DAILY REPORT OF AIR TRAFFIC CONTROL FACILITY

For use of this form, see TC 3-04.81; the proponent agency is TRADOC.

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1. DATE *(DD MMM YYYY)*	2. LOCATION	3. TYPE OF FACILITY

4. TIME *(UTC)*	5. REMARKS

I CERTIFY that the entries above have been reviewed.

NAME *(Last, first, MI)*	RANK	6. CHIEF'S SIGNATURE

DAILY REPORT OF AIR TRAFFIC CONTROL FACILITY

For use of this form, see TC 3-04.81; the proponent agency is TRADOC. *(Continued)*

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4. TIME *(UTC)*	5. REMARKS

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For use of this form, see TC 3-04.81; the proponent agency is TRADOC. *(Continued)*

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