privacy sensitive when filled in.

Submit by Email | Print Form

Headquarters Marine Corps Combat Camera (COMCAM) Audio Visual Waiver Form

The material requested is hereby certified as being official work and essential to mission accomplishment.
This form represents a agreement to execute government funds and all gear is funded by requesting organization .

HQMC/COMCAM reserves the right to deny requests based on availability of equipment or proper justification of requirements.

Please fill out all the fields below

Fund Manager or Responsible Officer:

Last Name	First Name	Organization	Rank	Bldg:	Room:

Signature of the Coordinator:	Date Received	Date Requested

Organization: Please check one	Phone:	E-mail:

- ☐ CMC
- ☐ ACMC
- ☐ SMMC
- ☐ DMCS
- ☐ CMC CSG
- ☐ PROTOCOL
- ☐ SPD
- ☐ AR
- ☐ I&L
- ☐ P&R
- ☐ AVIATION
- ☐ C4
- ☐ INTEL
- ☐ M&RA
- ☐ PP&O
- ☐ Judge Advocate
- ☐ Council Legal
- ☐ PAO
- ☐ IGMC
- ☐ Office of Legislative Affairs
- ☐ MBW
- ☐ Religious (Chaplain of USMC)
- ☐ Henderson Hall
- ☐ Health Services (USMC)
- ☐ Marine Aid Program
- ☐ Other (USMC)
- ☐ Other (Military)
- ☐ Other (DOD)

Please check items

PHOTO	Quantity		Quantity		Quantity
☐ Digital Camera		☐ Flashes		☐ Other	
☐ Camera Lenses		☐ Large Format Printer			
☐ Photo Printer		☐ Tripods			

AUDIO-VISUAL	Quantity		Quantity		Quantity
☐ Projector		☐ Speakers		☐ Other	
☐ Projector Screen		☐ Microphones			
☐ TV/Display		☐ Video Cameras			
☐ Cable Drop					

Services being requested:	Coordinators Room:

Description of item requesting Waiver: (Include Part number/item nomenclature and estimated price)

Level of security classification required

☐ Will be connected to Unclassified System ☐ Will be connected to Classified System

Current status of equipment: ☐ New equipment ☐ Operational ☐ Non-operational

☐ Property Account # _____

Full Life cycle of equipment: Date gear was installed _____

If non-operational state reason:

Justification: (Why is the gear required):

Visual Information Commodity Manager: ☐ Recommended Approval ☐ Not Recommended Approval

VI CM: Name	Signature	Date