DATE (YYYYMMDD) NO. OF PAGES PAGE NO. ORGANIZATIONAL CONTROL RECORD FOR EQUIPMENT For use of this form, see DA PAM 750-8; the proponent agency is DCS G-4. DISPATCHER TIME PHONE TIME EXPECT **UNIT IDEN-**TYPE OF REGISTRATION OPERATOR'S NAME TIFICATION TO TIME OF EQUIP-**OFFICIAL USER** REPORTING POINT EXT. **DESTINATION** REMARKS NUMBER **AND GRADE** OUT NUMBER REPORT RETURN MENT NUMBER b k m е h APD LC v1.00