

NONTACTICAL VEHICLE (NTV) REQUEST

AUTHORITY : Management Acquisition and use of Motor Vehicles, DOD 4500-36R and AR 58-1.

PRINCIPAL PURPOSE : Request Non Tactical Vehicle Support.

Request Permission to Exceed the POD with a Unit Assigned Vehicle.

Request Permission to Exceed the Permissible Operation Distance (POD) with a General Dispatch (GD) vehicle.

DISCLOSURE : Disclosure of this information is mandatory, failure to provide the requested information may impede, delay or prevent further processing of this request.

PART I (To be completed by Requester)

1. NAME (Last, First, Middle Initial)	1a. ORGANIZATION/SECTION
1b. JOB TITLE	2. PHONE (DSN or Commercial)
2a. CELL PHONE (if applicable)	2b. OFFICIAL E-MAIL ADDRESS
3. REQUEST FOR <input type="checkbox"/> VEHICLE <input type="checkbox"/> TO EXCEED POD WITH GD NTV <input type="checkbox"/> TO EXCEED POD WITH ASSIGNED NTV	3a. TYPE: NUMBER OF PASSENGERS: 4. DATE FROM: TO:
5. DESTINATION	5a. OUTSIDE 100 MILE OPERATING DISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
6. GENERAL PURPOSE OF REQUEST <input type="checkbox"/> TDY <input type="checkbox"/> TRNG <input type="checkbox"/> FTX	<input type="checkbox"/> OTHER
7. JUSTIFICATION FOR REQUEST	

I AM AWARE OF MY PERSONAL RESPONSIBILITIES FOR PROPER USE, CARE AND SAFEGUARD OF GOVERNMENT PROPERTY
IAW AR 710-2. MY SIGNATURE BELOW INDICATES MY AWARENESS.

8. DATE

9. REQUESTER SIGNATURE

PART II - (To be completed by Unit Transportation Coordinator (UTC))

10. E-MAIL	10a. DSN PHONE
10b. CELL PHONE	10c. FAX

11. THIS REQUEST CAN BE MET WITH A UNIT ASSIGNED NTV	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. ADDITIONAL FUNDING REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. ADDITIONAL FUNDING HAS BEEN APPROVED FOR THIS REQUEST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. IS A RISK ASSESSMENT FOR TRAVEL OUTSIDE THE POD AVAILABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. THIS REQUEST HAS BEEN APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

16. ADDITIONAL INFORMATION

I CERTIFY THAT THIS REQUEST IS EITHER FOR OFFICIAL USE IAW AR & AER 58-1 OR THE APPROPRIATE CLARIFICATION HAS BEEN REQUESTED FROM STAFF JUDGE ADVOCATE (SJA) AND THE REQUIRED APPROVAL WILL BE PROVIDED TO TMP NLT 24HRS PRIOR TO PICK UP DATE.

17. UTC NAME	DATE	SIGNATURE
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PART III (TMP use only)

18. THIS REQUEST HAS BEEN <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> OTHER	19. REGISTRATION USA #
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20. COST DATA		
KM	KM RATE	KM COST
DAYS	DAILY RATE	DAILY COST
		TOTAL COST

21. APPROVING OFFICIAL	DATE
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22. REMARKS	23. SIGNATURE OF APPROVING OFFICIAL
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INSTRUCTIONS

A. PART I: The following information about the requestor of the Non-tactical Vehicle Support (NTV) is required.

(1) **Name.** The last name, first name, and middle initial of requestor.

(1a) **Organization/Section.** The requestor organization including division and branch or section
(e.g. 66th MI BDE, G-4 MAIT Team or Wiesbaden DPW Paint Shop.)

(1b) **Job Title.** Requestors job or position title.

(2) **Phone Number.** The Defense Switching Network (DSN) phone number of requestor. (i.e. 337-9999)

(2a) **Cell Phone Number.** The mobile phone number of the requestor, only if applicable.

(2b) **Official E-Mail address.** The requestors official e-mail address.

(3) Request for a vehicle; to exceed the Permissible Operation Distance (POD) which is **100 mile** one way distance from Wiesbaden; to exceed the POD with a NTV from the TMP General Dispatch Fleet. For travel outside Germany, the provisions contains in the electronic foreign clearance (<https://www.fcg.pentagon.mil>) must be complied with prior to submission of request. Certification that this has been accomplished must accompany request or must be stated in block '7'

(3a) **Type Vehicle.** The type (example: passenger van), and passenger capacity (example: 7)

(4) **Date.** Click to select date "From and To" from the drop-down list

(5) **Destination.** The final location of the journey. (E.g. Mannheim)

(5a) **Operating Distance.** Select "**YES**" if operating distance is more than 100 mile, select "**NO**" if distance is less than 100mile and "**UNK**" if unknown.

(6) **Purpose of Request.** Select TDY, TRNG, FTX or OTHER. If "OTHER" is check, explanation is required.

(7) **Justification.** Outline the reason for the "NTV" request. (This justification should include the 5 W's and provide information on tasking which will allow TMP to prioritize this request.)

(8) **Date.** The date that requestor sign the form.

(9) **Requestor Signature.** Requestor must sign the NTV Form with the understanding that they are responsible, accountable for the safety of the NTV and that would be cleaned and refueled prior return to TMP.

B. PART II: The following information is required from the Unit Transportation Coordinator (UTC).

(10) **E-Mail.** The UTC official e-mail address.

(10a) **DSN Phone.** UTC's DSN phone number.

(10b) **Cell Phone Number** (only if applicable)

(10c) **Fax.** The UTC defense switching fax number

(11) Can this request be met with unit assigned NTV's. Answer **YES** or **NO**

(12) **Funding Required.** Check "**YES**" if funding is required and "**NO**" if no funding is required.

(13) Has additional funding been approved for this request? If unit has bulk funded Military Interdepartmental Purchase request (MIPR) with TMP or funded GFEBs account answer "**YES**"

(14) If risk assessment has been initiated and approved for travel outside POD, answer "**Yes**" If travel is within the POD, "**NO**"

(15) **UTC approval.** "**YES**" if UTC cannot support the request with available assets and the request is valid "**NO**" if request is not valid.

(16) **For additional information.** This block should be used by UTC to indicate any special priority of request and to address reasons why assigned NTV's cannot be used.

(17) **UTC Name.** Enter UTC last name, first name, UTC Signature and Date Sign

C. PART III: This portion is for TMP internal use only.

Note: If request is disapproved, this does not provide automatic authorization for use of privately owned vehicle (POV). This authorization must be obtained from **Unit** or **activity fund control official**.

D. DISPOSITION OF FORM:

Email: usarmy.wiesbaden.405-afsb.mbx.dol-tmp@mail.mil

FAX : 337-7844 **Commercial:** 0611-705-7844

TRANSMISSION: Form maybe electronically transmitted, Faxed, or mailed. Encrypting form via transmission makes it A minimum "**FOR OFFICIAL USE ONLY**" and must be protected as such