SUPPORT EQUIPMENT MISUSE/ABUSE

CNAF 4790/108 (5-12)

CONTROL NO.

FROM	TO

THE FOLLOWING INFORMATION IS SUBMITTED IN REGARDS TO A REPORT OF MISUSE/ABUSE:

PERSON WHO MISUSED/ ABUSED EQUIPMENT	NAME	RANK/RATE
	ORGANIZATION/UNIT	SE LICENSE NO.
		GOVT OPERATOR LICENSE NO.

LOCATION AND EQUIPMENT INVOLVED	LOCATION	TYPE EQUIPMENT PN/FSN	TIME
			DATE
		EQUIPMENT SERIAL NO.	JCN

NARRATIVE DESCRIPTION

PERSON CITING MISUSE/ ABUSE	NAME	RANK/RATE
	ORGANIZATION/UNIT	

WAS SE LICENSE CONFISCATED? ☐ YES ☐ NO IF YES, LICENSE IS BEING HELD BY:	REMARKS

SIGNATURE AND TITLE OF REPORTING OFFICIAL	DATE

FIRST ENDORSEMENT	DATE

FROM:

TO:

VIA:

SUBJ: MISUSE/ABUSE

1. ACTION TAKEN / RECOMMENDATIONS:

SIGNATURE AND TITLE