

Source of Support (SOS) Information Form

Submitter Information

1. Name:
2. Activity Name:
3. Activity Abbreviation:
4. Activity UIC:
5. Activity Address:

6. Activity Address Line 2:

7. City:
8. State:
9. Zip:

Primary POC Information

10. Do you have an existing preferred central point of entry for technical questions/assistance requests?
Yes No
11. If yes, please comment:

12. POC Name:
13. Activity Abbreviation:
14. Activity UIC:
15. Address if different than Line 5 above:

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16. Address 2 if different than Line 6 above:

17. City if different than Line 7 above:

18. State if different than Line 8 above:

19. Zip Code if different than Line 9 above:

20. Duty Officer's Name:

21. Duty Officer's Phone:

Alternate POC Data

22. POC Name:

23. Activity Abbreviation:

24. Activity UIC:

25. Address if different than Line 15 above:

26. Address 2 if different than Line 16 above:

27. City if different than Line 17 above:

28. State if different than Line 18 above:

29. Zip Code if different than Line 19 above:

Help Desk Information

30. Phone (Commercial):

31. Phone (DSN):

32. Phone (Toll Free):

33. FAX:

34. Email:

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35: Hours of Operation:

36: Help Desk Description:

37. Currently using Help Desk Software: Yes No

38. If you answered “yes” to line 37, identify software being used:

Program/Application Technical Information

39. Official System Program Nomenclature:

40. Acronyms and Abbreviations used by your program:

41. Program Description:

42. Program/System APL(s):

43. Program/System EIC(s):

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44. Program Website URL:

45. Website Description:

Program Information

46. Program Manager's Name:

47. Program Manger's Phone (Commercial):

48. Program Manager Activity, including address:

49. Program Manager Fax:

50. Program Manager Email: