

# Precious Metals Recovery Program

## Equipment & Supply Request

Return completed request to: [PreciousMetalsRecoveryProgram@dla.mil](mailto:PreciousMetalsRecoveryProgram@dla.mil)

Date:

Complete Shipping Address		
Activity		
Street		
Building/Suite		
City		
State		
Zip		
DODAAC:		
POC Information		
Name		
Email Address		
Commercial Phone		
DSN		
Type of Facility: (i.e., Hospital, NDI Lab, Photo Lab, Medical Clinic, Dental Clinic, etc.)		
Have you ordered equipment or supplies through the PMRP before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Recovery Equipment		
Silver Recovery Unit in Operation Type & Manufacturer: (i.e., ARU-11, Tandem 100/200, Dual 1000/2000, Vacuum Cleaner, etc.)		
Equipment/Supplies Requested		
Quantity Requested	Item Name & Description	