

TRAINING SUPPORT REQUEST

DATE SUBMITTED: _____

INSTRUCTIONS: This form will be used to request training support at Fort Gordon for Reserve Component units. Unit commanders must review each item below and complete those items applicable to their need for support. If an item is not applicable, check the NOT APPLICABLE block. This form should also be used as a checklist to ensure that all possible needs and support are considered.

SUBMISSION: Submit this form to the Directorate of Plans, Training and Mobilization, Reserve Component Support, ATZH-DPC, Fort Gordon, GA 30905-5120.

1. UNIT IDENTIFICATION AND ADDRESS (FILL IN EACH ITEM):

Unit Name/Number _____
UIC _____ Unit Address: _____
Branch _____
Component _____
Major Command _____

2. TRAINING DATES (USE MAIN BODY ARRIVAL AND DEPARTURE DATES):

Arrival Date (YYMMDD): _____ Departure Date (YYMMDD): _____

3. TYPE TRAINING PLAN (CHECK ONE OR MORE BLOCKS AS APPROPRIATE):

a. Annual Training (AT): Unit/Field Training AT Evaluator Required
 MOS Training Other _____

b. Inactive Duty Training (IDT): Unit/Field Training AWO
 MOS Training Other _____

4. ADVANCE PARTY:

a. Arrival Date (YYMMDD) and Time: _____
 Male Female

b. Number of Personnel: _____ Officer(s)
Senior NCO(s)
E6 and Below

c. Arrival Transportation: Military Vehicle POV Bus Air

5. MAIN BODY:

a. Arrival Date (YYMMDD) and Time: _____
 Male Female

b. Number of Personnel: _____ Officer(s)
Senior NCO(s)
E6 and Below

c. Arrival Transportation: Military Vehicle POV Bus Air

6. FACILITIES:

a. Billets Required: _____

b. Administrative Space Required: _____

c. Dining Facility Required: _____

7. EQUIPMENT:

Prior to requesting assistance, all organic assets from the unit and higher headquarters must be utilized. Once all organic assets have been exhausted, then assistance may be requested. Equipment required from Fort Gordon that is not mentioned on this form should be submitted on FORSCOM Form 1 56-R and should read ATZH-DPC NLT 90 days prior to the training. Each level of Reserve Component Command must fill as many of the requirements as possible before the form reaches ATZH-DPC.

NOTES: See comment in paragraph 7 above for TO&E units. Name, Rank, and SSN of individual(s) picking up weapons and masks will be submitted.

8. WEAPONS REQUIRED (FILL IN THE NUMBER REQUIRED):

- M16A1 RIFLE _____
- 45 CALIBER PISTOL _____
- M60 MACHINE GUN _____
- M203 GRENADE LAUNCHER _____
- M1 6A1 BLANK ADAPTER _____
- M60 BLANK ADAPTER _____
- M16A1 CLEANING KIT _____
- M60 CLEANING KIT _____
- M 1 6 MAGAZINE _____
- 45 CALIBER MAGAZINE _____

NOT APPLICABLE

NOTE- This paragraph and paragraph 9 are NOT APPLICABLE to TO&E units that have weapons and protective masks assigned to them. Such units must bring their own weapons and masks.

9. PROTECTIVE MASKS (FILL IN THE NUMBER REQUIRED):

NOT APPLICABLE

PROTECTIVE MASK _____

10. AMMUNITION FORECAST/REQUISITION:

FORMS USED: DA Form 581, Request for Issue/Turn-In of Ammunition
DA Form 5514-R, Ammo Forecast
DA Form 1 687, Authorization of Authority

a. Ammunition forecasting will be completed by submitting DA Form 5514-R to arrive at - Range Control NLT 1 October of each year. The forecast must be addressed to ATZH-DPP.

b. Requisitions of ammunition and explosives will be submitted on DA Form 581 in six (6) copies to addressee above, to arrive NLT 90 days prior to firing.

c. Only those individuals listed on a valid DA Form 1 687 will be allowed to receipt for ammunition and explosives. DA Form 1687 will be submitted along with DA Form 581

d. In addition to those items listed above, units must furnish a copy of Assumption of Command Orders and orders appointing a Property Book Officer.

e. If ammo is to be stored overnight, it must be stored at Training Area #25 (Range Control Ammunition Storage Point (ASP)) with guards posted. This requirement must be coordinated through DPTM Security, Range Control DSN 780-5008 or 706-791-5008.

11. TELEPHONE SERVICE: Class A telephone service is provided in administrative areas. Class C telephone service is provided in billeting areas

12. FIELD TRAINING AREAS REQUIRED (FILL IN TRAINING AREA NUMBER AND DATE/HOURS NEEDED):

NOT APPLICABLE

| TRAINING AREA # | FROM (YYMMDD) | TO (YYMMDD) | START TIME | END TIME |
|-----------------|---------------|-------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. BIVOUAC AREA (FILL IN TRAINING AREA NUMBER AND COORDINATES FOR CP LOCATION):

| TRAINING AREA # | COORDINATES |
|-----------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |

14. FIRING RANGES REQUIRED:

NOT APPLICABLE

| a. RANGE# | TYPE OF RANGE | FROM (YYMMDD) | TO (YYMMDD) | START TIME | END TIME |
|-----------|--|---------------|-------------|------------|----------|
| 1 | 25MM ZERO | | | | |
| 2 | 9MM PISTOL | | | | |
| 4 | KNOWN DISTANCE RIFLE | | | | |
| 5 | 40MM QUALIFYING | | | | |
| 6 | RECORD FIRE COMPUTER/NIGHT FIRE | | | | |
| 7 | 25MM ZERO | | | | |
| 8 | 25MM ZERO | | | | |
| 9 | RECORD FIRE | | | | |
| 10 | MP SKILL | | | | |
| 11 | RECORD FIRE | | | | |
| 13 | HAND GRENADE | | | | |
| 14 | M60 MACHINE/SAW | | | | |
| 15 | 40MM GRENADE LAUNCH (HE/PRACTICE) | | | | |
| 16 | 50 CALIBER, MARK 19, MSO FAM, LAW HELICOPTER AIRCRAFT, RANGE - FAM | | | | |

b Type of weapon: _____

c. Number of personnel to fire: Zero _____ Record _____ Other _____

d. Is small arms maintenance required for range firing after normal duty hours or on weekends? YES NO

15. PORTABLE TOILETS REQUIRED: NOT APPLICABLE

| NUMBER OF PERSONNEL | TRAINING AREA # | COORDINATES | FROM (YYMMDD) | TO (YYMMDD) |
|---------------------|-----------------|-------------|---------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

16. TRANSPORTATION SUPPORT REQUIRED (FILL IN AS NEEDED): NOT APPLICABLE

| VEHICLE TYPE (GSA ONLY) | FROM (YYMMDD) | TO (YYMMDD) | PICK-UP TIME | RETURN TIME |
|-------------------------|---------------|-------------|--------------|-------------|
| Sedan | _____ | _____ | _____ | _____ |
| Pick-Up Truck | _____ | _____ | _____ | _____ |
| 1 5 Passenger Van | _____ | _____ | _____ | _____ |
| 1 2 Passenger Van | _____ | _____ | _____ | _____ |
| 8 Passenger Van | _____ | _____ | _____ | _____ |
| Bus - 45 Passenger | _____ | _____ | _____ | _____ |

17. FOOD SERVICES REQUIRED: NOT APPLICABLE

a. Will the unit operate it's own dining facilities? YES NO

Dates of Operation: From (YYMMDD): _____ To (YYMMDD): _____

b. Will the unit provide cooks as needed without operating the dining facilities? YES NO

Dates the Cooks Will Be Available: From (YYMMDD): _____ To (YYMMDD): _____

C. Will the unit need to eat at one of the existing post dining facilities? YES NO
(Please indicate which type of meals are required for each date.)

| NUMBER OF PERSONNEL | BREAKFAST | LUNCH | DINNER | DATE(S) REQUESTED (YYMMDD) |
|---------------------|-----------|-------|--------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

18. TRAINING (FILL IN AS APPLICABLE):

NOT APPLICABLE

a. Exercise Schedule/Dates: _____ FROM (YYMMDD) _____ TO (YYMMDD)

Location: _____

Oposing Forces Participating: YES NO

b. Security Clearance Verification: Units needing classified instruction or other requirement for cleared individuals must submit their roster of unit members and their clearance as authenticated by their commander to ATZH-DPC NLT 30 days prior to training.

c. Type of Equipment in Unit: _____

(NOTE: VEHICLE STORAGE AREAS ARE NOT AVAILABLE.)

d. POC to Coordinate Training: _____

19. NBC TRAINING (CHECK ONE OR MORE AS APPROPRIATE):

NOT APPLICABLE

| TYPE OF TRAINING | FROM (YYMMDD) | TO (YYMMDD) | NUMBER OF PEOPLE |
|------------------|---------------|-------------|------------------|
| Chamber Exercise | _____ | _____ | _____ |
| MORP Exercise | _____ | _____ | _____ |
| Other (Explain) | _____ | _____ | _____ |

20. MOS TRAINING: (Indicate the type of MOS Training to be taught at Fort Gordon. If the task number is not known, write in the task title.)

NOT APPLICABLE

a. Type: Initial Training Familiarization

b. Training Schedule/Dates: _____ FROM (YYMMDD) _____ TO (YYMMDD)

| MOS TO BE TAUGHT | SOT TASK NUMBERS TO BE TAUGHT | # OF STUDENTS | INSTRUCTOR FROM UNIT | SCHOOL |
|------------------|-------------------------------|---------------|----------------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

21. SPECIAL TRAINING/EQUIPMENT:

NOT APPLICABLE

a. Stop Watches Needed _____

b. Road Guard Vests Needed _____

c. Flashlights Needed _____

d. Special Training:

| TYPE | DATE (YYMMDD) | START TIME | END TIME | NUMBER OF PEOPLE |
|------------------------|---------------|------------|----------|------------------|
| Rappeling | _____ | _____ | _____ | _____ |
| Obstacle Course | _____ | _____ | _____ | _____ |
| Confidence Course | _____ | _____ | _____ | _____ |
| Parcourse (PT) | _____ | _____ | _____ | _____ |
| Land Navigation Course | _____ | _____ | _____ | _____ |
| PT Field | _____ | _____ | _____ | _____ |
| Other (Explain) | _____ | _____ | _____ | _____ |

22. AVIATION SUPPORT REQUIRED:

NOT APPLICABLE

| TYPE OF MISSION | TYPE OF AIRCRAFT | DESTINATION | DATE (YYMMDD) | TIME | PAX |
|-----------------|------------------|-------------|---------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

23. TRAINING AIDS/AUDIO VISUAL AIDS REQUIRED:

NOT APPLICABLE

| TYPE OF EQUIPMENT | FROM (YYMMDD) | TO (YYMMDD) |
|-------------------|---------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

24. RADIO FREQUENCIES REQUIRED:

NOT APPLICABLE

| TYPE | TYPE OF EQUIPMENT | NUMBER REQUIRED | FROM (YYMMDD) | TO (YYMMDD) |
|------|-------------------|-----------------|---------------|-------------|
| AM | _____ | _____ | _____ | _____ |
| FM | _____ | _____ | _____ | _____ |

25. ARE FORT GORDON MILITARY INSTALLATION MAPS REQUIRED? YES NO

26. DS/GS MAINTENANCE SERVICES: MAINTENANCE SERVICE IS PROVIDED BY THE DIRECTORATE OF PUBLIC WORKS (DPW), FORT GORDON. A MIPR MUST BE IN PLACE PROVIDING FUNDING FOR THIS SUPPORT.

27. POST FACILITIES: If the unit is not normally authorized use of on-post facilities (such groups include ROTC Detachments, Boy Scouts, etc.), request authorization below.

| <u>TYPE OF FACILITIES</u> | <u>FROM (YYMMDD)</u> | <u>TO (YYMMDD)</u> | <u>NUMBER OF PEOPLE</u> |
|---------------------------|----------------------|--------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

28. ADDITIONAL REQUIREMENTS/COMMENTS:

29. DESIGNATED POINT OF CONTACT:

a. NAME: _____

b. POSITION: _____

c. TELEPHONE: _____ DSN _____ COMMERCIAL _____

30. AUTHENTICATION (THIS FORM MUST BE AUTHENTICATED BY AN AUTHORIZED UNIT SIGNATURE):

a. SIGNATURE: _____

b. NAME: _____

c. RANK: _____

d. TITLE: _____

e. TELEPHONE: _____ DSN _____ COMMERCIAL _____

PLEASE COMPLETE THE SUPPLEMENTAL ADDITIONAL INFORMATION ON PAGE 8 OF THIS FORM. THAT INFORMATION WILL ASSIST US IN SENDING INFORMATION AND CONTACTING VARIOUS INDIVIDUALS OF YOUR UNIT REGARDING ANNUAL TRAINING AT FORT GORDON, GEORGIA.

SUPPLEMENTAL ADDITIONAL INFORMATION FOR TRAINING SUPPORT REQUEST

INSTRUCTIONS: The information requested below will assist us in sending information (such as welcome letters, etc.) and in contacting various individuals of your unit regarding annual training at Fort Gordon, Georgia. Please do NOT give personal or civilian work numbers or addresses.

1. UNIT COMMANDER (BRIGADE, BATTALION, COMPANY, OR GROUP COMMANDER):

a. COMMANDER (NAME/RANK): _____

b. TITLE: _____

c. UNIT: _____

d. UNIT MAILING ADDRESS: _____

e. TELEPHONE: _____ DSN _____ COMMERCIAL

2. S3:

a. POC (NAME/RANK): _____

b. TELEPHONE: _____ DSN _____ COMMERCIAL

3. S4:

a. POC (NAME/RANK): _____

b. TELEPHONE: _____ DSN _____ COMMERCIAL

4. UNIT:

TELEPHONE: _____ DSN _____ COMMERCIAL

5. COMMENTS: