



Miami-Dade Sheriff's Training Center  
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:**

\_\_\_\_\_

**MDSTC 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:**

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**Date Completed:**

**Completed By:**

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<b>Picked Up/Delivered By:</b>	<b>Date:</b>	<b>SVPU Employee Initials:</b>
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