

**COMSEC AIDS ITEMS REGISTER** *(Using Unit)*

For use of this form, see TB 380-41; the proponent agency is CSLA.

1. SHORT TITLE			2. NSN/MCN			3. LOCATION			4. ALC	5. ACCOUNT NO.	
EDIT/ REG	SERIAL NUMBERS		RECEIPT			DISPOSITION			DEST/ ISSUE DATE (YYYYMMDD)	DESTRUCTION CERTIFICATION	
	BEGIN	END	FROM	DATE (YYYYMMDD)	SERIAL NUMBER	TO	DATE (YYYYMMDD)	SERIAL NUMBER		1. CUSTODIAN	2. WITNESS
										1.	
										2.	
										1.	
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