	EXTER	For use of this form, see Fort Knox Reg 350-1							
DATE RECEIVED:	TO: DPTMS EUSS		MACOM/STATE:						
	BLDG NO 1478 199 6TH AVE SUITE 333 FORT KNOX KY 40121-5720						TOTAL OFF:		TOTAL ENL:
	FUKI KNUX I	KY 40121-5			00 5		ARRI\	/E DATES:	DEPART DATES:
UNIT CDR:	BUDGET P	OC/PHONE/FAX	OR E-MAIL:		Advanced:		Main Body:		
UNIT POC/PHONE NO:			UNIT POC	E-MAIL ADDRES	S:		Main Body:		Rear Body:
UNIT COMPONENT	: USAR	ARNG		0	THER		UNITS	STATUS:	AT DIDT
1. RANGE REQUI	REMENTS: (Use Bl	lock 23 if you r	need additional spa	ace)					LIST BELOW THE
RANGE	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END	TIME	# OF FIRERS	NUMBER AND NOMENCLATURE OF VEHICLES ON RANGES AND IN TRAINING AREAS.
2. TRAINING ARE	A REQUIREMENTS	: (Use Block 2	23 if you need add	itional space)				1	
TRAINING AREA	WEAPON E	BLANK/PYRO	FROM DATE	START TIME	TO DATE	END TI	IME	# OF PERS	
3. FIRING POINTS	REQUIREMENTS:	(Artillery/Mor	tar)					<u> </u>	
FIRING POINT	WEAPON	АММО	FROM DATE	START TIME	TO DATE	END TI	IME	# OF PERS	
4. BIVOUAC SITE									
В	SIVOUAC SITE		FROM DATE	START TIME	TO DATE	END TI	IME	# OF PERS	
5. RANGE SAFETY CERTIFICATION CLASS: D/ (Contact Range Control at 502-624-3100 to schedule a class)			DATE	ATE # OF PERS		DATE		END TIME	
6. WASH RACK RE	EQUIREMENTS:						. <u></u>		
DATE START TIME		END TIME	# (OF WHEELS		# OF TRACKS			
7. PORTABLE LAT	RINES: (Units mus	st coordinate d	lirectly with contract	ctor. Contact EU	SS for information	n packet.))		

8. SATELLITE DINING FACILITY SUPPORT: (If not satellite mess, indicate number of BAG MEALs, MREs, or MERMITEs needed.)												
DATA REQUIRED # OF BREAKFAST			# OF LUNCH			OF DINNER		REMARKS				
		ORT (BUS, S	EDAN, VAN	J): (Uni¹	i must comp	olete an	d submit FK F	orm 154-E a	nd bus	itinerary t	o EUSS a minimum of 45	
days before training execution.)												
							# OF PERS TO BE	ESTIMAT				
TYPE VEHICL	E REQUIRED	FROM D	FROM DATE/TIME		TO DATE/TIME		RANSPORTED	MILEAG	GE		REMARKS	
				 				_				
				<u> </u>				<u> </u>				
10. EQUIPMENT R		nit must exha	-								r	
NC	MENCLATURE		QUAN	JTITY	PICK-	UP DA	TE/TIME	TURN-IN	I DATE/	/TIME	ESTIMATED MILEAGE	
			<u> </u>		 							
			<u> </u>		 							
			<u> </u>									
												
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11. BARRACKS R	EQUIREMENTS	a.#ofn	nale Soldiers	b. Soldiers: b.			t of female Solo	liers:		Total:		
12. BUILDING REC	QUIREMENTS:	HOW MANY RE		REQUIR	QUIRED DATE/TIME		TURN-I	N DATE/TIM	DATE/TIME A		ADDITIONAL EQUIPMENT REQUIRED	
Orderly Room												
Arms Room												
Supply Room												
Classroom:							Ţ					
Capacity:												
Maintenance Building												
Motor Pool:												
# of Tracks												
# of Wheels												
13. NBC CHAMBER: (Unit must provide their own qualified instructor and CS tablets.)												
FROM DATE FROM TIME		IME	TO DATE		ΤΟ ΤΙΜ	٨E	# OF PERS	TYPE (OF TRA	AINING TH	IAT WILL BE CONDUCTED	

14.	SIMULATION REQUIRE	MENTS: (Inc	licate start and end time pe	er each date; please, no	block time	es)		
-	TYPE OF SIMULATOR	# REQUIRI	ED FROM DATE/TIME	TO DATE/TIME	# C	OF PERS	# OF I/Os	OC TM (Yes or No)
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No
15.	FUEL: (Estimate numbe	er of gallons)	16. LAUNDRY - FORT	17. BARRACKS CLE	ANING 1	18. TRAINING	AIDES - SPECIAL	19. AUDIO VISUAL
	JP8:	č ,	KNOX BED LINENS:	SUPPLIES REQUI	RED:		MENTS:	EQUIPMENT:
			Yes No	Yes No	D	Yes	No	Yes No
			(Contact EUSS for details)				1	
_			h TISA, submit signature c		.)	Yes	No	
22.	COMMUNICATIONS SE Additional Phone Lines	_	NG DISTANCE: Yes	No				
23			dditional information on any	of the subjects listed o	n this form	n.)		
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