

SUPPORT ASSISTANCE REQUEST (SAR) FORM

Please complete all fields. Incomplete requests will be returned to sender.

****Submit requests no later than 14 calendar days prior to requested delivery date****

Date of Request: _____

Primary Contact: _____ **Phone:** _____ **Email:** _____

Alternate Contact: _____ **Phone:** _____ **Email:** _____

Requesting Unit: _____

Type of Support Requested (mark all that apply and include date/time where indicated):

- Forecasting
- Observing
- Staff Briefing Brief Date/Time: _____ Due by (date/time): _____

Intended Audience (Ranks / Numbers): _____

Aviation Specific Briefings

- Flight Wx Brief (175-1) Brief Date/Time: _____ Due by (date/time): _____
- Air Mission Brief Brief Date/Time: _____ Due by (date/time): _____
- Air Crew Mission Brief Brief Date/Time: _____ Due by (date/time): _____
- Semi-Annual Briefing Brief Date/Time: _____ Due by (date/time): _____

Climatology/Historical Data date range: _____ to _____ Due by (date/time): _____

Light Data Data date range: _____ to _____ Due by (date/time): _____

Other (please specify): _____

Date(s) Requiring Support:

Start Date: _____ End Date: _____ Hours of Operation: _____

Location(s): _____

Aircraft / Assets Supported (type and quantity): _____

Mission Details: _____

Additional Information: _____

Please e-mail completed SAR to the appropriate organization e-mail address:

BCT Weather Support: usarmy.campbell.101-abn.div.mbx.bct-weather-support@mail.mil

101 CAB Weather Support: usarmy.campbell.101-abn-div.mbx.101-cab-weather-support@mail.mil