



ABMA WORKING GROUP

AGENDA ITEM



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NAME OF ORGINATOR:

RATE/RANK:

COMMAND/DUTY STATION:

ADDRESS OF COMMAND:

E-MAIL ADDRESS:

DUTY TELEPHONE NUMBER: DSN:

COML:

PERCEIVED PROBLEM: (provide specifics, continue on second page if necessary)

RECOMMENDATION:

JUSTIFICATION: (references, examples, please elaborate)

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SCREENED: