

# EXTERNAL UNIT SUPPORT REQUEST

For use of this form, see memo, HQ USAARMC, ATZK-PTO-BU, 6 May 00, sub: External Unit Support Request

<b>TO:</b> Commander USAARMC and Fort Knox ATTN: ATZK-PTO-BU Bldg. No. 1477 Fort Knox, KY 40121-5000	<b>FROM:</b>	<b>MUSARC/STATE:</b>	<b>TOTAL OFF:</b>	<b>TOTAL ENL:</b>
		<b>UNIT CDR:</b>	<b>ARRIVE DATES</b>	<b>DEPART DATES</b>
		<b>UNIT POC/PHONE #:</b>	<b>ADVANCED:</b>	<b>MAIN BODY:</b>
	<b>UIC:</b>	<b>BUDGET POC/PHONE/FAX OR EMAIL:</b>		<b>MAIN BODY:</b>

**1. RANGE REQUIREMENTS:** Use Block 32 of this form to request target supplies support for M1/M1A1, M2/M3, and M2 machinegun range firing.

RANGE	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END TIME	# OF FIRERS	LIST BELOW THE NOMENCLATURE OF VEHICLES ON RANGES, IN TRAINING AREAS AND FIRING POINTS:	

**2. TRAINING AREA REQUIREMENTS:** List all pyro by its nomenclature; use Block 32 if you need more space.

TRAINING AREA	WEAPON	BLANK/PYRO	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS

**3. FIRING POINTS REQUIREMENTS:**

FIRING POINT	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS

**4. BIVOUAC SITE REQUIREMENTS:** No track or wheel vehicles over 2 1/2 tons. No tactical training or use of pyro. Strictly admin only.

BIVOUAC SITE	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS	AMMO, WEAPONS AND PYRO MAY BE STORED INSIDE OF BIVOUAC SITE; PLEASE INDICATE IF SO, USE BLOCK 32 OF THIS FORM TO LIST ITEMS.	

  

5. RANGE SAFETY CERTIFICATION CLASS: <i>Briefings held at 0900, Mon and Fri, weekly. Submit roster with Name, Rank, &amp; SSN</i>	DATE	# OF PERS	DATE	# OF PERS





**17. SIMULATION REQUIREMENTS:** *(Indicate start and end time per each date, please no block times)*

TYPE OF SIMULATOR	# REQUIRED	FROM DATE/TIME	TO DATE/TIME	# OF PERS	# OF I/O'S	OC TM Yes or No	OPERATING HOURS OF SIMULATORS:
							<b>CCTT</b> Mon-Fri 0800-1600 Weekends: Fri 1800-2200 Sat 0800-2400 Sun 0800-1200
							<b>MWSTC</b> Mon-Fri 0800-1600 Weekends: Fri 1800-2300 Sat 0700-2400 Sun 0800-1600
							<b>M1/M1A1/PGT COFT</b> Mon-Sun 0800-2100
							<b>M3 COFT</b> Mon-Fri 0800-2100 Sat 8 hrs per day Sun 8 hrs per day <i>NOTE: No I/O support for M3 COFT.</i>
							<b>TDS</b> Sat 0800-1600 Sun 0800-1600
							<b>BBS and JANUS</b> Daily 0800-1600

18. HET VEHICLE SUPPORT: *Transport track vehicle TO and FROM ranges and training areas. Submit HET Request Form.* YES  NO

19. FUEL: *DD Form 448 must be received by DRM before training. Estimate # of Gals.* DIESEL:  JP 8:

20. MILES EQUIPMENT REQUESTED: *Submit FK FORM 5047-R-E, JAN 00.* YES  NO

21. LAUNDRY - FORT KNOX BED LINENS: YES  NO  Contact G3/DPTM RCSS at (502)624-4227 or DSN 464-4227

22. CUSTOMER-OWNED EQUIPMENT DS/GS MAINTENANCE: YES  NO  Contact DBOS Maintenance at (502)624-7875 or DSN 464-7875

23. BARRACKS CLEANING SUPPLIES REQUIRED: YES  NO  Contact G3/DPTM RCSS at (502)624-4227 or DSN 464-4227

24. GENERAL OFFICE SUPPLIES REQUIRED: YES  NO  Contact G3/DPTM RCSS at (502)624-5953 or DSN 464-5953

25. TRAINING AIDES - SPECIAL REQUIREMENTS: YES  NO  Contact G3/DPTM RCSS at (502)624-5953 or DSN 464-5953

26. ICE: YES  NO  *Unit must register DODAAC with TISA, submit Signature Cards and DA Form 3161.*

**27. OFFICE EQUIPMENT REQUIREMENTS:**

EQUIPMENT REQUIRED	QTY	FROM/TO DATE	MEMORANDUM TO RCSS NLT 30 DAYS PRIOR TO TRAINING DATE. CONTACT G3/DPTM RCSS AT (502) 624-5953 OR DSN 464-5953

28. MEDICAL SUPPLIES: YES  NO  Contact MEDDAC Supply at (502)624-9376 or DSN 464-9376

29. AUDIO VISUAL EQUIPMENT: YES  NO  Contact RCSS at (502)624-5953 or DSN 464-5953

<b>30. COMMUNICATIONS SERVICES - LONG DISTANCE:</b> <b>ADDITIONAL PHONE LINES REQUIRED:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact RCSS at (502)624-5953 or DSN 464-5953
<b>31. POSTAL SERVICES:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact DOIM Postal at (502)624-1349 or DSN 464-1349
<b>32. OTHER: Use this block to provide additional information on any of the subjects listed on this form.</b>		

<b>33. USAR</b> <input type="checkbox"/>	<b>ARNG</b> <input type="checkbox"/>	<b>ACTIVE COMPONENT</b> <input type="checkbox"/>	<b>USNR</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>	<b>STATUS: AT</b> <input type="checkbox"/>	<b>IDT</b> <input type="checkbox"/>
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