

**\*\*\*\*\* BRIGADE LEVEL \*\*\*\*\***

<b>NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES</b> <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>				DATE	DATE
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE CLASS II, IIIP, IV and HAZMAT					
REMARKS					
ISSA Warehouse (Bldg 934), RUBA Class II/IV Yard, HAZMART (Bldg 649)					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.00ES

**NOTES:**

**1) BCT GSO is a "NON-PLAYER" responsible for the entire rotation's accounts for Class II, IIIP, IV AND HAZMAT.**

**2) One DODAAC to be used for the entire rotation**

**3) This 1687 also covers Class II/IV Yard in RUBA**

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE CLASS IIIB					
REMARKS					
BLDG 7701					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER		
UIC			DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

DA FORM 1687, NOV 2015

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APD LC v1.00ES

**NOTE:**

**1) CLASS III(B) AO/REP is a "NON-PLAYER" responsible to track all fuel consumption for the entire rotation. Place of duty: Bldg 7701 (0730-1600)**

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK/ETS DATE		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN CLASS V ITEMS FROM FORT IRWIN ASP					
REMARKS					
Authorized representatives listed above have passed security screening required IAW AR 190-11					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE  UIC			DODAAC/ACCOUNT NUMBER  DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN CLASS VIII ITEMS					
REMARKS					
BLDG 178					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: SIGN/APPROVE CLASS II/IV 02 HI-PRIORITY WALK-THRU <sub>s</sub> FROM A-DSU					
REMARKS					
A-DSU SOUTH DEPORT ROAD, BLDG 860					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE  UIC			DODAAC/ACCOUNT NUMBER  DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE CLASS II/IV WALK-THRU <sub>s</sub> FROM A-DSU					
REMARKS					
A-DSU SOUTH DEPORT ROAD, BLDG 860					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: SIGN/APPROVE CLASS IX 02 HI-PRIORITY WALK-THRU'S FROM A-DSU					
REMARKS					
A-DSU SOUTH DEPORT ROAD, BLDG 860					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC OR "SEE ATTACHED" if multiple UICs			DODAAC/ACCOUNT NUMBER DODAAC or "SEE ATTACHED" if multiple DODAACs		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE CLASS IX 02 HI-PRIORITY WALK-THRU <sub>s</sub> FROM A-DSU					
REMARKS					
A-DSU SOUTH DEPORT ROAD, BLDG 860					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC or "SEE ATTACHED" if multiple UICs			DODAAC/ACCOUNT NUMBER DODAAC or "SEE ATTACHED" if multiple DODAACs		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: Request/Receive/Turn-in Serviceable/Unserviceable CL IX Repair Parts and Recons					
REMARKS					
A-DSU SOUTH DEPORT ROAD, BLDG 860					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC or "SEE ATTACHED" if multiple UICs			DODAAC/ACCOUNT NUMBER DODAAC or "SEE ATTACHED" if multiple DODAACs		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Must be O-5 or above	O-5	PHONE#	DATE		

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LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE.					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN LIS COMPUTERS & PRINTERS					
REMARKS					
BLDG 6111					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
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LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
LAST NAME, FIRST MI RANK			YES	YES	
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN LSA WARRIOR (RUBA)					
REMARKS					
BLDG 826 (SOC)					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
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LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN REGEN FACILITIES (RUFMA, Bldg 699A, wash racks and crane)					
REMARKS					
BLDG 826 (SOC)					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
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LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN TMP VEHICLES					
REMARKS					
BLDG 567					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE  UIC			DODAAC/ACCOUNT NUMBER  DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
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LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
LAST NAME, FIRST MI RANK			YES	YES	
----- NOT USED -----					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN CCN PHONES					
REMARKS					
BLDG 6111					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE  UIC			DODAAC/ACCOUNT NUMBER  DODAAC		
LAST, FIRST, MIDDLE INITIAL  Must be O-5 or above	GRADE  O-5	TELEPHONE NUMBER  PHONE#	EXPIRATION DATE  DATE	SIGNATURE	