REPLACEMENT PARTS REQUEST

		DATE:
TO: ID-FMB-OM	LOCATION:	ID CODE:

QUANTITY	DESCRIPTION

Armorer's Signature	Phone Number	Regional Supervisor	Approved ☐ Disapproved ☐
Received By	Date Received	Distributed By	Date Distributed
Pick-Up Date	Out of Stock	Re-Submit Date	Price

NJDMAVA FORM NO. 104-1
1 APR 03

Use Ball Point Pen ONLY!!!
Previous editions may be used until exhausted