

Ceremonial Rifle and Static Display Questionnaire

Please complete the following questionnaire and return this form with the other required documents outlined below:

Full Name of Organization: _____

Organization address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Point of Contact (POC) Information:

Name of POC: _____

Title of POC: _____

POC Mailing Address: _____

City: _____ State: _____ Zip Code: _____

POC Telephone Number: _____ Fax Number: _____

POC Email Address: _____

Number of Rifles you currently have (Complete attached inventory form) _____

Number of Active Organization Members: _____

Number of Honor Guard Members: _____

Static Display Site Information:

Type of Display Items you currently have (Tank, Howitzer, Cannons, Pistols...)

Example: **M4 Sherman Tank** **125M145**
 M101A1 Howitzer **10677**

Item: _____ Serial Number: _____

Item: _____ Serial Number: _____

Item: _____ Serial Number: _____

Name of Organization that owns the display site: _____		
Address of Display Site: _____		
City: _____	State: _____	Zip Code: _____

Please return this form within 30 days to our office at:

US Army TACOM Life Cycle Management Command
Attn: AMSTA-LCL-IWD, M/S: 419D
6501 E. 11 Mile Road
Warren, Michigan 48397-5000