

<b>REQUEST FOR TRAINING SUPPORT COORDINATION</b> (For use of this form see FL Regulation 135-1)						DATE:							
FROM:				THRU:				TO: <b>DPTMS – Training Support Branch</b> <b>JBLM, WA 98433</b>					
1. TRAINING DATES:						2. TRAINING SITE:		<input type="checkbox"/> JBLM FOR YTC USE TFSR					
3. UNIT POC						4. ALTERNATE POC							
UNIT TELEPHONE						ALTERNATE TELEPHONE							
5. PERSONNEL STRENGTH:		ADVANCE PARTY		MAIN PARTY		REAR PARTY							
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE						
6. SCHEDULE: Arrival Date: Departure Date:		ARRIVAL		ARRIVAL	DEPARTURE	DEPARTURE							
7. FACILITIES/BUILDINGS REQUIRED:				8. FOOD SERVICE/RATIONS/MESSING:									
TYPE		QUANTITY		UNIT TO OPERATE DINNING FACILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO									
ORDERLY ROOM				DATE	MEALS			FIELD/GARRISON		STRENGTH			
SUPPLY ROOM					B	L	D	F	G	INDIVIDUALS			
MOTOR POOL													
DINNING FACILITY													
BARRACKS, MALE													
BARRACKS, FEMALE													
CLASSROOM													
9. DA Form 1687		<input type="checkbox"/> YES <input type="checkbox"/> NO		Transportation		<input type="checkbox"/> YES <input type="checkbox"/> NO		Training Area/Ranges		<input type="checkbox"/> YES <input type="checkbox"/> NO			
CHECKLIST: Swimming Pool		<input type="checkbox"/> YES <input type="checkbox"/> NO		Gym		<input type="checkbox"/> YES <input type="checkbox"/> NO		Training Ammo		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Range Communications		<input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Support		<input type="checkbox"/> YES <input type="checkbox"/> NO		Chemical Latrines		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Sign for Barracks		<input type="checkbox"/> YES <input type="checkbox"/> NO		Draw Supplies		<input type="checkbox"/> YES <input type="checkbox"/> NO		Fuel Key		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cleaning Supplies Needed:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Pick up:		Date:							
10. REMARKS:		Unit Identification Code:				Component:							
11. CONCEPT OF OPERATION AND TIMELINE:													
12. CUSTOMER FEEDBACK:													
13. AUTHENTICATION:													
SIGNATURE (UNIT COMMANDER)										DATE:			