



Miami-Dade Public Safety Training Institute
 Specialized Video Production Unit
DUB Request Form



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Date Requested: _____ **Date Needed:** _____

Person Requesting: _____

Agency: _____

Contact Number(s): _____

Program Title(s) / Description: _____ **Number of Dubs:** _____

Format Requested: **DVD** VHS Mini-DV CD Other:

MDPSTI Approval:
 _____ **Date:** _____
 _____ **Date:** _____

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Specialized Video Production Unit Use ONLY

Tape Stock: Ours Theirs Other:

Master Number: _____ **Date Called for Pick Up:** _____

Date Completed: _____ **Completed By:** _____

Picked Up/Delivered By: _____	Date: _____	SVPU Employee Initials: _____
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