

**INFORMATION FOR USAF MEDICAL LOGISTICS DIRECTORY
(For All Medical Groups/Centers and Facilities with MERCs)**

SRAN/DODAAC: _____

COMPLETE FACILITY NAME: _____
(Example: Wilford Hall USAF Med Ctr/SGL” or “5th Medical Group/SGSL”

STREET ADDRESS: _____

BASE: _____

APO CITY (AE/AP): _____ **STATE OR COUNTRY:** _____ **ZIP:** _____ - _____

MAJCOM: _____ **RIC:** _____ **OPER BED:** _____

DSN: _____ **NOTE FOR DSN:** _____

COMMERCIAL NUMBER (INCLUDE AREA CODE): _____

DATAFAX NUMBER (COMMERCIAL): _____

EMAIL: _____

PERSONEL CHANGES

POSITION	NAME	AUTH / ASGD	EXT
DIRECTOR, MED LOGISTICS	_____	_____ / _____	_____
MEDICAL MATERIEL MANAGER	_____	_____ / _____	_____
SUPT / NCOIC, MED MATERIEL	_____	_____ / _____	_____
DIRECTOR, CLIN ENGINEERING	_____	_____ / _____	_____
FACILITY MANAGER	_____	_____ / _____	_____
CHIEF MERC / MED MAINTENANCE	_____	_____ / _____	_____
SUPT / NCOIC MERC / MED MAINT	_____	_____ / _____	_____

NOTE: Please complete all blocks of information. Signature block below must also be completed. You may:
 Mail to: AFMLO/FOA, Building 1423, Fort Detrick, Frederick, MD 21702-5006;
 Fax to: 301-619-2557;
 E-mail to: millerr@ftdetrck-ccmail.army.mil; or
 Submit changes by ABBIE.

SIGNATURE: _____
(Director, Medical Logistics)