

# MARSHALL SPACE FLIGHT CENTER CERTIFICATION FOR LIFTING DEVICES AND EQUIPMENT

1. ITEM NAME/LOCATIONS:	2. S/N:
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3. PROJECT/PROGRAM:	4. REFERENCE DOCUMENT:
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5. INITIATED BY:	6. ORGANIZATION:	7. TELEPHONE:	8. DATE:
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9. SPECIFIED REQUIREMENTS:

10. REASON FOR REQUEST:

**11. APPROVAL SIGNATURES**

COMMENTS AND RECOMMENDATIONS:	FACILITIES AND SERVICES OFFICE (NAME/DATE):
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COMMENTS AND RECOMMENDATIONS:	PROJECT/PROGRAM OFFICE (NAME/DATE):
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COMMENTS AND RECOMMENDATIONS:	INDUSTRIAL SAFETY OFFICE (NAME/DATE):
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COMMENTS AND RECOMMENDATIONS:	LOGISTICS AND SERVICES OFFICE (NAME/DATE):
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COMMENTS AND RECOMMENDATIONS:	
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COMMENTS AND RECOMMENDATIONS:	
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