

ELMR SERVICE REQUEST (ESR)

NAME	PHONE NUMBER	EMAIL	CURRENT DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SERVICE <input type="text"/>	DESCRIBE SERVICE REQUEST IN DETAIL AND JUSTIFICATION <input type="text"/>
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ESR Instructions

1. Please fill out the the required items highlighted in red in their entirety.

2. Submit all completed requests VIA e-mail or fax to 910-451-2240. If Required, Please attach all approved Talk-Group authorization letters with the your ESR submission.

3. After you receive a confirmation email that the request is approved. Radios will need to be brought to Building 25 Room 104 to be programmed. Pickup and Turn in of radios should be conducted between 0700 and 1530.

***Note:** Any Talk-Group/Channel request that is not controlled by your organization will require an authorization letter from that organization. (Example: Requesting to have Range Control TalkGroup added to a radio would require an authorization letter.)

***Note:** Please indicate on request form if any radios being turned in for programming are a Control Cryptographic Item (CCI).

***Note:** PRC-153 radios cannot be programmed to utilize the MCB Camp Lejeune Trunking System

RADIOS REQUIRING SERVICE

RADIO MODEL	RADIO MODEL #	RADIO SERIAL #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: Please use second page if additional space is required.

DPAS ACCOUNT INFORMATION

ACCOUNT #	(RO) RESPONSIBLE OFFICER
<input type="text"/>	<input type="text"/>

ELMR CUSTOMER SERVICE

MICEAST G6, TSD, ELMR
BLDG. 25 McHugh BLVD
Camp Lejeune, NC 28542
Phone: 910-451-8446 / 7640
FAX: 910-451-2240

To submit a customer comment card,
please visit our ICE web page

RADIO LOCATION/S

UNIT	SECTION	BLDG #	ROOM #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: If radio/s are vehicle mounted please provide information below.

LICENSE PLATE	MAKE	MODEL	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TEMP LOAN REQUEST INFORMATION

EVENT/EXERCISE TITLE	START DATE	END DATE	UNIT NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON SIGNING FOR EQUIPMENT	REQUESTED DATE AND TIME FOR PICKUP	DO YOU REQUIRE ANOTHER UNITS CHANNEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE STATE THE UNIT/s BELOW <input type="text"/>
<input type="text"/>	<input type="text"/>	
NUMBER OF RADIOS REQUESTING	NUMBER OF CHANNELS REQUESTING	
<input type="text"/>	<input type="text"/>	

DO NOT WRITE ----- ELMR OFFICIAL USE ONLY ----- IN THIS AREA

TICKET #	REQUEST APPROVED BY	TEMPLATE NAME BEING USED
<input type="text"/>	<input type="text"/>	<input type="text"/>

