

APPOINTMENT OF EQUIPMENT CUSTODIANS

TO: (Organization/Office Symbol) 82 LG/LGSSME	FROM: (Organization Commander/Office Symbol)
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PART I - ACCOUNT/CUSTODIAN INFORMATION

1. CUSTODIAN ACCOUNT (Organization Code/Shop Code)	2. ORGANIZATION/FUNCTIONAL TITLE AND OFFICE SYMBOL	
3. DELIVERY DESTINATION	4. BUILDING NO.	
5. NAME OF PRIMARY CUSTODIAN (Type or Print) (Last, First, MI)	5a. GRADE	5b. DUTY PHONE

TRAINING REQUIRED YES NO If NO, date trained:

6. NAME OF ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	6a. GRADE	6b. DUTY PHONE
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TRAINING REQUIRED YES NO If NO, date trained:

7. NAME OF ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	7a. GRADE	7b. DUTY PHONE
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TRAINING REQUIRED YES NO If NO, date trained:

8. NAME OF ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	8a. GRADE	8b. DUTY PHONE
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TRAINING REQUIRED YES NO If NO, date trained:

PART II - CUSTODIAN PROPERTY RESPONSIBILITIES

I certify that I am aware of my equipment custodian responsibilities for public property as outlined in AFI 23-111, Management of Government in Possession of Air Force, and AFMAN 23-110V2, Part 13, Chap 8, Standard Base Supply Customer's Procedures, and supplements thereto.

PRIMARY CUSTODIAN (Type or Print) (Last, First, MI)	SIGNATURE
ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	SIGNATURE
ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	SIGNATURE
ALTERNATE CUSTODIAN (Type or Print) (Last, First, MI)	SIGNATURE

As Organization Commander, I appoint the individuals listed above as Equipment Custodians. I am fully aware of my responsibility to appoint a new custodian or alternate in the event that either is transferred PCS or separated from the account(s) for a prior in excess of 45 days.

DATE	ORGANIZATION COMMANDER (Name/Grade/Title)	SIGNATURE
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PART III - EQUIPMENT MANAGEMENT

DATE	BRIEFED BY (Equipment Management Representative) (Type/Print) SIGNATURE
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<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	EQUIPMENT MANAGEMENT TECHNICIAN (Type/Print) SIGNATURE
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