

**IMPORTANT:** This form must be submitted to request support for all training at Fort McCoy at least 120 days prior to the training dates. Submit this form as completely as possible; check the N/A box if a section does not apply to your training; missing information may delay the initial scheduling of your request. Many Fort McCoy resources are considered a reimbursable expense; for more information see the Reimbursable Cost Information section on the next page.

**BLOCK 1:** List all subordinate units that will train for this training request, if applicable.

**BLOCK 2: Date:** Enter date Form 38 is prepared by unit.

**BLOCK 3:** To be completed by Fort McCoy: Date received by Scheduling (for internal use only).

**BLOCK 4: Training Period:** Identify the training period from and thru dates including any advance party and rear detachment personnel.

**BLOCK 5: Unit Information:** Include the requesting unit's name and complete address; include city, state and zip code.

**BLOCK 6: HHQ:** For military units only. Include the requesting unit's next higher headquarters' name and complete address; include city, state and zip code. Units can send the Form 38 to Fort McCoy Scheduling prior to sending to their higher headquarters. "DOD only" is default the for all others who are not DOD check "Non-DOD only".

**BLOCK 7: Unit Type:** Check the Unit Type whether United States Army Reserve, (USAR), Army National Guard (ARNG), Air National Guard (ANG), Active Component (AC), United States Marine Corps (USMC), United States Navy (USN), United States Air Force (USAF), Reserve Officers' Training Corps (ROTC), Junior Reserve Officers' Training Corps (JROTC), Federal Law Enforcement, Civilian Law Enforcement, or Civilian Organizations. Check yes if your unit training will include Foreign Nationals or no if it will not include Foreign Nationals.

**BLOCK 8:** For military units include the **Unit Identification Code (UIC)**.

**BLOCK 9:** For military units include the **DODAAC**.

**BLOCK 10:** For USAR or ARNG units include the requesting unit's **RRC or TAG**.

**BLOCK 11:** Briefly describe your **Training Objective** (e.g. Weapons Qualification, ARTEP, MOS Training, training exercise, etc.)

**BLOCK 12:** Check your **training status** whether Battle Drill Training (BDT), Extended Combat Training (ECT), Mobilization (MOB), Demobilization (DEMOB), or Other for non-military.

**BLOCK 13: POC:** Enter the requesting unit's Point of Contact information: include the rank, name, email address, phone number, cell phone number, and FAX number.

**BLOCK 14: Billeting:** In the table enter the personnel training into the three categories of advance party, main body, or rear detachment; also identify the number of male and female personnel. This information is critical to properly schedule billets. Annotate the arrival and departure dates and times of each category (advance party, main body, or rear detachment). Annotate the Officer in Charge's name and cell phone number.

**BLOCK 15: Total Personnel:** Auto calculation includes advance party & main body; please review to ensure this is your total number of personnel. Advance Party count should not be included in Main Body count.

**BLOCK 16: BOQs/BEQs:** Identify the number of personnel requesting BOQs or BEQs by officer male and female and senior enlisted male and female. (Limited quantity of BOQs/BEQs available at Fort McCoy.)

**BLOCK 17: Buildings (other than billeting):** Annotate the number of each type of building required: administration, classroom, maintenance, refrigeration, freezer, or dining facility (unit operated). Building assignments will be determined by Fort McCoy Scheduling based on total number of personnel and availability.

**BLOCK 18: Dining Plans:** Check the following dining plans for your unit: Garrison Support = Installation Dining Facility (for units of 50 or less, units without organic mess, or advance and rear detachments only); Contracted full food service support (For ECT only - reimbursable expense); or Unit Operated Dining Facility, complete items 19 and 20.

**BLOCK 19:** If your unit will be operating a Fort McCoy Dining Facility will you need contracted Dining Facility Attendants (DFA)? This is for ECT only, and must be paid for by your unit with advance notification. See Fort McCoy Memorandum 350-1 para 4-13 for more information.

**BLOCK 20:** Project the number of personnel at each meal whether utilizing the Installation Dining Facility or projecting for a Unit Operated Dining Facility. Note: Numbers should equal total number of personnel training at Fort McCoy.

**BLOCK 21:** For **Operational Rations or Ice** contact TISA (608) 388-3508. See Fort McCoy Memorandum 350-1 para 4-13 for more information.

**BLOCK 22:** Annotate if training activities will require using a facility with another unit. If so, identify the unit and type of facility.

**BLOCK 23: Parking:** Identify the number of vehicles that will be parked during your training; either wheeled vehicles identified as tactical or POV and Track vehicles. Include any vehicles you requested through Fort McCoy Transportation Motor Pool (TMP).

**BLOCK 24: POL:** Calculate the number of gallons of POL required; either MOGAS, JP-8 (ground), or JP-8 (aviation). See Fort McCoy Memorandum 350-1 para 4-16 for more information.

**BLOCK 25: Chemical Latrines and portable sinks:** Calculate the number of chemical latrines and portable sinks required and list the dates required. Once your training area has been assigned and you are notified of your location, you must provide the 8 digit grid coordinate or training area to COR at (608) 388-3309, 30 days prior to your training date for chemical latrines and portable sinks, to be at your training location. See Fort McCoy Memorandum 350-1. □

**BLOCK 26: Communications and IT Requirements:** Communication needs: requests for telephones, modem connections, or mag line support should be submitted on a Local Service Request DA Form 3938 to NEC, Building 1941 South C St, Fort McCoy, WI 54656-5101, 2 weeks in advance of required date. Mag line(s) or dial line(s) require a pedestal number for training outside of the cantonment area. For more information see Fort McCoy Memorandum 350-1 para 10-2.

**a. Frequency Requirements:** Indicate the number of frequencies required for each of the following: SINCGARS Single Channel, SINCGARS Frequency Hopping (FH) 200 Frequencies: Yes No, FM (AN/VRC-12, AN/PRC-77), AM (2018.5 KHz - 27950.0 KHz), AN/PRC - 127, VHF, or UHF. For more information see Fort McCoy Memorandum 350-1 para 10-3.

**b. LAN Connectivity:** Identify whether or not your unit will need LAN connectivity, the number of LAN connections required and the number of unit PCs requiring connectivity. Equipment requiring extended extended patching or updating will not be validated. For more information see Fort McCoy Memorandum 350-1 para 10-1.

**c. Computer Requirements:** Units should follow Fort McCoy procedures for connectivity requirements at <https://extranet.mccoy.army.mil/>. For more information see Fort McCoy Memorandum 350-1 para 10-1.

**Additional Computer Requirements:**

Send an email to the NEC Service Desk at [usarmy.mccoy.106-sig-bde.mail.net-servicedesk@mail.mil](mailto:usarmy.mccoy.106-sig-bde.mail.net-servicedesk@mail.mil) with communication or IT requirements not identified above. For additional assistance call 866-335-2769.

**BLOCK 27: Miscellaneous Requirements:** For copier support please contact TISB 608-388-3305 or 608-388-3800.

**RANGE SCHEDULING:** Requesting units will complete the information as detailed as possible and DPTMS Scheduling will assign the appropriate ranges and facilities based on the type of firing to be conducted, weapon system, type of ammo and the number of people to fire. All operator assisted ranges are listed in Fort McCoy Regulation 350-1. Fort McCoy Regulation 350-1 also states the primary use and basic data for ranges and training areas on Fort McCoy. Non-standard intentions for a range or training area outside of what is stated in Fort McCoy Regulation 350-1 will require a training scenario, safety plan, and risk assessment. Units must provide this non-standard packet 30 days prior to intended use along with the Fort McCoy Form 38.

**BLOCK 28: Ranges:** For each different type of firing to be conducted complete the following information: Date start and end, the occupy times start and end, firing times start and end time, continuous yes or no, sitting on Ammo yes or no, the type of firing, weapon system, types of ammo, and the number of personnel to fire.

**BLOCK 29: Training Areas:** Identify the date start and end times, primary training area or facility required, the alternate training area or facility, weapon system, type of ammo and the number of personnel that need to be trained.

**BLOCK 30: Mortar Points:** All units requesting the use of mortar points will have their advance party come to Range Scheduling, building 2113 to coordinate the assignment of observation points. Indicate the date start and end times, primary training area or facility required, the alternate training area or facility, event, type of ammo and the number of personnel that need to be trained.

**BLOCK 31: Firing Points:** All units requesting the use of firing points will have their advance party come to Range Scheduling, building 2113 to coordinate the assignment of observation points. Indicate the date start and end times, primary training area or facility required, the alternate training area or facility, event, type of ammo and the number of personnel that need to be trained.

**BLOCK 32: Simulator Training:** Units can schedule the following simulators at Fort McCoy: Engagement Skills Trainer (EST), Virtual Battle Space Simulations (VBS2), Reconfigurable Vehicle Tactical Trainer (RVTT), CDT/MRAP Variants Driving Simulator, or the Call for Fire Trainer (CFFT).

**ADDITIONAL INFORMATION FOR FORT McCOY FORM 38**

**All cancellations must be in writing and emailed to [usarmy.mccoy.imcom-northeast.list.dptms-scheduling@mail.mil](mailto:usarmy.mccoy.imcom-northeast.list.dptms-scheduling@mail.mil) or faxed to (608) 388-3678.**

**Reimbursable Cost Information:** Contact your Command's Resource Manager for questions on funding for reimbursable support. Fort McCoy Resource Management contact information is as follows:

Directorate of Logistics support funding issues - (608) 388-3008 or (608) 388-7212.

Training Support Center support funding issues: - (608) 388-7659 or (608) 388-2880.

More information can be found in Fort McCoy Regulation 350-1 para 7-1.

**Non-Tactical Vehicle Requests:** For Non-tactical Vehicle Requests complete Fort McCoy Form 398 and email to the Transportation Motor Pool at [usarmy.mccoy.imcom-northeast.dol-tmp-motorpool@mail.mil](mailto:usarmy.mccoy.imcom-northeast.dol-tmp-motorpool@mail.mil), or FAX to (608) 388-3334. For assistance call (608)-388-5279 or DSN 280-5279.

**Equipment Requirements:** For ECT/BDT unit equipment requests complete the FORSCOM Form 156-R and submit through your chain of command to the appropriate site either ECS for the US Army Reserve or MATES for the National Guard. See Fort McCoy Memorandum 350-1 para 11-5 or Appendix H for MATES Equipment Density Listing for more information.

**Non Appropriated Fund (NAF) Quarters:** These rooms are TDY quarters furnished with cleaning service and amenities, including high-speed internet and require payment upon check-in and are subject to availability. For more information call (608) 388-3638.

**SAVE FORM WHEN COMPLETE FIRST: Then Submit Form to: [usarmy.mccoy.imcom-northeast.list.dptms-scheduling@mail.mil](mailto:usarmy.mccoy.imcom-northeast.list.dptms-scheduling@mail.mil).**

If form must be mailed: DPTMS (IMMC-PLT-P) 2954 West 14th Ave, FORT MCCOY, WI 54656-5266

## LINKS TO REFERENCED MATERIAL

[Fort McCoy Memorandum 350-1](#)

[Fort McCoy Regulation 350-1](#)

[Fort McCoy Form 398](#)

[Fort McCoy Regulation 350-2](#)

[DA Form 1687 Notice of Delegation of Authority - Receipt for Supplies](#)

**RANGE AND TRAINING SUPPORT REQUEST**

Prescribing Directive Fort McCoy Reg 350-2

**IMPORTANT: This form must be submitted to request support for all training at Fort McCoy at least 120 days prior to the training dates. Submit this form as completely as possible; missing information may delay the initial scheduling of your request. Many Fort McCoy resources are considered a reimbursable expense; for more information see the Reimbursable Cost Information Section in the instructions. Check the NA box if a section does not apply to your training.**

1. IF THIS IS A CONSOLIDATED SUPPORT REQUEST, LIST ALL UNITS THAT ARE INCLUDED:  N/A

2. DATE PREPARED BY UNIT:

3. DATE RECEIVED BY SCHEDULING (for internal use only):

4. TRAINING PERIOD (include advance party and rear detachment): Start Date \_\_\_\_\_ End Date \_\_\_\_\_

5. REQUESTING UNIT (name and address):

6. HIGHER HEADQUARTERS:  N/A

DOD only  Non DOD only

7. UNIT TYPE:  USAR  ARNG  ANG  AC  USMC  USN  USAF  ROTC  JROTC Federal Law Enforcement  
 Check One Civilian Law Enforcement Civilian Organizations DOES THIS INCLUDE FOREIGN NATIONALS: YES  NO

8. UIC: \_\_\_\_\_ 9. DODAAC: \_\_\_\_\_ 10. UNIT'S RRC OR TAG: \_\_\_\_\_

11. TRAINING OBJECTIVES: (Weapons Qualification, ARTEP, MOS Training, and training exercises, etc.):

12. TRAINING STATUS:  BDT  ECT  MOB  DEMOB  OTHER

13. UNIT POINT OF CONTACT (rank, name, email address, phone number, cell phone number, fax number):

14. BILLETING	Number of Officers Male / Female	Number of Enlisted Personnel Male / Female	Arrival		Departure		Officer in Charge (name and cell phone number)
<input type="checkbox"/> N/A			Date	Time	Date	Time	
Advance Party							
Main Body							
Rear Detachment							

15. TOTAL NUMBER OF PERSONNEL TRAINING AT FORT MCCOY: 0 **NOTE: Total personnel includes Advance Party and Main Body.**

Are the 3 pages of this form complete? YES  NO  \_\_\_\_\_ Date \_\_\_\_\_



**RANGE AND TRAINING SUPPORT REQUEST (cont.)**

27. For copier support please contact TISB 388-3305 or 388-3800.

**TO OBTAIN ELECTRONIC GATE KEYS, YOU MUST COMPLETE THE FORT MCCOY FORM 443, FOUND AT:** <https://extranet.mccoy.army.mil/ako/formsandregulations/mccoyforms.asp>

28. RANGES  N/A **Will you require live fire ranges?** If you require more space use page 4. Check N/A box if this type of training will not be performed.

START and END DATES	START and END OCCUPY TIMES	FIRING TIMES START/END	CONTINUOUS YES/NO	WEAPONS SYSTEMS	TYPE OF FIRING TO BE CONDUCTED	TYPE OF AMMO	NUMBER OF PEOPLE

29. TRAINING AREAS  N/A If you require more space use page 4. Check N/A box if this type of training will not be performed.

START and END DATES	TIME START / END	PRIMARY FACILITY	ALTERNATE FACILITY	WEAPON SYSTEM	TYPE OF AMMO	NUMBER OF PEOPLE

30. MORTAR POINTS  N/A If you require more space use page 4. Check N/A box if this type of training will not be performed.

START and END DATES	TIME START / END	PRIMARY FP / MP	ALTERNATE FP / MP	EVENT	TYPE OF AMMO	NUMBER OF PEOPLE

31. FIRING POINTS  N/A (Complete the following using the same field headers from Mortar Points.) If you require more space use page 4. Check N/A box if this type of training will not be performed.

START and END DATES	TIME START / END	PRIMARY FP / MP	ALTERNATE FP / MP	EVENT	TYPE OF AMMO	NUMBER OF PEOPLE

32. Simulator Training  N/A If you require more space use page 4. Check N/A box if this type of training will not be performed.

START and END DATES	TIME START / END	FIRING TIMES START/END	CONTINUOUS YES/NO	WEAPONS SYSTEMS	TYPE OF TRAINING CONDUCTED	NUMBER OF PEOPLE

**RANGE AND TRAINING SUPPORT REQUEST (cont.)**

27. MISCELLANEOUS REQUIREMENTS:  N/A Copiers: Quantity \_\_\_\_\_ Date \_\_\_\_\_  
 (NOTE: Limited quantities are available) Copier support for exercises over 30 days may be supported with 120 days lead time and pre-funded.  
 Fax machine: Quantity \_\_\_\_\_ Date \_\_\_\_\_ (NOTE: Limited quantities are available)

28. RANGES  N/A Will you require live fire ranges? \_\_\_\_\_

START and END DATES	START and END OCCUPY TIMES	FIRING TIMES START/END	CONTINUOUS YES/NO	WEAPONS SYSTEMS	TYPE OF FIRING TO BE CONDUCTED	TYPE OF AMMO	NUMBER OF PEOPLE

29. TRAINING AREAS  N/A

START and END DATES	TIME START / END	PRIMARY FACILITY	ALTERNATE FACILITY	WEAPON SYSTEM	TYPE OF AMMO	NUMBER OF PEOPLE

30. MORTAR POINTS  N/A

START and END DATES	TIME START / END	PRIMARY FP / MP	ALTERNATE FP / MP	EVENT	TYPE OF AMMO	NUMBER OF PEOPLE

31. FIRING POINTS  N/A (Complete the following using the same field headers from Mortar Points)

START and END DATES	TIME START / END	PRIMARY FP / MP	ALTERNATE FP / MP	EVENT	TYPE OF AMMO	NUMBER OF PEOPLE

32. Simulator Training  N/A

START and END DATES	TIME START / END	FIRING TIMES START/END	CONTINUOUS YES/NO	WEAPONS SYSTEMS	TYPE OF TRAINING CONDUCTED	NUMBER OF PEOPLE