## COLLECTIVE TRAINING CENTER
### Facility Request Form

**CAMP NAVAJO BLDG # 68**  
**BELLEMTON, AZ 86015-6123**

**PHONE:** (928)773-3155 **FAX:** (928) 773-3376  
**DSN:** 853-3155  
**EMAIL REQUEST FORM TO:** rolfe.c.feutz.mil@mail.mil

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

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1. **Unit Name / Date of Request:**
   - Requesting Unit: [Blank]  
   - Today's Date: [Blank]

2. **Requester Information:**
   - Name: [Blank]  
   - Email: [Blank]  
   - Address: [Blank]  
     - City: [Blank]  
     - State: [Blank]  
     - Zip Code: [Blank]  
   - POC Number: [Blank]  
   - Cell Number: [Blank]  
   - FAX Number: [Blank]

3. **Billeting Required:**  
   - Yes ☐  
   - No ☐

4. **AZ ARNG- Certification Class:**  
   - If firing, does the person in charge have this? **ranges only**
     - ☐ YES  
     - ☐ NO

5. **Training Status:**
   - Select Status (req) [Blank]

6. **Live Fire?**
   - Yes ☐  
   - No ☐

7. **Facilities Requested:**
   - **Facility**  
   - **Begin Date**  
   - **End Date**  
   - **Start Time**  
   - **End Time**  
   - **# of People**  
   - **Training Event**  

<table>
<thead>
<tr>
<th>Facility</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Start Time</th>
<th>End Time</th>
<th># of People</th>
<th>Training Event</th>
</tr>
</thead>
</table>

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

   **Emergency Services**

   - Total: [Blank]

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**Commander's Authorizing Signature:**

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**FOR USE BY TRAINING SUPPORT BRANCH ONLY**

- Request Approved ☐  
- Request Denied ☐  
- Authorizing Initials: [Blank]
- Date: [Blank]
- Method: [Blank]
- Site Chief ☐  
- Date: [Blank]
- Method: [Blank]