

HQ RIO IOB Uniform Request Form



Date:

Rank/Name:	<input type="text"/>	DoD ID:	<input type="text"/>	Gender:	<input type="text"/>
Unit Address:	<input type="text"/>		City/State/Province:	<input type="text"/>	
Zip/Postal Code:	<input type="text"/>	Phone:	<input type="text"/>		
Detachment:	<input type="text"/>	ETS:	<input type="text"/>	Unit of Assignment:	<input type="text"/>

OCPs		
Item	Size	Quantity

Blues		
Item	Size	Quantity

Physical Training Gear		
Item	Size	Quantity

Notes:

Signature