12900

Competency/Serial Number:

Date:

LOCATOR INFORMATION TRANSMITTAL

Complete this form and fax it to (843)-218-3634 (DSN 588-3634) in Charleston.

All government employees and contractors except those located at the Charleston, SC duty station must complete this form.

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFIX (LCDR, Dr.)	SUFFIX (Jr., Sr., III)

ALIAS	
	Information in the ALIAS field will replace first name and middle initial in the SSC Atlantic telephone directory (e.g., "Richard A." can be listed as "Rick A." if "Rick A." is entered in the ALIAS field.

Employee	PAY SCHEDULE/OCCUPATIONAL CODE/PAY BAND	COMPANY (If contractor)

COMPETENCY	LOCATION (Norfolk, New Orleans, etc.)	BUILDING NUMBER	ROOM NUMBER	CUBE NUMBER

OFFICE PHONE (Include area code and extension)	DNS NUMBER	FAX NUMBER	EMAIL ADDRESS

REMARKS

SIGNATURE

EMPLOYEE (Printed Name)	DATE	SIGNATURE