

# FORT SILL-TRAINING SUPPORT FORM v4

**Instructions:** This form will be used by all branches of services, military or civilian, JROTC/ROTC, DOD and federal agencies to request training resource, facility and life support asset on Fort Sill. Unit leaders must carefully review each section below and complete those items applicable to their training mission or operation. This form will be used as a checklist to ensure training resource are forecasted, tracked and supported. Item not identified on this form will not be supported unless a change is submitted.

Please fill out this form in **BOLD RED** lettering. If an item is not applicable, double check the NOT APPLICABLE block and select checked. If training asset requires a cost we will notify unit with a cost estimate. Please note that funding must be received by budget analyst prior to service or support being rendered, otherwise we reserve the rights to cancel support.

**Submission:** Once completed, please e-mail form to [alexander.cruz3.civ@mail.mil](mailto:alexander.cruz3.civ@mail.mil) or [spencer.bryant.civ@mail.mil](mailto:spencer.bryant.civ@mail.mil) for verification and staffing. If necessary, we may also schedule unit planning meeting or develop site visit itinerary in order to support unit training mission.

To obtain an electronic copy of this form please contact Mr. Alex Cruz, (580) 442-1844, or Mr. Spencer Bryant, (580) 558-0944, or write to Directorate of Plans, Training, Mobilization & Security (DPTMS) Mobilization Branch, Bldg. 455, ATTN: IMSI-PLO, Fort Sill, OK 73503-9016.

**DATE:**

1. UNIT IDENTIFICATION AND ADDRESS:	
UNIT DESIGNATION:	UNIT MAILING ADDRESS:
UIC:	
BRANCH:	
COMPONENT:	
MAJOR COMMAND:	

2. TRAINING DATES: Use Main Body Dates (DD MMM YY)(i.e. 25 JAN 11)				
Arrival Date	Arrival Time	Departure Date	Departure Time	Facilities Clearance Time

3. TYPE OF TRAINING PLANNED: (Check one or more as appropriate)	
a. <input type="checkbox"/> Unit Field Training LFX/FTX/STX	e. <input type="checkbox"/> Equipment Demonstration/Experiments
b. <input type="checkbox"/> Annual Weapons Qualification	f. <input type="checkbox"/> ROTC/JROTC Leadership Training /Visit
c. <input type="checkbox"/> Inactive Duty Training - MOS Training	g. <input type="checkbox"/> Other:
d. <input type="checkbox"/> Joint Exercise Event	

4. ADVANCE PARTY INFORMATION:								
		# Officers		# Senior NCOs		# E6 & Below		
Arrival Date	Arrival Time	M	F	M	F	M	F	Total

5. MAIN PARTY INFORMATION:								
		# Officers		# Senior NCOs		# E6 & Below		
Arrival Date	Arrival Time	M	F	M	F	M	F	Total

6. ARRIVAL TRANSPORTATION INFORMATION: (Check one or more as appropriate)					
	Mil Vehicle	Bus	Air	POV	Other (specify)
Advance Party					
Main Party					

For DPTMS Administrative Use Only: Lodging # _____ DFAC Location _____
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7. PURPOSE FOR TRAINING AT FORT SILL: (DPTMS)	MANDATORY INFO
a. What is the unit's mission?	
b. What is your commander's intent?	
c. What is the unit's goal or end state?	
<b>8. SCHEDULED TRAINING EVENTS: (DPTMS)</b>	<input type="checkbox"/> Not applicable
a. Training Exercise / Event Name:	
b. Actual Dates of Exercise Event:	
c. Location:	
d. POC for Training Exercise/Event:	
e. Higher Headquarters for Training Exercise/Event:	
f. Will Opposing Forces be participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Type of Equipment being utilized during Training Exercise/Event:	
h. Brief Description of Training Exercise/Event:	
a. Training Exercise / Event Name:	
b. Actual Dates of Exercise Event:	
c. Location:	
d. POC for Training Exercise/Event:	
e. Higher Headquarters for Training Exercise/Event:	
f. Will Opposing Forces be participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Type of Equipment being utilized during Training Exercise/Event:	
h. Brief Description of Training Exercise/Event:	

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<b>9. RANGES REQUIRED: (DPTMS)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>					
<small>Note: Units conducting range firing at Fort Sill will comply with the provisions of FS Regulation 385-1. Units may use Appendix B for a complete listing availability of ranges and characteristics. Units are also encouraged to visit the <b>Range Control Office located in Bldg 2584 on NW Currie Road. Normal duty hours are 0730-1600 M-F.</b></small>					
a. Number of Personnel to Fire ( <b>Per range</b> ):					
b. Zero:          Record:          Other:					
b. Is small arms maintenance required for Range Firing after normal duty hours or weekend? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Range #	Type	From (DD MMM YY)	To (DD MMM YY)	Start Time	End Time

<b>10. FIELD TRAINING AREAS REQUIRED: (DPTMS)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>				
Training Area #	From (DD MMM YY)	To (DD MMM YY)	Start Time	End Time

<b>11. BIVOUAC AREA REQUIRED: (DPTMS)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>					
Training Area #	From (DD MMM YY)	To (DD MMM YY)	Start Time	End Time	Coordinates

<b>12. AIRFIELD/AIRSPACE/AIRSPACE FACILITIES/REQUIREMENT: (DPTMS)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>			
Type of Support	From (DD MMM YY)	To (DD MMM YY)	Reason

<b>13. PORTABLE TOILETS (PORT-O-LETS) REQUESTED:</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>				
<small>For Portable Latrine support units must contact Big Bob's (580) 355-1900 or ARA (580) 355-1539</small>				
Training Area	From (DD MMM YY)	To (DD MMM YY)	Coordinates	# Requested

<b>14. ENVIRONMENTAL REQUIREMENTS: (DPW)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>	
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Coordinates and a brief description of the proposed training should be provided to the Fort Sill Environmental Quality Division Support Branch (Bldg 2930), Phone: (580) 442-2849.

Training Event Cleared 30 Days Out:  Yes  No

Date Cleared: (DD MMM YY)

Name and Phone of Person Clearing Event:

**15. AMMUNITION FORECAST/REQUISITION: (DPTMS)**  Not applicable

Determination of Training Ammunition requirements based on data in DA PAM 350-38 and projected training events such as crew served weapons qualification. Units must have Ammunition Forecast loaded in TAMIS and must be approved by unit higher ACOM. Requisitions of ammunition and explosives will be submitted on DA Form 581 in four (4) copies to arrive NLT 90 days prior to firing. Only those individuals listed on a valid DA Form 1687 will be allowed to receipt for ammunition and explosives. DA Form 1687 will be submitted along with DA Form 581. In addition to those items listed above, units must furnish a copy of Assumption of Command Orders and orders appointing a Property Book Officer. The **Fort Sill Ammunition Manager is located at Bldg 455, Phone: (580) 442-3403/1844.**

**DOCUMENT # for Ammunition Draw** \_\_\_\_\_, **Date of Pickup** \_\_\_\_\_.

**16. TRAINING SUPPORT CENTER REQUIREMENT: (DPTMS)**  Not applicable

Training Aids, Devices, Simulators and Simulations (TADSS) and Graphic Training Aids (GTA). All units requesting aids or support are required to contact TSC at (580) 442-6901.

TADSS/GTA Required?  Yes  No

If yes, TSC Account established (FS Regulation 350-6)?  Yes  No

Training Device/GTA Number	Description	Quantity

Training certified Instructor/Operator available?  Yes  No

If no, training requested from TSC?  Yes  No

Simulator Support (EST 2000, CFFT, HEAT) Required?  Yes  No

Proposed Schedule provided to TSC?  Yes  No

**17. WEAPONS REQUIRED: (DPTMS)**  Not applicable

*Please note a FS Form 104 is required for requesting weapons at Weapon's Pool.*

Wpn Nomenclature	Quantity	Pick up Date/Time	Turn-in Date/Time	Remarks

**18. BILLETING, FACILITIES & EQUIPMENT: (DPW)**  Not applicable

**NOTE:** Fort Sill has limited barrack space available; therefore, units should use organic asset in their inventory to support major training event. Billets when available on a priority basis starting with Mobilized/Demobilized units, etc. After request is approved unit should contact DPW Housing at (580) 512-6662/6663 or (580) 458-9435 to schedule inventory date.

a. Type of Orders?

b. Billeting Required:  Yes  No

c. Administrative Space Required:  Yes  No

d. Arms Room Required:  Yes  No

e. Motor Pool Required:  Yes  No

f. Others: Explain  Yes  No

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<b>19. FOOD SERVICES (AR 30-22) REQUIRED: (DOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>					
<small>NOTE: Food Service requests must be submitted NLT 5 business days prior to rendering services.</small>					
a. Will unit have Field Kitchen Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Dates of Operation: From:			To:		
Will TISA support be required for ordering of field kitchen rations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will TISA support be required for additional ice in excess of allotment per meal? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<small>**Unit is required to establish a TISA account (DA FORM 1687's and Assumption of Command orders)</small>					
b. Will unit be dining at Installation Dining Facilities (DFAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Dates Support Required: From:			To:		
c. Will unit be in a TDY status: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If yes: see (f) below for meal rates associated with meal costs.</b>					
d. Will unit require support from Dining Facilities for Field Feeding (Mermite)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Dates Support Required: From:			To:		
Does unit have Food Containers to Support/Transport of Mermite meals? <input type="checkbox"/> Yes <input type="checkbox"/> No					
e. Will unit require Shelf Stable/box lunches? <input type="checkbox"/> Yes <input type="checkbox"/> No MRE's? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Unit required to establish a TISA account for this (DA FORM 1687's and Assumption of Command orders)					
<small>NOTE: ROTC, JROTC, Civilian affiliated units and personnel receiving BAS, are required to pay the appropriate meal rate for their meals. (Current CY12 Rates are: Breakfast \$2.45, Lunch \$4.55, Dinner \$4.55). This <b>MUST</b> be brought to the DFAC in the form of either <b>CASH</b> or <b>CHECK</b> (payable to: DEPARTMENT OF TREASURY) only, MIPR's are not allowed.</small>					
<b>g. If you answered yes to any of the above please fill in appropriate information below.</b>					
<small>Note: If requesting Box/Shelf Stable, or MRE's please provide information as to which meal is being substituted.</small>					
Type of Support	Breakfast	Lunch	Dinner	Number of Personnel	Date(s) Requested

<b>20. TRANSPORTATION SUPPORT REQUIRED: (DOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>			
<small>Note: FS Form 833 and bus schedule is required if requesting troop movement.</small>			
<small>This resource will only be available if unit places a MIPR through DOL Budget Analysis after receiving a cost estimate. Remember any accidents/damage to vehicles will be charged to using unit. Most types of Non-Tactical Vehicles, i.e. sedans, vans, pick-ups, buses w/ driver, can be available, however tactical vehicle requests should be directed to AMC at (580) 442-4178.</small>			
a. Vehicle Type	Quantity	From (DD MMM YY)	To (DD MMM YY)
b. <b>Freight</b> – Will unit be utilizing freight/cargo services (i.e. line haul or rail) for either inbound or outbound cargo to/from Fort Sill? <input type="checkbox"/> Yes <input type="checkbox"/> No			
– Will sensitive items be shipped (i.e. weapons systems, small arms, special munitions, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please contact Transportation Traffic Manager at (580) 442-6612 for inbound/outbound coordination.			
c. <b>Passengers</b> – Will commercial transportation (commercial bus, air) assistance be required <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>If yes, a Commercial Transportation Request and schedule is required.</small>			
Number of Pax? _____	Mode Of Travel? _____	Round Trip or One – Way? _____	

<b>21. AMMUNITION SUPPLY POINT: (DOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>
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a. Are Special Munitions and/or ammunition requiring special handling or storage being shipped to Fort Sill? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe munitions and handling/storage process (include estimated arrival date)
b. Is unit aware DD Form 1687 (Signature Card) is required before drawing ammunition from Fort Sill ASP? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is unit aware that all personnel must have current Fort Sill ASP Ammunition Handlers Card prior to accessing ASP. <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is unit aware all vehicles entering ASP are subject to safety inspection (including proper markings prior to ammo pick-up)? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is unit requesting use of Fort Sill's Ammunition Holding Area (AHA) for after hour access to ammunition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicates dates requested to use AHA

<b>22. SUPPLY SUPPORT ACTIVITY: (DOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>
a. Does the unit require SSA support? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Will the unit utilize Base Supply Store (Beacon Express) <input type="checkbox"/> Yes (GPC Required) <input type="checkbox"/> No If Yes and there are specific items unit requires to be stocked, submit NSN item listing and quantities

<b>23. MAINTENANCE: (DOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>
a. Does the unit require Tactical Vehicle Repair or anticipate Vehicle Recovery or Emergency Vehicle Repair? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>24. WASH RACK: (DPW)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>
a. Does the unit require the use of the Tactical Vehicle Wash Rack? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>25. IT SUPPORT REQUIRED: (GARRISON)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>			
Type of Equipment	Quantity	From (DD MMM YY)	To (DD MMM YY)

<b>26. VIP VISITATION: (Colonel and above) (PROTOCOL)</b> <span style="float: right;"><input type="checkbox"/> Not applicable</span>				
Please fill out Annex C in External Unit SOP or contact Protocol at (580) 442-6038.				
a. Will unit be visited by VIP during Training Exercise on Fort Sill? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Who is the POC? Name and number of POC:				
c. Lead agency for escort?				
Dates (DD MMM YY)	Name	Rank	Position Title	Unit/Organization

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<b>27. COMMAND TEAM AT FORT SILL:</b>	<b>(All Information below must be provided)</b>
a. Unit Commander (Name, Rank, Title):	
Contact Number(s):	Cell Number(s):
E-mail Address:	
b. Unit Senior NCO POC (Name, Rank, Title):	
Contact Number(s):	Cell Number(s):
E-mail Address:	
c. Unit Administration POC (Name, Rank, Title):	
Contact Number(s):	Cell Number(s):
E-mail Address:	

<b>28. BUDGET CONTACT (MANDATORY):</b>			
Please provide the following information. This will assist Fort Sill RMO and Agencies in determining funding requirements.			
a. Name of Budget Analyst:			
b. Position Title:			
c. Office Telephone Number(s): (Area Code):		COMM:	DSN:
			FAX:
d. Alternate Telephone Number(s):			
e. E-mail address:			

<b>29. AUTHENTICATION:</b>			
Please provide the following information. This will assist DPTMS, Plans and Ops in communicating and sending information to units requesting assistance.			
a. Name of Person submitting FS-TSF:			
b. Rank/Grade:			
c. Position Title:			
d. Office Telephone Number(s): (Area Code):		COMM:	DSN:
			FAX:
e. Alternate Telephone Number(s):			
f. E-mail address:			

<b>30. SCHEDULE MEETING WITH FORT SILL: (DPTMS)</b>			
Units are required to schedule an IPR telephonic or in person with Mr. Cruz before their arrival to Fort Sill to ensure all requested support are finalized - please call (580)442-1844 for your initial planning meeting.			
a. IPR Scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?
c. MPC Scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?
c. FPC Scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?