

EXTERNAL UNIT SUPPORT REQUEST				For use of this form, see Fort Knox Reg 350-1				
DATE RECEIVED:	TO: DPTMS EUSS (IMKN-PLO) BLDG NO 1478 199 6TH AVE SUITE 333 FORT KNOX KY 40121-5720	FROM:	MACOM/STATE:					
			TOTAL OFF:	TOTAL ENL:				
UNIT CDR:		UIC:	BUDGET POC/PHONE/FAX OR E-MAIL:			ARRIVE DATES: Advanced:		DEPART DATES: Main Body:
UNIT POC/PHONE NO:			UNIT POC E-MAIL ADDRESS:			Main Body:		Rear Body:
UNIT COMPONENT: <input type="checkbox"/> USAR <input type="checkbox"/> ARNG <input type="checkbox"/> ACTIVE <input type="checkbox"/> OTHER						UNIT STATUS: <input type="checkbox"/> AT <input type="checkbox"/> IDT		

1. RANGE REQUIREMENTS: (Use Block 23 if you need additional space)

RANGE	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END TIME	# OF FIRERS

LIST BELOW THE NUMBER AND NOMENCLATURE OF VEHICLES ON RANGES AND IN TRAINING AREAS.

2. TRAINING AREA REQUIREMENTS: (Use Block 23 if you need additional space)

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

3. FIRING POINTS REQUIREMENTS: (Artillery/Mortar)

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

4. BIVOUAC SITE REQUIREMENTS:

BIVOUAC SITE	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS

5. RANGE SAFETY CERTIFICATION CLASS: (Contact Range Control at 502-624-3100 to schedule a class)	DATE	# OF PERS	DATE	END TIME

6. WASH RACK REQUIREMENTS:

DATE	START TIME	END TIME	# OF WHEELS	# OF TRACKS

7. PORTABLE LATRINES: (Units must coordinate directly with contractor. Contact EUSS for information packet.)



14. 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/Os	OC TM (Yes or No)
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

15. FUEL: (Estimate number of gallons)  
JP8:

16. LAUNDRY - FORT  
KNOX BED LINENS:  
 Yes  No

17. BARRACKS CLEANING  
SUPPLIES REQUIRED:  
 Yes  No

18. TRAINING AIDES - SPECIAL  
REQUIREMENTS:  
 Yes  No

19. AUDIO VISUAL  
EQUIPMENT:  
 Yes  No

20. MILES EQUIPMENT REQUESTED: (Contact EUSS for details)  Yes  No

21. ICE: (Unit must register DODAAC with TISA, submit signature cards and DA Form 3161.)  Yes  No

22. COMMUNICATIONS SERVICES - LONG DISTANCE:  Yes  No  
Additional Phone Lines Required:  Yes  No

23. OTHER: (Use this block to provide additional information on any of the subjects listed on this form.)