

VETERANS ORGANIZATION REQUEST FOR CARTRIDGE, CALIBER .30 BLANK

COPYING OF THIS FORM IS NOT AUTHORIZED

Only authorized organizations that have been issued weapons through the Ceremonial Rifle Program at the US Army TACOM Life Cycle Management Command in Warren, MI are authorized to order, receive, and use blank ammunition and/or clips. If you have privately owned weapons or borrow weapons from another organization, your organization is not authorized to receive blank ammunition and/or clips through this program.

Ceremonial Ammunition Requests Points of Contact: Phone: TOLL FREE 877-233-2515 Email: usarmy.ria.jmc.mbx.carg@mail.mil Web: https://www.jmc.army.mil/CeremonialAmmo.aspx	RETURN COMPLETED FORM VIA MAIL TO: CA Requests - AMJM-MLD HQ, U.S. Army Joint Munitions Command 2695 Rodman Avenue, #11N Rock Island, IL 61299-6000
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ORDER FORMS MUST BE RETURNED WITHIN 30 DAYS OF RECEIPT. Failure to do so may cause a delay in processing your request.	DATE: <input style="width: 100%;" type="text"/>
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Please print in the box below the first and last name of the person who will be receiving the ammunition, and the address of where the ammunition can be delivered during daytime hours. Please include a phone number where the individual may be reached if necessary.
SHIPPING AMMO TO THE POST MUST HAVE PRIOR APPROVAL FROM THIS OFFICE.

DOD AMMO CODE	DESCRIPTION	UNIT OF ISSUE	ORDER QTY - 1 OR 2
1305-A222	Ctg Caliber .30 BLANK - for M1 Garands, Enfields, Springfield	Wood Wirebound box (2 metal cans) = 1,240 rounds	<input style="width: 100%;" type="text"/>

SHIP TO ADDRESS PO Boxes Are Not Acceptable				ALTERNATE SHIP TO ADDRESS PO Boxes Are Not Acceptable			
First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>	Address 1 <input style="width: 95%;" type="text"/>	Address 1 <input style="width: 95%;" type="text"/>	Address 2 <input style="width: 95%;" type="text"/>	Address 2 <input style="width: 95%;" type="text"/>
City <input style="width: 90%;" type="text"/>	State <input style="width: 30%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text"/>	State <input style="width: 30%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>	Phone <input style="width: 95%;" type="text"/>	Phone <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>				Email <input style="width: 95%;" type="text"/>			
Please Select One:				Please Select One:			
<input type="checkbox"/> Residential Address		<input type="checkbox"/> Commercial Address		<input type="checkbox"/> Residential Address		<input type="checkbox"/> Commercial Address	

CONFIRMATION

By your signature below, you are confirming that this request is for issue and use by an approved organization.

Organization <input style="width: 95%;" type="text"/>	Post # <input style="width: 95%;" type="text"/>
Post Address <input style="width: 95%;" type="text"/>	City <input style="width: 90%;" type="text"/>
	State <input style="width: 30%;" type="text"/>
	Zip Code <input style="width: 90%;" type="text"/>
Name of Post Commander, Adjutant, or Quartermaster (VFW)	<input style="width: 95%;" type="text"/>
Official Designation	<input style="width: 95%;" type="text"/>
Signature of Post Commander, Adjutant, or Quartermaster (VFW)	<input style="width: 95%;" type="text"/>

For HQ JMC Entry Only

Document Number W81WYB - <input style="width: 95%;" type="text"/>	Processed by <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Signature of HQ JMC Processor <input style="width: 95%;" type="text"/>		