

| CONTAINER REQUEST FORM (CRF) | | | DATE |
|---|----------------------|---|---|
| <p>E-mail completed CRF to the e-mail address below 90 DAYS prior to ship date, 30 DAYS for repair. WSSTERMDZ03 (sec. 8.b)</p> <p style="text-align: center;">NAVSUP Weapon Systems Support 700 Robbins Avenue Philadelphia, PA 19111-5098</p> <p>E-MAIL ADDRESS: usn.philadelphia.navsupwssphil.mbx.navsupcrf@us.navy.mil</p> | | | |
| 1. Contractor Name | | DODAAC (Ship Code, if known) | |
| 2. Contract #: (Use one CRF per contract) | | Repair <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. Delivery Order(s) | Container NSN | Quantity | End-Item NSN (Part # if no NSN) List one per Container |
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| 4. NAVSUP WSS BUYER'S Code (If available) | | 5. Estimated End-Item Delivery Date | |
| 6. Ship Requested Containers to: (No P.O. Boxes) | | | |
| 7. Remarks | | | |
| 8. Contractor Representative's Name | | Telephone No. | FAX or E-mail Address |