

NAME TAG WORK REQUEST
(NSA ONLY)

NAME & RATE OF REQUESTOR: _____

WORKCENTER OF MEMBER: _____

NAME & RATE OF LPO/LCPO/DIVO: _____

WORK PHONE: _____ CELL PHONE: _____

E-MAIL: _____

DATE REQUESTED: _____ DATE REQUIRED: _____

- ◆ REQUEST IS TO BE MADE AT LEAST TWO WEEKS PRIOR TO THE DUE DATE.
- ◆ INDICATE IN BOX BELOW WHAT IS TO BE PLACED ON NAME TAG, INSURE YOU SPELL IT EXACTLY AS YOU WANT IT TO APPEAR.
- ◆ PLEASE E-MAIL YOUR REQUEST TO GIANNI AT Giovanni.Iannacco.IT@eu.navy.mil, PHONE 6265392, CC TO MICHELE AT Michele.Lattanzio.IT@eu.navy.mil, PHONE 6265304, or fax to 6265393.

REMARKS: _____

APPROVED/DISAPPROVED BY NSA ADMIN CPO/AO: _____

ENGRAVING WORK DONE BY: _____ DATE COMPLETED: _____

ENGRAVING RECEIVED BY: _____ DATE RECEIVED: _____
(PRINT)

ENGRAVING RECEIVED BY: _____ CONTACT NUMBER: _____
(SIGNATURE)