



www.amsaa.army.mil

# Request for AMSAA Reliability Models

## Contact Information:

First Name:

Last Name:

Organization:

Job Title:

email Address:

Business Phone:

Street Address:

City:

State:

Zip:

Position Type:

\* All contractors must complete bottom section of this form.

Models Requested: (Multi Select)  
Use control/click to select more than 1

MS Office Excel Version:  
(select one)

**\* Contractor Information:** If you are a DoD contractor, you must complete the information below before we can send the models.

Contract Company:

Co. Phone #:

DoD Contract #:

Cage Code:

DoD Contract Expire Date:

Government POC Name:

Government POC Phone:

Government POC Email: