

**NIGHT VISION AND THERMAL DEVICE
LETTER OF REQUEST (LOR) CHECKLIST**

The following information should be provided when requesting the purchase of Night Vision or Thermal Devices:

Nomenclature _____

Magnification Power, if any _____

National Stock Number or Part Number _____

Mount Required: Head Mount _____ Helmet Mount _____
If Helmet Mount, what helmet will be used?

If Aviator Goggles, what aircraft will be used? _____

If Ground Goggles, monocular or binocular goggles required?

If a Weapon Sight, what weapon will the sight be mounted on?

If Night Driver's Viewer, what vehicle will viewer be mounted on?

Training:

Operator and Organizational Maintenance ____ Yes ____ No

Direct Support / General Support ____ Yes ____ No

Training Location and within Host Country _____

Training Point of Contact within Host Country _____

Site Survey ____ Yes ____ No

Has requirement been discussed with a U.S. manufacturer's representative? ____ Yes ____ No

If yes, name of U.S. manufacturer _____

Specify any additional requirements:

