MEMORANDUM Date:_____

From:_____ Phone:_____
Command or Division

To: SELF HELP

Subj: AUTHORIZATION TO CHECK OUT TOOLS AND EQUIPMENT FROM OCEANA SELF HELP.

1. The following personnel are authorized to check out tools and equipment. (Maximum of 5 personnel per division or command).

Name: (first, last, MI)	**Rate:**	**SSN:**

The personnel listed on this form will be held accountable for the loss or damage of tools or equipment. You are expected to return the items in clean working condition. Tool check out is on a daily basis and expected to be returned by 1430 on the day of checkout. Any member going on leave or temporary assigned duty is expected to return the tools themselves prior to departure and not pass the responsibility to another person.

3. Point of Contact at command is: _____
Name: Last, First, MI (Print) (E-7 or Above)

_____
Signature (E-7 or above)