



COLLECTIVE TRAINING CENTER

Facility Request Form



CAMP NAVAJO BLDG # 1, TOP FLOOR
BELLEMONT, AZ 86015-6123

PHONE: (928)773-3152 DSN 853-3152

EMAIL REQUEST FORM TO KEVIN.J.TREECE.mil@mail.mil

Complete entire Request Form: This Form MUST Arrive to the Training Support Branch NLT 180 days prior to your training dates

1. Unit Name / Date of Request:

Requesting Unit Today's Date

2. Requester Information:

Name Email
 Address City State Zip Code
 POC Number Cell Number FAX Number

3. Billeting Required:

Yes No

If No Continue to Block 4

	Enlisted (E1-E6)	Senior NCO (E7-E8)	Officer	Senior Officer
Male	<input style="width: 80px;" type="text"/>			
Female	<input style="width: 80px;" type="text"/>			

4. AZ ARNG- Certification Class: (If firing, does the person in charge have this?) ranges only

YES NO If yes: enter name here

5. Training Status:

6. Live Fire?

Select Status (req) Yes No

Weapons	<input style="width: 100%;" type="text"/>
Systems	<input style="width: 100%;" type="text"/>

7. Facilities Requested:

Facility	Begin Date	End Date	Start Time	End Time	# of People	Training Event
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>						

If more facilities are required use an additional form - Additional form used? Yes No

Emergency Services

<input style="width: 100%;" type="text"/>	Total: <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	Total: <input style="width: 100%;" type="text"/>

Commander's Authorizing Signature: _____

FOR USE BY TRAINING SUPPORT BRANCH ONLY

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Authorizing Initials: <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Reply Sent to Requestor	Date <input style="width: 150px;" type="text"/>	Method: <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Site Chief	Date <input style="width: 150px;" type="text"/>	Method: <input style="width: 100%;" type="text"/>