

TRAINER DEVELOPMENT INSTRUCTION SLIP			
TO		WORK ORDER NUMBER	
<input type="checkbox"/> TECHNICAL SERVICES <input type="checkbox"/> PARTS LIST <input type="checkbox"/> BILL OF MATERIAL	<input type="checkbox"/> REQUISITION <input type="checkbox"/> FABRICATION/PRODUCTION <input type="checkbox"/> REPAIR/MAINTENANCE	DATE OF REQUEST	
		DATE REQUIRED	
FOR INFORMATION CONSULT <i>(Name and Telephone Number)</i>		DATE NOTIFIED TO PICK UP	PRIORITY
INSTRUCTIONS			
AUTHORIZATION	COMPLETION	RECEIPT	
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE	

AETC FORM 394, 20100201

Prescribed by: AETCI21-109

Supersedes AETC IMT 394, 19930801, V2

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