

# Support Unit

**Support Unit System Registry** Name: \_\_\_\_\_ Creator: \_\_\_\_\_ CP Spent: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Combat Data	Physical Specs		Weapons	
<b>Melee</b> _____ <b>Ranged</b> _____ <b>Unarmed</b> _____ <b>Dodge</b> _____ <b>Deflect</b> _____ <b>Combat Analysis</b> _____	<b>STRUCTURE</b> Capacity _____ Damage Taken <input type="text"/> _____ <b>CORE</b> Capacity _____ Damage Taken <input type="text"/> _____	<b>ABILITIES</b> Level CD Threshold _____ <input type="checkbox"/> _____ Shield _____ <input type="checkbox"/> _____ Structure Armor _____ <input type="checkbox"/> _____ Core Armor _____	<b>WEAPON 1</b> Name _____ Type _____ Power Level _____ <input type="checkbox"/> Range _____ <input type="checkbox"/> Element _____ Enhancements _____ <input type="checkbox"/> Drawbacks _____ Description _____ _____ _____	<b>WEAPON 2</b> Name _____ Type _____ Power Level _____ <input type="checkbox"/> Range _____ <input type="checkbox"/> Element _____ Enhancements _____ <input type="checkbox"/> Drawbacks _____ Description _____ _____ _____
Skills	Upgrades			
Name _____ Level _____ _____ _____ _____ _____	<b>GENERAL</b> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <b>BODY</b> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <b>WEAPON</b> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>			
Quirks				
Name/Description _____ _____ _____ _____				

# Exosuit

**Exosuit System Registry** Name: \_\_\_\_\_ Creator: \_\_\_\_\_ CP Spent: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Level

Upgrades	Physical Specs		ABILITIES	
_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	<b>STRUCTURE</b> Capacity _____ Damage Taken <input type="text"/> _____ <b>CORE</b> Capacity _____ Damage Taken <input type="text"/> _____	<b>Handheld Shield</b> _____ <input type="checkbox"/> <b>Structure Armor</b> _____ <input type="checkbox"/> <b>Core Armor</b> _____ <input type="checkbox"/>		