# Fort Sill Pre-Deployment Site Survey and External Unit Training Handbook





Directorate of Plans, Training, Mobilization and Security External Unit Training Branch Fort Sill, Oklahoma 15 March 2019

| Conte      | ents<br>er 1  | 1 |
|------------|---|---|
| •          | ral   |   |
| 1-1        | Purpose   |   |
| 1-2        | References  |   |
| 1-2        | Explanation of Abbreviations                              |   |
| 1-3        | Applicability   |   |
| 1-5        | Responsibilities  |   |
| 1-5<br>1-6 | Mission   |   |
| 1-7        | Function  |   |
| 1-8        | Planning Conferences                                      |   |
| -          | ter 2   |   |
| •          | ng  |   |
| 2-1        | General   |   |
| 2-2        | Ranges and Training Areas (FS Form 26, Sections 9-10)     |   |
| <br>2-3    | Mission Training Complex (FS Form 26, Section 16)         |   |
| <u> </u>   | Regional Training Support Center (FS Form 26, Section 15) |   |
| 2-5        | Henry Post Army Airfield (FS Form 26, Section 11)         |   |
| <u> </u>   | Integrated Training Area Management                       |   |
| 2-7        | Points of Contact   |   |
|            | er 3  |   |
| •          | upport  |   |
| 3-1        | General   |   |
| 3-2        | Billeting (FS Form 26, Sections 18)                       |   |
| 3-3        | Food Services (FS Form 26, Section 19)                    |   |
| 3-4        | Transportation (FS Form 26, Section 20)                   |   |
| 3-5        | Supply (FS Form 26, Section 21)                           |   |
| 3-6        | Maintenance (FS Form 26, Section 24)                      |   |
| 3-7        | Tactical Vehicle Wash Rack (FS Form 26, Section 25)       |   |
| 3-8        | Network Enterprise Center (NEC) (FS Form 26, Section 26)  |   |
| 3-9        | Points of Contact   |   |
|            | er 4  |   |
| Readi      | ness  |   |

| 4-1       | Soldier Readiness Processing (SRP)         | 22              |
|-----------|--|-----------------|
| 4-2       | Points of Contact                          | 24              |
| Chapte    | er 5                                       | 24              |
| Soldier   | Support Activities                         | 24              |
| 5-1       | Religious Services                         | 24              |
| 5-2       | Army and Airforce Exchange Service (AAFES) | 24              |
| 5-3       | Morale, Welfare and Recreation (MWR)       | 25              |
| 5-4       | Fitness Centers                            | 26              |
| 5-5       | Soldier Counseling                         | 26              |
| 5-6       | Points of Contact                          | 26              |
| Chapte    | er 6                                       | 26              |
| FS For    | m 26Error! Bookmark not define             | <del>؛</del> d. |
| 6-1       | FS Form 26 Information                     | 28              |
| Annex     | A  | 29              |
| Refere    | nces                                       | 29              |
| Annex     | B  | 30              |
| Forms     |  | 30              |
| Annex     | <b>C</b>                                   | 46              |
| The mi    | nimum grade required to be an OIC/RSO.     | 46              |
| Annex     | D  | 47              |
| Scheud    | ding Planning Conferences                  | 47              |
| Initial F | Planning Conference                        | 47              |
| Mid-Pla   | anning Conference                          | 47              |
| Final P   | lanning Conference                         | 47              |
| Glossa    | ıry  | 51              |

#### Chapter 1 General

# 1-1 Purpose

To provide centralized management of Fort Sill External Unit Training Program and Readiness Program for Active, U.S. Army Reserve (USAR), Army National Guard (ARNG) and Sister Services training at Fort Sill. This handbook will facilitate planning and coordination process, life support services, training facility, and resources available to support training and readiness.

### 1-2 References

Annex A lists required and related publications.

# 1-3 Explanation of Abbreviations

Abbreviations and terms used in this handbook are explained in the glossary.

# 1-4 Applicability

This handbook applies to External Units (EUs) conducting Annual Training (AT), Inactive Duty Training (IDT), and Mobilization activities at Fort Sill. It applies to all organizations, staffs, tenants, and activities providing support to or receiving support through or from External Unit Training (EUT) Branch. All EUs training at Fort Sill will be coordinated through the EUT Branch.

### 1-5 Responsibilities

a. EUT has primary staff responsibility for planning, synchronization, coordinating, and supervising the support for all EUs conducting training and mobilization efforts at Fort Sill.

b. EUs will submit all initial coordination efforts through the EUT utilizing Fort Sill Form 26 (FS Form 26) and or a TASKORD or OPORD. (See Figure 2. FS Form 26, page 30.)

c. Organizations, staffs, tenants, and activities providing support to EUs will inform the EUT if requested support cannot be provided within three business days.

### 1-6 Mission

EUT advises the EU Commanders on the capabilities of Fort Sill and facilitates the integration, utilization, readiness, and support to secure training opportunities and set the conditions for EUs and personnel either mobilized, on Inactive Duty Training, or on Annual Training to meet the unit's mission and to support the Army.

# 1-7 Function

The EUT focuses on three major areas:

a. Training: Assist in planning and coordinating with the Fort Sill Range Operations, Mission Training Complex (MTC), Regional Training Support Center (RTSC), Henry Post Army Airfield (HPAAF), and Integrated Training Area Management (ITAM).

b. Life Support: Assist in planning and coordinating logistic activities to include; billeting, rations, transportation, supply, ammunition, maintenance, tactical vehicle wash, and Network Enterprise Center (NEC).

c. Readiness: Assist in planning and coordinating readiness activities to include; Soldier Readiness Processing (SRP), medical services, dental services, and legal services.

Soldier Support Activities are provided in the final chapter for use by the EUs relating to Religious Services, Army and Airforce Exchange Service (AAFES), Morale, Welfare and Recreation (MWR), Fitness, and Soldier Counseling.

# 1-8 Planning Conferences

EUs will use FS Form 26 (Annex B) initially to request all support from Fort Sill Agencies. EU elements requiring further coordination with Fort Sill staff/agencies must plan accordingly with the EUT. The EUT will coordinate at a minimum the Initial Planning Conference (IPC), Mid Planning Conference (MPC), Final Planning Conference (FPC), In-Progress Reviews (IPR), and the Pre-Deployment Site Survey (PDSS). Conferences can be either in person, telephonic, Video Teleconference (VTC) or Webinar. Conference agendas are listed in Annex D.

# Chapter 2 Training

# 2-1 General

FS Form 26 is the required document to process training support request. This form is used to request for Training Support (Ranges and Training Areas, MTC, RTSC, HPAAF, ITAM) and sent to the EUT NLT 45 days prior to the scheduled training date. The EUT will coordinate with the appropriate agencies to ensure all requested support will be available. The EUT will conduct the IPC, IPRs, and FPC between the EUs and supporting organizations, tenants, staffs and activities assigned to Fort Sill to ensure training intent is achieved. The EUT principal Point of Contact (POC) is Mr. Spencer

Bryant, (580) 558-0944, <u>spencer.bryant.civ@mail.mil</u>, alternate POC is Mr. Joseph Olson, (580) 442-3403, <u>joseph.m.olson1.civ@mail.mil</u>.

# 2-2 Ranges and Training Areas (FS Form 26, Sections 9-10)

a. The Range Operations mission is to provide a safe, realistic, and state of the art environment for units training on the Fort Sill Range Complex, in accordance with Army Reg. 385-63 (Range Safety), Fort Sill Reg. 385-1 (Post Range Regulation), and Post Safety.

b. Ranges and training areas available at Fort Sill are listed in FS Reg. 385-1 Appendix A.

### c. External Units

(1) All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill ranges and field training areas utilizing the Range Facility Management Support System (RFMSS) and/or FS Form 26, Block 9.

| 9. RANGE  | 9. RANGE REQUIRED: (DPTMS) Ot applicable |                    |                  |      |            |         |            |                |
|---|--|--------------------|------------------|------|------------|---------|------------|----------------|
| Note: Units conducting range firing at Fort Sill will comply with the provisions of FS Regulation 385-1. Units may use Appendix B for a complete listing availability of ranges and characteristics. For more information on Fort Sill Ranges, please contact Range Scheduling a (580) 442-5613/6191. |  |                    |                  |      |            |         |            |                |
| Range #   |  | Туре               | From (DD-MMM-YY) | To ( | DD-MMM-YY) | Start 1 | Гime       | End Time       |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  | FORT SILL - TR     |                  | ORT  | FORM v4    | .2      |            |                |
| 10. FIELD T   | RAINING ARE                              | A/BIVOUAC: (DPTMS) |                  |      |            |         | $\bigcirc$ | Not applicable |
| Training A  | rea #                                    | From (DD-MMM-YY)   | To (DD-MMM-YY)   |      | Start Time |         |            | End Time       |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |
|   |  |                    |                  |      |            |         |            |                |

(2) EUs will submit requests for use of ranges and training land using the procedures in paragraph 10-7 of FS 385-1 only after coordinating with EUT & DEPLOY. EUs may request an exception to the scheduling timelines for events that require extensive planning and preparation through EUT & DEPLOY.

d. Scheduling. Submit all requests for scheduling through the Range Facility Management Support System (RFMSS) via the appropriate RFMSS link. For users located off the Fort Sill network go to this website:

https://rfmssbackup.belvoir.army.mil/Sill/Pages/Default.aspx [Note: the version of RFMSS software will be indicated "Fort Sill". For example: "Fort Sill – v3.3.0.95"]. Range Operations does not grant scheduling authority to any element lower than a battalion except for separate tenant units with no higher headquarters located at Fort Sill or Reserve Component units with higher headquarters outside of a 250 mile radius from Fort Sill.

e. Scheduling Timeline

(1) TRADOC Institutional Training Brigades units: 16 weeks prior to the scheduled week of training.

(2) Reserve Component units conducting training only during weekends: 15 weeks prior to the scheduled week of training for the using ranges and training areas in the West Range and Quanah Range areas, and using the Infantry Squad Battle Course or Live Fire Convoy Range in the East Range area.

(3) Reserve Component units conducting annual training: 15 weeks prior to the scheduled week of training.

(4) All other active Army units stationed at Fort Sill: 12 weeks prior to the scheduled week of training.

(5) All activities authorized to use Fort Sill facilities may continue to request range facilities less than 12 weeks from the week of scheduled training on a "first-come first-served" basis. Request firing activities no later than 3 weeks prior to date required. Generally, units can request non-firing activities at any time unless other restrictions apply such as for digging operations, chemical smoke usage, etc.

f. Co-usage of Land and Facilities

(1) Units submit requests for co-usage of land/facilities through RFMSS IAW the timeline above.

(2) The unit that originally scheduled the land/facility is approval authority for the co-usage request.

(3) Co-usage of live ranges is not authorized; however, units operating ranges may permit other units to participate in the firing event under the control of the Range OIC.

g. Once a range, training land, or training facility managed in RFMSS is approved, the unit will not be bumped from the schedule without the approval of the Director, DPTMS.

h. Range Operations will provide targets, target frames, range flags, and safety paddle/lights. Units must request them by submitting an Equipment and Target Request form (Annex B) to Range Operations. This form can be found in RFMSS under the Library tab in the Range Operations Documents folder.

i. For information or questions about the scheduling process or to obtain authorization to access the scheduling portion of the RFMSS system contact Mr. Paul Shea or Mr. Kevin Imel, Range Operations at DSN 639-6191/5613, commercial 580-442-6191/5613, or email: <u>usarmy.sill.imcom.mbx.ft-sill-dptms-range-scheduling@mail.mil</u>.

j. Range OIC and RSO Certification

(1) Certification of range OICs and RSOs is an organizational command program that is supported by Range Operations. The certification consists of the following two parts:

(a) Fort Sill Range Safety Briefing: Briefings are conducted each Wednesday and Friday at 1300 in the Range Operations Classroom, this briefing is valid for 1 year. Individuals must sign the class roster to receive credit for attending the class.

(b) Unit Certification: The content of the unit's range OIC and RSO certification program is established by the unit commander, but the program will include the following requirements at a minimum:

- Be able to load, unload, assemble and disassemble the weapons (40mm and below).
- (2) Be able to safely fire the weapon.
- (3) Know the weapon characteristics and safety considerations identified in the applicable technical and field manuals including misfire and troubleshooting procedures for the weapon.
- (4) Know the ammunition authorized to be fired on the ranges to be used.
- k. Minimum grade requirements for OIC and RSO are listed in Annex C.
- I. Required Documentation

(1) Units will provide rosters of individuals certified as range OICs and RSOs to Range Operations. Safety certification rosters must be on hand at Range Operations

prior to any unit conducting live fire training on Fort Sill. Units, without a certification roster on hand, are not allowed to live fire on Fort Sill. The roster must be signed by a commander of the grade O-5 or above, NCO Academy Commandant, or the director of an activity at the grade of O-5 or GS-14 or above. The roster is valid for one year or until the unit commander changes.

(2) A sample Safety Certification Roster is listed in Annex B. Enter the last five digits of the individual's Social Security Number in the ID # portion of the certification memorandum.

# 2-3 Mission Training Complex (MTC) (FS Form 26, Section 16)

a. The mission of the MTC is to provide training enablers and conducts individual, leader, and collective Mission Command digital sustainment training supporting FORSCOM, training, mobilizing, and deploying units.

b. The MTC provides the following training enablers for individual, leader, and collective training:

(1) The MTC offers Individual Digital Courses of:

(a) Joint Capabilities Release (JCR) Course

(b) Joint Automated Deep Operations Coordination System (JADOCS) Course

(c) Advanced Field Artillery Tactical Data System (AFATDS) Course

(d) Command Post of the Future (CPoF) Course

(e) Joint Battle Command-Platform (JBC-P) Course

(2) The MTC offers Collective Staff Training of:

(a) Digital Exercises (DIGEXs) in Ops, Fires, Intel, Sustainment and S6

- (b) Military Decision Making Process (MDMP) Seminars
- (c) MDMP Staff Exercise
- (d) Command Post Exercise (CPX)
- (e) Mission Command Systems Integration (MCSI)
- (f) Cumulative Training Exercise (CTE)

- (g) Mission Rehearsal Exercise (MRX)
- (h) Joint/Army Targeting Process
- (i) FTX support and other Tailored and Specialized Training
- (3) The MTC offers Virtual and Gaming Training of:
  - (a) Reconfigurable Vehicle Tactical Trainer (RVTT) (HMMWV and HEMTT)
  - (b) Virtual Battle Space 3 (VBS3)
- c. External Units

(1) All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill MTC utilizing FS Form 26, Block 16.

| 16. MISSION TRAINING COMPLEX: (DPTMS)  | Not applicable |
|--|----------------|
| <sup>a.</sup> Does unit require MTC support for their training? O Yes ONo                        |                |
| b. To schedule training or for more information on MTC mission, please go into their website at: |                |
| https://fcoe.tradoc.army.mil/sites/dptms/training/mtc/SitePages/Home.aspx                        |                |

d. Training Support Requests:

(1) Units must submit a completed FS Form 103 (Annex B) to the MTC Operations Officer in order to schedule training and resources at the MTC. Follow the procedures listed for the following training and resources.

(a) Classes & Instruction (including VBS3): Completed FS Form 103 should be submitted 6 weeks prior to the requested training date. Classes are conducted from 0830-1630. On the first day of class, students will be issued badges and will return them at the end of the course. Any student not signed in by 0845 on the first day risks losing the seat to Soldiers waiting on stand-by.

(b) RVTT: Training requests are submitted in RFMSS - requires an RVTT Training Coordination form (Annex B) be submitted to the MTC Operations Officer prior to approval.

(c) Exercises: (Includes STAFFEXs, CPXs, MRXs, etc.) The FS 103 will not be approved until the initial IPR has been completed.

#### Note:

(1) FS 103s must be submitted 90 days prior to training STARTEX to allow for resourcing/schedule de-confliction and coordination.

(2) The S3 is responsible for scheduling an initial coordination meeting/IPR NLT 9 weeks prior to STARTEX to allow for resourcing/schedule de-confliction and

coordination for all exercises, i.e. DIGEXs, STAFFEXs, CPXs and equipment fielding. Attendees include: BDE/BN S3, S6, S2, S4 and appropriate MTC Staff.

(3) The initial coordination meeting/IPR will verify all unit resource, training, and security requirements in order to ensure the MTC can support the requested training and define unit responsibilities.

(4) For all classified exercises, the unit is responsible for developing and enforcing a security plan and must provide guards to verify/control visitor access and security procedures. The unit is required to provide the MTC OPS Officer with an approved and accurate Security Clearance Access Roster (SCAR). Soldier access will be verified in Joint Personnel Adjudication System (JPAS) and MTC badges will be issued accordingly.

e. MTC training area: Primarily scheduled to support training that requires Sim-Stim support from the MTC. Units will only occupy training areas designated by the MTC OPS to support the scheduled training. Units requiring land to support unit training only can submit requests to Mr. Steve Gardner (580) 442-4126/email: <u>Stephen.e.gardner3.civ@mail.mil</u>, MTC OPS – approval will done by exception with direct unit coordination.

# 2-4 Regional Training Support Center (RTSC) (FS Form 26, Section 15)

a. The mission of the Fort Sill RTSC is to provide services for storage, instruction, loan/issue, accountability, and maintenance for the family of Training Aids, Devices, Simulators, and Simulations (TADSS) used in support of live, virtual, and constructive training environments for the U.S. Army Garrison Fort Sill, the USAFCoEFS, and other Army, DoD, and Government agencies within its assigned regional support area of responsibility per AR 350-52 including Arkansas, Oklahoma, and Northwest Texas.

b. The RTSC provides the following training enablers for Individual, leader, and collective training:

(1) TADSS Loan and Issue:

(a) All TADSS, with the exception of those items specifically designed to be consumed in use, are accountable. All TADSS loan and issue transactions require a valid and current RTSC account. RTSC will receive and process customer requests, verify certifications if applicable, and verify account authorizations (DA Form 1687, Annex B) prior to loan or issue of TADSS.

(b) Within scheduling priorities, all TADSS are primarily loaned/issued and returned on a first-come, first-served basis subject to local availability; however, TADSS may be requested in advance on FS Form 104 (Annex B). Customers may request TADSS loan/issue on a walk-in basis at Building 2327.

(c) The default maximum loan period for all TADSS is 30 days. Requirements for validated exceptions will be sent to RTSC for coordination, review, and approval subject to availability and utilization of the requested TADSS. Failure to return TADSS within 30 days may result in the unit's account being suspended.

(d) TADSS listings are contained in DA Pam 350-9, Index and Description of Army wide Training Devices, and TRADOC Pam 350-9, TRADOC Training Devices for Army wide use.

(e) Selected loan TADSS are required to be used only by certified personnel (RTSC will certify personnel by request). In the event that the select loan TADSS are damaged due to operation by non-certified personnel the user account may be suspended.

(f) Relief from responsibility for accountable property will be granted in accordance with AR 735-5, through the submission of a DD Form 200, Financial Liability Investigation of Property Loss (FLIPL), Cash Collection Voucher, or DD Form 362, Statement of Charges. The unit or activity that signed for the RTSC property at the time of the loss or damage is responsible for preparing the DD Form 200 through block 11, the cash collection voucher or the statement of charges as necessary. The Director, DPTMS, will assign an investigating officer as required.

(2) TADSS Instruction/Operation Services

(a) Provide familiarization with the TADSS system and capabilities for unit/organizational personnel who will be responsible for conducting supported training. Military task training remains the responsibility of unit/organizational trainers. This training is provided by RTSC Instructor/Operators on an as required basis.

(b) Operate the TADSS system (Engagement Skills Trainer II (EST II) and the High Mobility Multi-purpose Wheeled Vehicle Egress Assistance Trainer (HEAT)), including startup, operation, and shutdown IAW applicable technical publications and coordinated scheduling, to include performing system calibration, diagnostics, checks, user-level PMCS, and troubleshooting to identify faults. Provide instruction on the use and safety of TADSS systems, and provide training and certification to individuals completing Instructor/Operator training who will be authorized to operate the TADSS system.

(3) Graphic Training Aids (GTA):

(a) The RTSC manages and maintains the installation inventory of GTAs in support of Active, National Guard, Reserve, ROTC, other military components, federal and state agencies, and other authorized customers. Customers can obtain locally available GTAs on a walk-in basis at Building 2327, Hunt Road.

(b) Off-post customers located within RTSC's geographical area of support as defined by AR 350-52 may obtain GTAs by mail by calling (580) 442-2178, DSN 639-2178. An established and current RTSC account is required for all GTA services.

#### c. External Units

(1) All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any service/event using Fort Sill RTSC utilizing FS Form 26, Block 15.

| 15. TRAINING SUPPORT CENTER                      | REQUIREMENT          | : (DPTMS)     |                                      | Not a                        | applicable |
|--|----------------------|---------------|--------------------------------------|------------------------------|------------|
| Note: Training Aids, Devices, Simulators, a      | and Simulations (TAD | SS) and Grapi | hic Training Aids (GTA). Point of Co | ntact # (580) 442-6901/4985. |            |
| a. TADSS/GTA Required?                           | es 🔘 No              |               |                                      |                              |            |
| b. If yes, TSC Account established               | (FS Regulation 35    | 50-6)? 🔘      | Yes 🔘 No                             |                              |            |
| <sup>c.</sup> Training Device/GTA Number         |                      |               | Description                          |                              | Quantity   |
|  |                      |               |                                      |                              |            |
|  |                      |               |                                      |                              |            |
|  |                      |               |                                      |                              |            |
|  |                      |               |                                      |                              |            |
|  |                      |               |                                      |                              |            |
| d. Training certified Instructor/Opera           | tor available?       | Yes           | 🔘 No                                 |                              |            |
| <sup>e.</sup> If no, training requested from TSC | )?                   | Yes           | ◯ No                                 |                              |            |
| f. Simulator Support (EST II, HEAT               | ) Requested?         | Yes           | ◯ No                                 |                              |            |
| g. Schedule provided to TSC?                     |                      | Yes           | No                                   |                              |            |

#### d. Requesting RTSC Products and Services

(1) TADSS and GTA loans, with the exception of MILES and I-MILES, may be requested in advance and are processed on a first-come, first-served basis. Fort Sill RTSC requires that the EUs have a current RTSC hand receipt account, including DA Form 1687 (signature card). MILES and I-MILES requests must be forwarded to RTSC using FS Form 104. Appointments for pickup and turn-in can be scheduled through the RTSC TADSS Warehouse personnel (580) 442-5309.

(2) RTSC Hand Receipt accounts will be limited to one per brigade, battalion or direct reporting battery/company, with an account holder assigned by the battalion or unit level. "G" level and higher staff sections, installation directorates, and tenant units/agencies may have a separate account with an account holder assigned by an LTC or higher (or GS-14 and above). Brigade and battalion accounts are established or renewed by submitting a new DA Form 1687 and Assumption of Command Memo. Requests for exceptions must be fully justified by mission requirements, signed by an individual with authority to assign unit or agency account holders as above, and submitted to the RTSC for review and approval.

(3) Authority to receive equipment may be delegated by the assigned account holder using DA Form 1687 signature cards with up to eight additional individuals per account. Two copies of each form must be provided to RTSC. Signature cards are valid for one year.

(4) EST and HEAT use must be scheduled using the RFMSS at <u>https://rfmss2002.belvoir.army.mil/sill/pages/login.aspx</u> under the TSC Fire Desk.

(5) The Aviation Tactical Engagement Simulation System (TESS) request process must start not later (NLT) than 210 days prior to ready for training (RFT).

- (a) RFT +210 days submit requirements to RTSC
- (b) RFT + 180 days RTSC submits requirements to ATSC
- (c) RFT + 150 days ATSC submits requirements to FORSCOM
- (d) RFT +120 days FORSCOM approves
- (e) RFT + 90 days ATSC tasks supporting TSC
- (f) RFT + 60 days Contract team identified
- (g) RFT + 15 days TESS shipped to Fort Sill RTSC

#### 2-5 Henry Post Army Airfield (HPAAF) (FS Form 26, Section 11)

a. The HPAAF is available for use to EUs for training purposes. HPAAF has a 5000 foot runway which is 150 foot wide and several hangers for storage and maintenance. All units will adhere to Fort Sill Reg. 95-1 (Army Aviation: General Provisions and Flight Regulations) while conducting operations at HPAAF.

b. HPAAF has F-24 fuel for aircraft refueling services available for DOD aircraft with a DOD Aircraft Identification Card. Aircrews or Flight Operations personnel may request aircraft refueling by contacting HPAAF Airfield Management during published operating hours. With no prior notice fuel personnel may take two hours to provide aircraft refueling services.

c. HPAAF refuel does not perform hot refueling, but does have six concrete refueling pads available for a unit to set up its own hot refuel operation. The unit will have to supply its own equipment and personnel and submit their FARP plan to HPAAF safety for review.

d. Helicopter training support is available to EUs. Submit requests for unfunded helicopter support by memorandum to the Supervisor Airfield Operations Specialist for coordination. Helicopter assets (CH-47 and UH-60A) from the Army National Guard and Active DOD components may be available for joint training. Requests should be submitted a minimum of 14 days in advance of required training.

e. Unit representatives requesting to use Fort Sill's airspace must coordinate the use of these areas with Range Operations and Fort Sill's Air Traffic and Airspace Officer.

(1) Submit airspace requests for on-post and the Helicopter Training Area's according to Fort Sill Reg. 95-1 and Fort Sill Reg. 385-1 to DPTMS Range Branch (scheduling).

(2) First-come, first-served airspace and training area requests may be submitted to DPTMS Range Operations IAW Fort Sill Reg 385-1. All levels of airspace do not go to the unit scheduling. During first-come, first-served period, airspace managers and land managers will be separate units if airspace is booked first, or if the unit that books the land does not schedule the airspace.

(3) RFMSS is an automated system programmed to meet scheduling needs of units, and is available to battalion and separate company S3s. Aviation scheduling officers will use RFMSS to determine availability of resources, access schedule of events, submit requests, and produce reports.

#### f. External Units

(1) All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill HPAAF and/or 3<sup>rd</sup> Weather Squadron utilizing FS Form 26, Block 11 and 13.

| 11. AIRFIELD/AIRSPACE/  | AIRSPCE FACILITY: (DPTN | 1S)            | Not applicable |  |  |  |  |
|---|-------------------------|----------------|----------------|--|--|--|--|
| Type of Support   | From (DD-MMM-YY)        | To (DD-MMM-YY) | Reason         |  |  |  |  |
|   |                         |                |                |  |  |  |  |
|   |                         |                |                |  |  |  |  |
|   |                         |                |                |  |  |  |  |
|   |                         |                |                |  |  |  |  |
| 12. WEATHER SUPPORT: (3D WEATHER SQUADRON)  |                         |                |                |  |  |  |  |
| Note: Units requesting weather support and service are asked to schedule meeting with the Superintendents, Weather Operation before their arrival to Fort Sill.<br>For more information, please contact the AF weather station on Henry Post AAF at (580) 442-3200. |                         |                |                |  |  |  |  |
| Does unit require weather   | support? 🔵 Yes 🔵 No     |                |                |  |  |  |  |

### 2-6 Integrated Training Area Management (ITAM)

a. The mission of the ITAM is to maintain the live maneuver training environment to improve training efficiency, Soldier and unit readiness and survivability by sustaining realistic training and testing lands through integration of land use requirements with land capability in accordance with Army Reg. 350-19 and Training Circular 25-1.

b. ITAM offers Geospatial products consisting of Geospatial Data and Geospatial Maps.

c. EUs will use forms labeled "Request for Geospatial Data" and "Request for Geospatial Map Product" (Annex B) to request ITAMs Geospatial Products.

# 2-7 Points of Contact

| Organization            | Building | Phone (580 area code)      |
|-------------------------|----------|----------------------------|
| EUT&DEPLOY              | 1490     | 442-3408/1844 and 558-0944 |
| Range Control           | 1490     | 442-5613/5073              |
| RFMSS Coordinator       | 1490     | 442-6191                   |
| MTC                     | 3390     | 442-4126                   |
| Fort Sill Safety Office | 4700     | 442-4466                   |
| RTSC                    | 2327     | 442-5309                   |
| ITAM                    | 1490     | 442-6566/6461/3382         |
| HPAAF                   | 4907     | 442-5808                   |
| EOC                     | 455      | 442-3241                   |

#### Chapter 3 Life Support

### 3-1 General

All requests for Logistical Support (billeting, rations, transportation, supply, maintenance, and NEC) will be sent to the EUT NLT 45 days prior to the requested training date. The EUT will coordinate with the appropriate agencies, typically through Logistic Readiness Center-Fort Sill (LRC-Sill) <u>http://sill-www.army.mil/usag/dol/</u>, to ensure all requested support will be available. The EUT will insure the IPC, IPRs and FPC between the external unit and supporting organizations, tenants, staffs and activities assigned to Fort Sill are conducted to insure support intent is achieved. FS Form 26 will be used for initial Logistical Support Request.

# 3-2 Environmental (FS Form 26, Section 13)

a. DPW, Environmental Division reviews each FS Form 26 and field exercises scheduled through RFMSS for potential environmental impacts or requirements.

b. Hazardous materials will be handled in accordance with the current version of the Fort Sill Hazardous Material and Waste Management Plan. Copy and paste the following link in your browser to view the plan.

http://sill-www.army.mil/USAG/dpw/docs/Enviromental/hazardous\_plan.pdf

| 13. ENVIRONMENTAL REQUIREMENTS: (DPW)  | Not applicable   |
|--|--|
| Note: Coordination and a brief description of the proposed training should be provided to the Fort Sill Et<br>2930), Phone: (580) 442-2849/0613. | nvironmental Quality Division Support Branch (Building |
| a. Training Event Cleared 30 Days Out: Yes No  |  |
| b. Environmental Cleared Required? O Yes O No  |  |

#### 3-3 Billeting (FS Form 26, Section 18)

a. Fort Sill retains billeting ready at all times to support EUs conducting training. At any time Billeting can support up to 1325 Soldiers with rooms, bunks, latrines, showers, laundry facilities and needed supplies. Billeting also contains administrative spaces available for unit operations and classroom training.

b. Billeting is located 1602 Bateman Road:

(1.) NCOIC - (580) 442-0222
(2.) Ops NCO - (580) 442-3989
(3.) Duty Cell Phone - (580) 512-6662

c. Upon arrival the designated Unit Representative will, at the designated time, meet with the Billeting NCOIC to review the Billeting SOP, inventory, inspect and sign for the rooms, bunks, wall lockers and keys.

d. Arms Room and/or Motor Pool will be provided if the EU request their use on the FS Form 26. Arms Room must be maintained in accordance with Army Reg. 190-11 and Fort Sill Reg. 190-1.

e. All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill Billeting utilizing FS Form 26, Block 18.

| 18. BILLETING, FACILITIES & EQ  | UIPMENT:    | (DPTMS) |  | Not applicable |  |  |  |
|---|-------------|---------|--|----------------|--|--|--|
| Note: Fort Sill has limited barracks space available; therefore, units should use organic assets in their inventory to support major training event. Billets, when<br>available on a priority basis starting with Mobilized/Demobilized units, etc. After request is approved, unit should contact DPW Housing at (580) 512-6662 or<br>(580) 442-0222 to schedule inventory date. |             |         |  |                |  |  |  |
| a. Type of Orders?  |             |         |  |                |  |  |  |
| b. Billeting Required:  | Yes         | 🔘 No    |  |                |  |  |  |
| c. Administrative Space Required:   | 🔵 Yes       | 🔵 No    |  |                |  |  |  |
| d. Arms Room Required:  | 🔵 Yes       | 🔘 No    |  |                |  |  |  |
| e. Motor Pool Required:   | 🔵 Yes       | 🔘 No    |  |                |  |  |  |
| f. Other: OYes ONo If "Ye   | s" specify: |         |  |                |  |  |  |

### 3-4 Food Services (FS Form 26, Section 19)

a. LRC-SILL - Installation Food Program Manager, Garcia Hall Dining Facility will provide ration support to EUs.

- b. Garcia Hall Dining Facility is located at 3720 Tacy Street:
  - (1) DFAC Manager (580) 442-0384

(2) DFAC Operations - (580) 442-0448

c. EUs are required to establish a Troop Issue Subsistence Activity (TISA) account with a Notification of Delegation of Authority - Receipt for Supplies (DA Form 1687) and Assumption of Command Orders if:

- (1) Field Kitchen operations will be required.
- (2) Additional Ice, in excess of allotment per meal, is required.
- (3) Shelf Stable/Box lunches or Meal Ready to Eat (MRE) are required.

d. All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill Dining Facilities utilizing FS Form 26, Block 19.

| 19. FOOD SERVICES (AR 30-22): REQUIRED: (LRC)   |                |                 |               |                               |                               |  |  |
|---|----------------|-----------------|---------------|-------------------------------|-------------------------------|--|--|
| Note: Food service requests must be submitted not later than 14 business days prior to rendering services. ROTC, JROTC, Civilian affiliated units and<br>personnel receiving BAS, are required to pay the appropriate meal rate for their meals. This must be brought to the DFAC in the form of either cash or check<br>(payable to: DEPARTMENT OF TREASURY), or transfer of funds by MIPR |                |                 |               |                               |                               |  |  |
| <sup>a.</sup> Will unit have Field Kitchen Operation  | ons?           | · · ·           | No            |                               |                               |  |  |
| If "Yes", Date of Operation: From:  |                | To              | ):            |                               |                               |  |  |
| <ul> <li>Will TISA support be required for elements</li> </ul>  | ordering of fi | eld kitchen r   | ations?       | ◯Yes                          | ○ No                          |  |  |
| <ul> <li>Will TISA support be required for a</li> </ul>   | additional ice | e in excess o   | f allotment p | oer meal? 🛛 🔵 Yes             | ○ No                          |  |  |
| <ul> <li>Unit is required to establish a TIS/</li> </ul>  | A account (D   | A Form 168      | 7's and Assu  | umption of Command of         | orders)                       |  |  |
| b. Will unit be dining at Installation Din  | ing Facility ( | DFAC)? 🔵        | Yes 🔘 N       | lo                            |                               |  |  |
| If "Yes", see support requires: Fron  | n:             |                 | To:           |                               |                               |  |  |
| c. Will unit be in a TDY status: OY   |                |                 |               |                               |                               |  |  |
| If "Yes", See (f) below for meal rates  | s associated   | with meal co    | ost.          |                               |                               |  |  |
| <sup>d.</sup> Will unit require support from Dining   | Facilities for | r Field Feedi   | ng (Mermite   | )? OYes No                    |                               |  |  |
| If "Yes", Dates support requires: Fr  | om:            |                 | To:           |                               |                               |  |  |
| <sup>e.</sup> Does unit have Food Containers to Support/Transport of Mermite meqls? O Yes O No  |                |                 |               |                               |                               |  |  |
| <li>f. Will unit require Shelf Stable/box lur<br/>If "Yes", Unit are required to establis</li>  |                |                 |               |                               | No<br>mand orders)            |  |  |
| 9. If you answered "Yes" to any of the  | above, pleas   | e fill in the a | ppropriate i  | nformation below.             |                               |  |  |
| Note: If requesting Box/Shelf Stable, or MRE's,   | please provide | information as  | to which meal | is being substituted under th | eir appropriate B/L/D column. |  |  |
| Type of Support(DFAC or Field Feed)   | Breakfast      | Lunch           | Dinner        | Number of Personnel           | Date(s) Requested             |  |  |
|   |                |                 |               |                               | -                             |  |  |
|   |                |                 |               |                               |                               |  |  |
|   |                |                 |               |                               | -                             |  |  |
|   |                |                 |               |                               |                               |  |  |
|   |                |                 |               |                               |                               |  |  |
|   |                |                 |               |                               |                               |  |  |

### 3-5 Transportation (FS Form 26, Section 20)

a. LRC-SILL-Sill -Transportation will provide transportation support to EUs and can support Personnel Movement, Military Cargo Shipping, and Rail Operations.

(1) Personnel Movement- This resource will only be available if unit place a MIPR through LRC-SILL-Sill Budget Analyst after receiving a cost estimate. Any

accident/damage to vehicles will be charged to the utilizing unit. Most types of Non-Tactical Vehicles, e, g., sedan, van, pick-ups, buses w/driver, can be available.

(2) Military Cargo- The Freight Office (Shipping & Receiving) is located in Building 2243, Bay 5 at the intersection of Hand and Gatley Roads. EUs desiring to ship military cargo (TL, LTL, SMALL PARCEL) may submit the appropriate paperwork (DD Form 1149 (Requisition and Invoice/Shipping Document), DD Form 1348-1 (Issue Release/Receipt Document) the appropriate Transportation Account Code (TAC) fund letter (OPR: DA G44 D) from the authorized Budget office. The Freight Office will determine the appropriate mode of transportation of Government freight based on requesters needs.

(3) Rail Operations- The Rail Office is located in building 2320, adjacent to the Unit Movements Building. The rail crew consists of 3 members and operate the four assigned locomotives in the movement of assigned Department of Defense railcars and commercial carrier railcars on Fort Sill property. They also assist with training units in tie-down techniques and pre-inspect railcars loaded with unit equipment for deployment to CONUS and OCONUS sites.

b. All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any event using Fort Sill Transportation utilizing FS Form 26, Block 20.

| 20. TRANSPORTATION SUPPORT REQUIRED: (LRC)   |          |                  | Not applicable |  |  |  |  |
|--|----------|------------------|----------------|--|--|--|--|
| Note: FS Form 833 and bus schedule is required for troop movement.   |          |                  |                |  |  |  |  |
| This resource will only be available if unit place a MIPR through LRC Budget Analyst after receiving a cost estimate. Any accident/damage to vehicles will be<br>charged utilizing unit. Most type of Non-Tactical Vehicles, e, g., sedan, van, pick-ups, buses w/driver, can be available, however, tactical vehicle requests<br>should be directed to AMC at (580) 442-4178.   |          |                  |                |  |  |  |  |
| <sup>a.</sup> Vehicle Type   | Quantity | From (DD-MMM-YY) | To (DD-MMM-YY) |  |  |  |  |
|  |          |                  |                |  |  |  |  |
|  |          |                  |                |  |  |  |  |
|  |          |                  |                |  |  |  |  |
|  |          |                  |                |  |  |  |  |
| <ul> <li>b. Freight Will unit be utilizing freight/cargo services (e.g., line haul or rail) for either inbound or outbound cargo to/from Fort Sill?</li> <li>Yes</li> <li>No</li> <li>Will sensitive items be shipped (e.g., weapons system, small arms, special ammunitions, etc.)?</li> <li>Yes</li> <li>No</li> <li>If "Yes", please contact Transportation Traffic Manager at (580) 442-6612 for inbound/outbound coordination.</li> </ul> |          |                  |                |  |  |  |  |
| <ul> <li><sup>c.</sup> Will commercial transportation (commercial bus, air) assistance be required? OYes ONo</li> <li>If "Yes", a Commercial Transportation Request and schedule is required.</li> <li>O Number of PAXs? Mode of Travel? Round Trip or One-Way?</li> </ul>   |          |                  |                |  |  |  |  |

### 3-6 Supply (FS Form 26, Section 21)

a. Supply Support Activity (SSA) – LRC-SILL SSA will provide supply support to EUs and can support the following classes of supply.

(1) Class II: The CIF mission is to stock, issue, exchange, and process turn-ins of designated items authorized by CTA 50-900, Appendix A. We provide support and services to deployable FORSCOM units; Reserve Component units; TRADOC training base units; Installation Staff Activities and Tenant units. Hours of Operation for

Permanent Party: 0900-1100 Monday through Thursday for issues; 1300-1445 Monday through Thursday for Direct Exchanges (DX's) and turn-ins. Hours of Operation for Trainee Section turn-ins is 0740-1200 and Issues from 1300-1500, Monday through Friday. Permanent Party group turn-ins or issues must be made by appointment and will be scheduled for 0740-0900 Monday through Thursday. The admin office is open from 0740-1530 Monday through Thursday.

(2) Class III: The Fuel Supply Point (FSP) will provide fuel via Vehicle Identification Link (VIL) key. Request with appropriate billing data acknowledges full organizational responsibility to pay all associated fuel purchases recorded by Electronic Point of Sale (E-POS) at Automated Fuels Service Stations (AFSS). The requesting EU acknowledges that they have read and understand the guidance contained in DESC-P-5, VIL key encoding and accountability, and are responsible to ensure internal organization controls are maintained in order to reduce the risk of waste, fraud, or abuse of VIL Keys in accordance with service component specific regulations an local guidance. AFSS facilities are not manned and do not provide fuel purchase receipts. EUs will complete a Memorandum for Record (MFR, Annex B) to the LRC-SILL Supply Fuel Accounting Technician.

(3) Class V: Training Ammunition requirements are based on data in DA PAM 350-38 and projected training events such as crew served weapons qualification standards. Units must forecast and load all ammunition in Total Ammunition Management Information System (TAMIS) at least 90 days prior to assumption date. In addition, all ammunition request must be approved by unit higher ACOM prior to draw date. All requisitions for ammunition and explosives will be submitted in TAMIS on DA Form e581 not later than 30 days prior to firing. Only those individuals listed on a valid DA Form 1687 will be allowed to receive ammunition and explosives. DA Form 1687 will be submitted prior to submission of e581. In addition to those items listed above, units must furnish a copy of Assumption of Command Orders and appointment duty orders for a Property Book Officer.

(4) Class IX: Repair parts will be order by the LRC-SILL Maintenance Division, and billed to the EU, if maintenance is being supported by LRC-SILL. EUs utilizing their own Maintenance Support will be required to supply their own Class IX repair parts.

All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any SSA using Fort Sill LRC-SILL utilizing FS Form 26, Block 21.

| 21. SUPPLY SUPPORT ACTIVITY: (LRC)   | <ul> <li>Not applicable</li> </ul> |
|--|------------------------------------|
| <sup>a.</sup> Does the unit require SSA support? OYes ONo  |                                    |
| b. Will the unit utilize Base Supply Store (Beacon Express)? OYes (GPC Required) ONO<br>If "Yes" and there are specific items unit requires to be stocked, submit NSN item listing and quantities. |                                    |

# 3-7 Maintenance (FS Form 26, Section 24)

LRC-SILL will provide tactical vehicle repair and recovery support to EUs.

All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to schedule any Maintenance Support using Fort Sill LRC-SILL utilizing FS Form 26, Block 24.

| 24. MAINTENANCE: (LRC)  | <ul> <li>Not app</li> </ul> | licable |
|---|-----------------------------|---------|
| O Does the unit require Tactical Vehicle Repair or anticipate Vehicle Recovery or Emergency Vehicle Repair? | ⊖Yes                        | ○No     |

#### 3-8 Tactical Vehicle Wash Rack (FS Form 26, Section 25)

All EUs will coordinate with the DPTMS, EUTCO at 580-558-0944 to schedule any use of the Fort Sill Tactical Vehicle Wash Rack utilizing FS Form 26, Block 25.

| 25. WASH RACK: (DPW)   |      |      | Not applicable |
|--|------|------|----------------|
| <sup>a.</sup> Does the unit require the use of the Tactical Vehicle Wash Rack? | ⊖Yes | 🔵 No |                |
| b. Unit must contact DPW for scheduling at (580) 595-1827 or 442-672           | 20   |      |                |

# 3-9 Network Enterprise Center (NEC) (FS Form 26, Section 26)

a. Primary means of communications will be SINCGARS/ACIPS radios. Units with no access to Table of Organization and Equipment (TOE) radios may request radios (M/A-COM) through the NEC for mission support.

b. All EUs will coordinate with the DPTMS, EUT & DEPLOY at 580-558-0944 to schedule any use of the Fort Sill Tactical Vehicle Wash Rack utilizing FS Form 26, Block 26.

| 26. RADIO FREQUENCY: (NEC)   | C Not applicable |
|--|------------------|
| a. Does the unit require Radio Frequency? Yes ONo                        |                  |
| b. Unit must contact NEC for coordination at (580) 442-1942 or 442-1970. |                  |

c. Information Management Support will be provided by the NEC for use by EUs. EUs should bring home station equipment. NEC will provide Intranet/Internet connections in administrative rooms.

d. All EUs will coordinate with the DPTMS, EUT & DEPLOY at 580-558-0944 to schedule any event utilizing Fort Sill NEC utilizing FS Form 26, Block 27.

| 27. IT SUPPORT REQUIRED: (NEC)                | <ul> <li>Not applicable</li> </ul> |                   |                 |
|---|------------------------------------|-------------------|-----------------|
| Equipment Required/Location (Building & Room) | Quantity                           | From: (DD-MMM-YY) | To: (DD-MMM-YY) |
|   |                                    |                   |                 |
|   |                                    |                   |                 |
|   |                                    |                   |                 |
|   |                                    |                   |                 |
|   |                                    |                   |                 |

### 3-10 Points of Contact

| Organization               | Building | Phone (580 area code) |
|----------------------------|----------|-----------------------|
| Billeting                  | 1602     | 442-0222/3989         |
| Food Program Manager       | 2258     | 442-3170              |
| Garcia Hall DFAC           | 3720     | 442-0384              |
| Ice Station                | 1962     | 442-6738              |
| TMP/Bus Transportation     | 2026     | 442-6742              |
| CIF                        | 2120     | 442-3377              |
| Fuel Supply Point          | 2245     | 442-6156              |
| Ammunition Supply Point    | 2304     | 442-6718              |
| MST                        | 2243     | 442-3370              |
| Tactical Vehicle Wash Rack | 7101     | 442-6731              |
| Network Enterprise Center  | 1645     | 442-1970              |
| LRC-SILL Operations        | 2258     | 442-3976              |

#### Chapter 4 Readiness

**4-1** Soldier Readiness Processing (SRP) - The mission of the SRP site is to perform administrative and medical screening services to Active Duty, National Guard, Reserve and Civilian personnel in support of deployment and redeployment/demobilization. Unit medical readiness screening is also provided for units that are not in their deployment window. The SRP objective is to ensure that personnel are both physically and mentally fit to deploy and redeploy/demobilize. SRP is located at BLDG 4700, the screening process includes:

- a. Military Personnel Division
  - (1) Conduct Military Personnel Records Check (DD93 & SGLV).
  - (2) Publish Temporary Change Station (TCS) Orders.
  - (3) Provide DEERS support to include ID Cards, ID Tags, Medical Alert Tags, and Enrollments.
- b. Finance
  - (1) Verify Pay Entitlements.
  - (2) Issue Eagle cash card.
- c. Medical
  - (1) Screen Soldiers for Psychosocial risk behaviors.

- (2) Conduct Immunization process.
- (3) Conduct Human Immunodeficiency virus (HIV) antibody check.
- (4) Ensure DNA sample is on file.
- (5) Verify Exceptional Family Member status is updated.
- (6) Verify hearing status.
- (7) Conduct medical record review.
- (8) Verify no temporary or permanent profile exist that prevents deployment.
- (9) Ensure Pre-Deployment Health Assessment is completed.
- (10) Ensure Soldier has 180 day supply of prescription.
- (11) Ensure PPD test is complete.
- (12) Conduct Neurocognitive Assessment screening is complete.
- (13) Conduct pregnancy test as needed.
- c. Dental

(1) Ensure dental readiness classification is acceptable (category I or II) and up to date.

d. Vision

(1) Ensure vision readiness classification is acceptable (category I or II) and up to date.

- (2) Order CBRN-E Mask Inserts if needed.
- e. Legal
  - (1) Verify Last Will and Testament if available.
  - (3) Issue Power of Attorney if needed.

All EUs will coordinate with the DPTMS, EUT at 580-558-0944 to coordinate any SRP/RSRP event.

#### 4-2 Points of Contact

| Organization | Building | Phone (580 area code) |
|--------------|----------|-----------------------|
| SRP          | 4700     | 442-3007/5122         |
| RAHC         | 4301     | (833) 286-3732        |

# Chapter 5 Soldier Support Activities

#### 5-1 Religious Services

Fort Sill Religious Operations Mission is to facilitate the free exercise of religion for all military personnel, their families and DA civilians on Fort Sill. Fort Sill Chapels conduct services for Roman Catholic, Seventh-day Adventist, Protestant, Liturgical Protestant, Latter Day Saints, Buddhist, Wiccan, and Greek Orthodox. http://sill-www.army.mil/usag/chapel/index.html Fort Sill has four chapels:

- a. Frontier Chapel Center BLDG 4121 Thomas Road, (580) 442-2701
- b. New Post Chapel BLDG 1005 Shade Avenue, (580) 442-3319
- c. Old Post Chapel BLDG 425 Hamilton Road, (580) 442-2636
- d. Cache Creek Chapel BLDG 6043 Rothwell Street, (580) 442-3302

### 5-2 Army and Airforce Exchange Service (AAFES)

Fort Sill has one Post Exchange (PX) and three Express shops available for use. The PX has a food court and several venders.

a. AAFES - <u>https://www.shopmyexchange.com/exchange-</u> stores/United%20States/OK/Ft%20Sill/Ft-Sill--1011901 BLDG 1718 Macomb Road, (580) 351-0504

b. Express Shops include:

1. Sheridan North Express (Subway Sandwiches) - BLDG 5650 Sheridan Road (580) 250-1204

2. Sheridan Road Express (Pizza Hut & Chopz) - BLDG 3985 Mow-Way Road (580) 355-8106

- 3. Fort Sill Blvd Express BLDG 4117 Fort Sill Blvd (580) 357-0786
- c. Food Court located in the PX contains:

Subway, Charley's, Taco Bell, Muscle Maker Grill, and Starbucks

d. Vendors located in the PX include:

Tactical Store, T-Shirt Shop, Unit Photo, The UPS Store, The Cleaners, Optical, GameStop, General Nutrition Center, Mobile Center, Barber Shop, and the Style Salon.

### 5-3 Morale, Welfare and Recreation (MWR)

Fort Sill MWR has several services available for Soldiers to include:

a. Fort Sill Golf Course - <u>https://sill.armymwr.com/programs/fort-sill-golf-course</u> BLDG 1270 Quinette Road, (580) 442-5493

b. Twin Oaks Bowling Center- <u>https://sill.armymwr.com/programs/twin-oaks-bowling-center</u>

BLDG 935 Macomb Road, (580) 442-2882

- c. Nye Library <u>https://sill.armymwr.com/programs/nye-library</u> BLDG 1640 Randolph Road, (580) 442-3806
- d. Lake Elmer Thomas Recreational Area (LETRA) https://sill.armymwr.com/programs/letra BLDG 7463 Deer Creek Canyon Road, (580) 442-5858
  - e. Rod and Gun Club <u>https://sill.armymwr.com/programs/rod-and-gun-club</u> BLDG 6218 Adams Hill Road, (580) 595-1875

f. Outdoor Adventure Center - <u>https://sill.armymwr.com/programs/equipment-checkout-center</u>

BLDG 2503 Ringgold Road, (580) 355-8270

g. Healthy Army Communities - <u>https://sill.armymwr.com/programs/healthy-army-</u> <u>communities</u>

BLDG 4700 Mow-Way Road

h. Adventure Travel - <u>https://sill.armymwr.com/programs/adventure-travel</u> BLDG 4700 Mow-Way Road, (580) 250-4040

### 5-4 Fitness Centers

There are three Fitness Centers located on Fort Sill and also Cedar Lake Three Mile Jogging Track located at the intersection of Currie Rd. and Mow-Way Rd.

a. FIRES Fitness Center - <u>https://sill.armymwr.com/programs/fires-fitness-center</u> BDLG 3290 Crane Ave, (580) 442-2445

b. Honeycutt Fitness Center - <u>https://sill.armymwr.com/programs/honeycutt-fitness-</u> center

BLDG 921 Randolph Road, (580) 442-4670

c. Rinehart Fitness Center - https://sill.armymwr.com/programs/rinehart-fitness-

#### <u>center</u>

BLDG 2730 Bragg Road, (580) 442-6652

#### 5-5 Soldier Counseling

Counseling is available through Army Community Service (ACS), Religious Services, and American Red Cross (ARC).

- a. ACS <u>https://sill.armymwr.com/programs/army-community-service</u> BLDG 4700 Mow-Way Road, (580) 442-4916
- b. ARC <u>http://sill-www.army.mil/redcross/</u> BLDG 4301 Wilson Street, (580) 350-3663

#### 5-6 Points of Contact

| Organization             | Building | Phone (580 area code) |
|--------------------------|----------|-----------------------|
| Religious Support Office | 6043     | 442-3302              |
| AAFES                    | 1718     | 351-0504              |
| MWR                      | 4700     | 442-3113/6472         |
| ACS                      | 4700     | 442-4916/4357         |
| ASAP                     | 3415     | 442-1707/2016         |
| SHARP                    | 2870     | 442-6938/2553         |

#### Chapter 6 FS Form 26

a. FS Form 26 will be used by all EUs to request training resources, facility and life support assets on Fort Sill. Unit leaders must carefully review each section and complete those items applicable to their training mission or operation. This form will be used as a checklist to ensure training resources are forecasted, tracked, and supported. Items not identified on this form will not be supported unless a change is submitted. If you are going out to the fields, you must list each range and training area. If an item is not applicable, check the NOT APPLICABLE block. If training assets requires a cost, we will notify the unit with a cost estimate. Please note that funding must be received by budget analyst prior to service or support being rendered, otherwise, we reserve the rights to cancel support. Once completed, please submit for validation and staffing or e-mail for additional questions <u>usarmy.sill.imcom-central.mbx.dptms-ext-unit-tng-and-deployment@mail.mil</u>. An IPC will be scheduled and if needed, a site visit conducted in order to support the training mission. Complete the FS Form 26 in the following manner:

# 6-1 FS Form 26 Information

| Block | Information   |
|-------|---|
| #     |   |
| 1     | Unit Information  |
| 2     | Training Dates  |
| 3     | Type of Training Planned (more than One can be checked)   |
| 4     | Advance Party Information (advance party should arrive with DA 1687 and   |
|       | designated representative for making decisions, signing for facilities and equipment)   |
| 5     | Main Body Information   |
| 6     | Arrival Transportation Information  |
| 7     | Purpose for Training at Fort Sill (5 Ws) and Commander's Intent   |
| 8     | Training Event Information (How training is going to happen)  |
| 9     | Range Required (list all ranges needed)   |
| 10    | Field Training Area/Bivouac (List any needed training areas   |
| 11    | Airfield/Airspace/Airspace Facility   |
| 12    | Weather Support   |
| 13    | Environmental Requirements (using Field Training Areas, and/or setting up MKT)  |
| 14    | Ammunition Forecast/Requisition (EUs using ammunition will forecast and load all ammunition into TAMIS. All requisitions for ammunition will be submitted in TAMIS on a DA 581e |
| 15    | Training Support Center (all request for TADSS)   |
| 16    | Mission Training Complex  |
| 17    | Weapons Required (if weapons are needed from the weapon's pool)   |
| 18    | Billeting, Facilities and Equipment (Billeting, Admin Space, Arms Room,<br>Motor Pool)  |
| 19    | Food Services   |
| 20    | Transportation Support Required (if EUs needs transportation for Unit)  |
| 21    | Supply Support Activity   |
| 22    | Fuel and PLL (VIL Key issue)  |
| 23    | Special Equipment (any equipment needed to conduct mission)   |
| 24    | Maintenance (if maintenance team is needed)   |
| 25    | Wash Rack (available during the week and weekends by approval)  |
| 26    | Radio Frequency (if an SOI will be needed)  |
| 27    | IT Support Required (if any equipment or internet connectivity is needed)   |
| 28    | VIP Visitation ( if 0-6 or above)   |
| 29    | Command Team At Fort Sill (contact information)   |
| 30    | Budget Contact (to coordinate required funding)   |
| 31    | Action Officer (Unit POC for all coordination)  |
| 32    | Scheduled Meeting with Fort Sill (initial planning conference)  |

#### Annex A References

FS REG 95-1 ARMY AVIATION: GENERAL PROVISIONS AND FLIGHT REGULATIONS

FS 115-9 FORT SILL WEATHER SUPPORT

FS REG 190-1 INSTALLATION PHYSICAL SECURITY AND CRIME PREVENTION

FS REG 385-1 POST RANGE REGULATION

AR 190-11 PHYSICAL SECURITY OF ARMS, AMMUNITION, AND EXPLOSIVES

AR 350-19 THE ARMY SUSTAINABLE RANGE PROGRAM

AR 350-52 ARMY TRAINING SUPPORT SYSTEM

AR 385-10 THE ARMY SAFETY PROGRAM

AR 385-63 RANGE SAFETY {MCO 3570.1C}

AR 735-5 PROPERTY ACCOUNTABILITY POLICIES

DA PAM 350-9 INDEX AND DESCRIPTION OF ARMY WIDE TRAINING DEVICES

DA PAM 350-38 STANDARDS IN WEAPONS TRAINING

TRADOC PAM 350-9 TRADOC TRAINING DEVICES FOR ARMY WIDE USE

TC 25-1 TRAINING LAND

#### Annex B Forms

- Figure 1. DA Form 1687
- Figure 2. FS Form 26
- Figure 3. Fort Sill Form 103
- Figure 4. Fuel MFR
- Figure 5. Request for Geospatial Data
- Figure 7. Request for Geospatial Map Product
- Figure 6. Sample Safety Certification Roster
- Figure 7. Equipment and Target Request
- Figure 8. MTC-RVTT Training Coordination Form

#### Figure 1. DA Form 1687

| NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES<br>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4. |           |                     |         |                        |                 |                  |  |  |
|---|-----------|---------------------|---------|------------------------|-----------------|------------------|--|--|
|   |           |                     |         | SENTATI                |                 |                  |  |  |
| ORGANIZATION RECEIVING SUPPLIES   |           |                     | LOCAT   | ION                    |                 |                  |  |  |
|   |           |                     |         |                        |                 |                  |  |  |
| LAST, FIRST, MIDDLE INITIAL   |           | AUTHORITY<br>REQ RE |         | SIGNATURE AND INITIALS |                 |                  |  |  |
|   |           |                     |         | NO-100                 |                 |                  |  |  |
|   |           |                     |         | NO. 10                 |                 |                  |  |  |
|   |           |                     |         | NTH AN                 |                 |                  |  |  |
|   |           |                     |         | NO-100                 |                 |                  |  |  |
| AUTHORIZATION BY  | RESPONSI  | IBLE SU             | IPPLY ( | OFFICER                | OR ACCOUNTABL   | E OFFICER        |  |  |
| THE UNDERSIGNED HEREBY  | DELEGATES | s то 🛛              | WITH    | DRAWS FR               | OM THE PERSON   | (S) LISTED ABOVE |  |  |
| THE AUTHORITY TO:   |           |                     |         |                        |                 |                  |  |  |
| REMARKS   |           |                     |         |                        |                 |                  |  |  |
|   |           |                     |         |                        |                 |                  |  |  |
|   | LASSU     | JME FUI             | LL RES  | PONSIBI                | LITY            |                  |  |  |
| UNIT IDENTIFICATION CODE  |           |                     | DOI     | DAAC/ACC               | OUNT NUMBER     |                  |  |  |
| LAST, FIRST, MIDDLE INITIAL GRA   | DE TE     | ELEPHO              |         | BER                    | EXPIRATION DATE |                  |  |  |
|   |           |                     |         |                        |                 |                  |  |  |
| DA FORM 1687, NOV 2015 PREVIOUS EDITIONS ARE OBSOLETE APD LC V1.01ES  |           |                     |         |                        |                 |                  |  |  |

# Figure 2. FS Form 26 – Fort Sill Training Support Form

| FORT SILL - TRAINING SUPPORT FORM v4.2  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
|---|---|--------------------------------|---------------------------------|----------------------------------|----------------|--|------------------|--------------|------------------|---|--|--|--|--|--|
| A copy of this form can be c  | btained from the Fort                               | SIII Internet                  | at the follow                   | ing link: <u>htto</u>            | ://sill        | l-www.a                                | armv.mil/USAG    | Morms.htr    | <u>ni</u> .      |   |  |  |  |  |  |
| Instructions: This form will be<br>facility and life support assets (<br>operation. This form will be us<br>supported unless a changes is   | on Fort SIII. Unit leade<br>ed as a checklist to en | rs must caref<br>sure training | ully review ea<br>resources are | ch section and<br>forecasted, tr | d com<br>acked | nplete th<br>d and su                  | upported. Items  | cable to the | ir training mis  | ision or  |  |  |  |  |  |
| If an item is not applicable, che<br>by budget analyst prior to servi   |   |                                |                                 |                                  |                |  |                  | th a cost es | timate. Pleas    | e note that funding must be received                                |  |  |  |  |  |
|   |   |                                |                                 |                                  |                |  |                  | ions usarm   | w.elii.imoom     | central.mbx.dofms-ext-unit-ing-                                     |  |  |  |  |  |
| and-deployment@mail.mll or<br>mission.  | spenoer.brvant.olvig                                | mal.ml. If                     | necessary, we                   | will schedule                    | a uni          | it planni                              | ing meeting or o | ievelop a si | te visit itinera | ry in order to support the training                                 |  |  |  |  |  |
| The proponent for this form is the Directorate of Plans, Training, Mobilization & Security (DPTM8), External Training and Deployment Branch; 455 McNair Ave, ATTN: IM8I-PLO, Fort 8III, OK. 73503; phone: (580) 442-1844/558-0944/442-3403. |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| 1. UNIT IDENTIFICATION AND ADDRESS: DATE:   |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| <sup>a.</sup> UNIT NAME:  |   |                                |                                 |                                  |                |  |                  | UNIT M       | AILING A         | DDRESS:   |  |  |  |  |  |
| b. UIC:   |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| c. BRANCH:  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| d. COMPONENT:   |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| <sup>e.</sup> MACOM:  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| 2. TRAINING DATE(   | S): Use Main B                                      | ody Date                       | s (DD-MN                        | (IM-YY) (e                       | .g.,           | 20-A                                   | UG-15)           |              |                  |   |  |  |  |  |  |
| a. Arrival Date   | Arrival Ti  | me                             | De                              | parture Da                       | ate            |  | Depa             | arture Ti    | me               | Facility Clearance Time   |  |  |  |  |  |
| b.  |   | Hours                          |                                 |                                  |                |  |                  |              | Hours            | Hours   |  |  |  |  |  |
| 3. TYPE OF TRAININ  | G PLANNED:  | (Check o                       | ne or mor                       | re as appr                       | opri           | iate)                                  |                  |              | •                |   |  |  |  |  |  |
| a. 🔵 Unit Field Train   | ing: LFX/FTX/S                                      | ТΧ                             |                                 |                                  |                | e. 🔵                                   | Equipmen         | t Demor      | nstration/8      | Experiments   |  |  |  |  |  |
| b. 🔵 Weapons Quali  | fication (IWQ or                                    | CSW)                           |                                 |                                  | f              | f. OROTC/JROTC Leadership Training     |                  |              |                  |   |  |  |  |  |  |
| c. 🔵 Inactive Duty T  | raining   |                                |                                 |                                  | ş              | g. Other: (Specify in the space below) |                  |              |                  |   |  |  |  |  |  |
| d. 🔵 Unit Annual Tra  | aining  |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| 4. ADVANCE PARTY  | ( Informatio  | N:                             |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| a.  |   |                                | # Offic                         | cers                             | #:             | Senio                                  | n NCOs           | # E(         | 6 & Below        | 1   |  |  |  |  |  |
| <li>b. Arrival Date</li>  | Arrival Time  | e                              | м                               | F                                |                | М                                      | F                | м            | F                | Total   |  |  |  |  |  |
| c.  |   | Hours                          |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| 5. MAIN BODY INFO   | RMATION:  |                                |                                 |                                  | _              |  |                  |              |                  | _   |  |  |  |  |  |
| a.  |   |                                | # Offic                         |                                  | #\$            |  | r NCOs           | # E6         | & Below          |   |  |  |  |  |  |
| <li>b. Arrival Date</li>  | Arrival Time  |                                | м                               | F                                |                | М                                      | F                | м            | F                | Total   |  |  |  |  |  |
| c.  |   | Hours                          |                                 |                                  |                |  |                  |              | _                |   |  |  |  |  |  |
| d.  |   | Hours                          |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| <ol> <li>ARRIVAL TRANS</li> <li>a.</li> </ol>   |   |                                |                                 |                                  | vel t          | to For                                 | t Sill)<br>POV   |              |                  | han (Canaifa)   |  |  |  |  |  |
| b. Advance Party  | Mil Vehicle   | D                              | us                              | Air                              |                |  | POV              |              | 0                | ther (Specify)  |  |  |  |  |  |
| c. Main Party   |   |                                |                                 |                                  | _              |  |                  |              |                  |   |  |  |  |  |  |
|   | ARE   | A BELOV                        | IS FOR                          | DPTMS A                          | ٨DN            | AINIS                                  | TRATIVE          | JSE ON       | LY:              |   |  |  |  |  |  |
| Lodging #:  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| DFAC Location:  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| Other:  |   |                                |                                 |                                  |                |  |                  |              |                  |   |  |  |  |  |  |
| FS FORM 26, OCTOE   | BER 2018  |                                | PREVI                           | OUS EDITIO                       | NS/            | ARE O                                  | BSOLETE          |              |                  | FS FORM 26, OCTOBER 2018 PREVIOUS EDITIONS ARE OBSOLETE PAGE 1 OF 6 |  |  |  |  |  |

FS FORM 26, OCTOBER 2018 PREVIOU: (DIRECTORATE OF PLANS, TRAINING, MOBILIZATION & SECURITY)

|                         | FORT SILL - TRAINING SUPPORT FORM v4.2  |                               |                           |                     |                |  |  |  |
|-------------------------|---|-------------------------------|---------------------------|---------------------|----------------|--|--|--|
| 7. PURPOS               | E FOR TRAINING AT FORT SILL: (DP  | TMS)                          | THIS IN                   | FORMATION I         | S MANDATORY    |  |  |  |
|                         | your mission during this period? (be sp   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
| <sup>b.</sup> What is y | our commander's intent? End state:  |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
| 8. TRAININ              | G EVENT INFORMATION: (DPTMS)  |                               |                           | 0                   | Not applicable |  |  |  |
| a. Training             | Exercise/Event Name:  |                               |                           |                     |                |  |  |  |
| b. Actual D             | ates of Exercise/Event: From:   | To:                           |                           |                     |                |  |  |  |
| c. Brief Des            | cription of Training Exercise/Event:  |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
| d. Type of E            | quipment being utilized during Training   | Exercise/Event:               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
| 9. RANGE                | REQUIRED: (DPTMS)   |                               |                           | 0                   | Not applicable |  |  |  |
| Note: Units of          | Inducting range firing at Fort Sill will comply with the<br>anges and characteristics. For more information o | e provisions of FS Regulation | n 385-1. Units may use Ap | pendix B for a comp | olete listing  |  |  |  |
| Range #                 | Type  | From (DD-MMM-YY)              |                           | Start Time          | End Time       |  |  |  |
| runge #                 | 1900  | 11011 (00 111111 117          | 10 (00 1000 11)           | Start Time          | End Third      |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
|                         |   |                               |                           |                     |                |  |  |  |
| ES EODM 20              | SOCTOBER 2018 PE  | REVIOUS EDITIONS ARE OF       | ISOLETE                   |                     | PAGE 2 OF 6    |  |  |  |

(DIRECTORATE OF PLANS, TRAINING, MOBILIZATION & SECURITY)

|  | FC         | ORT SILL - TRA             | AINING SUPPOI                 | RT FORM v4.2   |                                      |          |
|--|------------|----------------------------|-------------------------------|--|--------------------------------------|----------|
| 10. FIELD TRAINING ARE/  |            |                            |                               |  | 🔵 Not appli                          | icable   |
| Training Area #  | Fror       | n (DD-MMM-YY)              | To (DD-MMM-YY)                | Start Time   | End Tim                              | e        |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
| 11. AIRFIELD/AIRSPACE//  |            | CE FACILITY: (DPTN         | AS)                           |  | <ul> <li>Not appli</li> </ul>        | icable   |
| Type of Support  |            | From (DD-MMM-YY)           |                               | Reaso  |                                      | Gabio    |
|  |            |                            |                               |  |                                      |          |
|  | -          |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  | ~                                    |          |
| 12. WEATHER SUPPORT:<br>Note: Units requesting weather a             |            |                            |                               | perintendents, Weather Operation                           | Not appli<br>before their arrival to |          |
| For more information, please con                                     |            |                            |                               |  |                                      |          |
| Does unit require weather s  | support    | ? 🔾 Yes 🔵 No               |                               |  |                                      |          |
| 13. ENVIRONMENTAL RE   | QUIRE      | Ments: (DPW)               |                               |  | 🔵 Not appli                          | icable   |
| Note: Coordination and a brief de<br>2930), Phone: (580) 442-2849/06 |            | of the proposed training s | should be provided to the Fo  | t Sill Environmental Quality Divisio                       | on Support Branch (E                 | Building |
| a. Training Event Cleared 3  |            | Out: OYes ONo              |                               |  |                                      |          |
| b. Environmental Cleared R   |            |                            |                               |  |                                      |          |
| 14. AMMUNITION FOREC   |            | 0                          |                               |  | Not appli                            | icable   |
| Training Ammunition requirem   |            |                            |                               | d training events such as crew                             | <u> </u>                             | IGGIDIG  |
| qualification standards. Units                                       | must fo    | recast and load all amm    | nunition in TAMIS at least    | 90 days prior to assumption d                              |                                      |          |
| ammunition request must be a   | approve    | d by unit higher ACOM      | prior to draw date.           |  |                                      |          |
|  |            |                            |                               | e581 not later than 30 days pr                             |                                      |          |
| •  |            |                            |                               | xplosives. DA Form 1687 will<br>of Assumption of Command O |                                      |          |
|  |            |                            |                               | at Building 1490, Phone: (580)                             |                                      | ineria.  |
|  |            |                            |                               |  |                                      |          |
| DOCUMENT # for Ammun   | nition E   | )raw                       | , Date of P                   | ickup is   |                                      |          |
| 15. TRAINING SUPPORT (   | CENTE      | R REQUIREMENT: (           | (DPTMS)                       |  | 🔵 Not appli                          | icable   |
| Note: Training Aids, Devices, Sir                                    | mulators,  | and Simulations (TADSS)    | ) and Graphic Training Aids ( | GTA). Point of Contact # (580) 44                          | 42-6901/4985.                        |          |
| a. TADSS/GTA Required?   | <u>(</u> ) | Ų.                         |                               |  |                                      |          |
| b. If yes, TSC Account esta  | blished    | (FS Regulation 350-        | 6)? 🔾 Yes 🔾 No                |  |                                      |          |
| <sup>c.</sup> Training Device/GTA N                                  | umber      |                            | Descrip                       | tion   | Qu                                   | uantity  |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
|  |            |                            |                               |  |                                      |          |
| d. Training certified Instruct                                       | or/Oper    | rator available? (         | 🔵 Yes 🔵 No                    |  |                                      |          |
| e. If no, training requested f                                       |            |                            | Yes No                        |  |                                      |          |
| f. Simulator Support (EST I  |            |                            | Yes No                        |  |                                      |          |
| 9- Schedule provided to TS   | -          |                            | Yes No                        |  |                                      |          |
|  |            |                            | 0 0                           |  | D105                                 | 2.05     |
| FS FORM 26, OCTOBER 20<br>(DIRECTORATE OF PLANS, TRAI                |            |                            | IOUS EDITIONS ARE OBSC        | LETE   | PAGE                                 | E 3 OF 6 |

| FORT SILL - TRAINING SUPPORT FORM v4.2  |                                |                    |                |                   |                   |            |                                  |     |
|---|--------------------------------|--------------------|----------------|-------------------|-------------------|------------|----------------------------------|-----|
| 16. MISSION TRAINING COMPLEX: (DPTMS)   |                                |                    |                |                   |                   |            |                                  | ble |
| a. Does unit require MTC support for their training? O Yes ONo  |                                |                    |                |                   |                   |            |                                  | _   |
| b. To schedule training or for more information on MTC mission, please go into their website at:  |                                |                    |                |                   |                   |            |                                  |     |
| https://fcoe.tradoc.army.mil/sites/dptms/training/mtc/SitePages/Home.aspx   |                                |                    |                |                   |                   |            |                                  |     |
| 17. WEAPONS REQUIRED: (DPTMS) ONt applicable  |                                |                    |                |                   |                   |            |                                  | ble |
| Note: Please note a FS Form 104 is required for requesting weapons at Weapon's Pool.  |                                |                    |                |                   |                   |            |                                  |     |
| Wpn Nomenclature  | Quantity                       | Pick-up da         | ite/Time       | Turn-in D         | ate/Time          |            | Remarks                          |     |
|   |                                |                    |                |                   |                   |            |                                  |     |
|   |                                |                    |                |                   |                   |            |                                  | _   |
| -   |                                |                    |                |                   |                   |            |                                  |     |
|   |                                |                    |                |                   |                   |            |                                  |     |
|   |                                |                    |                |                   |                   |            |                                  |     |
| 18. BILLETING, FACILITIE  | ES & EQUI                      | Pment: (Df         | PTMS)          |                   |                   |            | <ul> <li>Not applical</li> </ul> | ble |
| Note: Fort Sill has limited barracks space available; therefore, units should use organic assets in their inventory to support major training event. Billets, when<br>available on a priority basis starting with Mobilized/Demobilized units, etc. After request is approved, unit should contact DPW Housing at (580) 512-6662 or<br>(580) 442-0222 to schedule inventory date. |                                |                    |                |                   |                   |            |                                  |     |
| a. Type of Orders?  |                                |                    |                |                   |                   |            |                                  |     |
| b. Billeting Required:  | b. Billeting Required: OYes No |                    |                |                   |                   |            |                                  |     |
| c. Administrative Space Re  | equired: (                     | 🔵 Yes (            | No             |                   |                   |            |                                  |     |
| d. Arms Room Required:  |                                |                    |                |                   |                   |            |                                  |     |
| e. Motor Pool Required:   | (                              | ) Yes 🔘            | No             |                   |                   |            |                                  |     |
| f. Other: Yes N   | lo If "Yes"                    | specify:           |                |                   |                   |            |                                  |     |
| 19. FOOD SERVICES (AR   | 30-22): R                      | EQUIRED: (         | (LRC)          |                   |                   |            | O Not application                | ble |
| Note: Food service requests mus   | st be submitte                 | d not later than 1 | 14 business da | ys prior to rende | ering services. F | ROTC, JROT | ÷                                |     |
| personnel receiving BAS, are required to pay the appropriate meal rate for their meals. This must be brought to the DFAC in the form of either cash or check (payable to: DEPARTMENT OF TREASURY), or transfer of funds by MIPR   |                                |                    |                |                   |                   |            |                                  | ck  |
| a. Will unit have Field Kitch   |                                |                    |                | ) No              |                   |            |                                  |     |
| If "Yes", Date of Operation: From: To:  |                                |                    |                |                   |                   |            |                                  |     |
| • Will TISA support be required for ordering of field kitchen rations?  |                                |                    |                |                   |                   |            |                                  |     |
| • Will TISA support be r  | •                              |                    |                |                   |                   | <u> </u>   | ○ No                             |     |
| O Unit is required to establish a TISA account (DA Form 1687's and Assumption of Command orders)  |                                |                    |                |                   |                   |            |                                  |     |
| b. Will unit be dining at Installation Dining Facility (DFAC)? Yes No   |                                |                    |                |                   |                   |            |                                  |     |
| If "Yes", see support requires: From: To:   |                                |                    |                |                   |                   |            |                                  |     |
| c. Will unit be in a TDY status: OYes ONo<br>If "Yee" See (t) below for meal rates associated with meal cost.   |                                |                    |                |                   |                   |            |                                  |     |
| If "Yes", See (f) below for meal rates associated with meal cost.<br><sup>d.</sup> Will unit require support from Dining Facilities for Field Feeding (Mermite)? Yes No   |                                |                    |                |                   |                   |            |                                  |     |
| If "Yes", Dates support requires: From: To:   |                                |                    |                |                   |                   |            |                                  |     |
| Poes unit have Food Containers to Support/Transport of Mermite meals? Yes No  |                                |                    |                |                   |                   |            |                                  |     |
| f. Will unit require Shelf Stable/box lunches?: Yes No or MRE's? Yes No   |                                |                    |                |                   |                   |            |                                  |     |
| If "Yes", Unit are required to establish a TISA account (DA Form 1687 and Assumption of Command orders)   |                                |                    |                |                   |                   |            |                                  |     |
| 9- If you answered "Yes" to any of the above, please fill in the appropriate information below.<br>Note: If requesting Box/Shelf Stable, or MRE's, please provide information as to which meal is being substituted under their appropriate B/L/D column.   |                                |                    |                |                   |                   |            |                                  |     |
|   |                                | _                  |                |                   |                   |            |                                  |     |
| Type of Support(DFAC or I   | riela reed)                    | Breakfast          | Lunch          | Dinner            | Number of F       | ersonnel   | Date(s) Requested                |     |
|   |                                |                    |                |                   |                   |            | -                                |     |
|   |                                |                    |                |                   |                   |            | -                                |     |
|   |                                |                    |                |                   |                   |            | -                                |     |
|   |                                |                    |                |                   |                   |            | _                                |     |
|   |                                |                    |                |                   |                   |            |                                  |     |
|   |                                |                    |                |                   |                   |            | -                                |     |
|   |                                |                    |                |                   |                   |            | -                                | 05  |
| FS FORM 26, OCTOBER 2<br>(DIRECTORATE OF PLANS, TRA   |                                |                    |                | NITIONS ARE O     | BSOLETE           |            | PAGE 4                           | OF  |

| FORT SILL - TR  | AINING      | SUPPOR                        | T FOR                     | M v4.2                  |                      |              |
|---|-------------|-------------------------------|---------------------------|-------------------------|----------------------|--------------|
| 20 TRANSPORTATION SUPPORT REQUIRED: (LR   |             |                               |                           |                         | 🔵 Not ap             | oplicable    |
| Note: FS Form 833 and bus schedule is required for troop moveme<br>This recourse will only be available if unit place a MIRP through LPC  |             | unt office error in           | 1 a cost C                | nto Americani tari      | klamane tet.         | e will be    |
| This resource will only be available if unit place a MIPR through LRO<br>charged utilizing unit. Most type of Non-Tactical Vehicles, e.g., seda<br>be directed to AMC at (580) 442-4178.                                |             |                               |                           |                         | actical vehicle requ | iests should |
| <sup>a.</sup> Vehicle Type  |             | Quantity                      | From (D                   | D-MMM-YY)               | To (DD-MM            | M-YY)        |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
| <ul> <li>b. Freight Will unit be utilizing freight/cargo services<br/>Sill? Yes No</li> <li>O Will sensitive items be shipped (e.g., weapons sys<br/>If "Yes", please contact Transportation Traffic Manager</li> </ul> | tem, small  | arms, special                 | ammunitic                 | ons, etc.)?             | )Yes ONo             |              |
| c. Will commercial transportation (commercial bus, air)   |             | ,                             | -                         | O No                    |                      |              |
| If "Yes", a Commercial Transportation Request and   |             |                               | -                         | 0                       |                      |              |
| O Number of PAXs? Mode of Travel?   |             |                               | Rou                       | und Trip or One         | e-Way?               |              |
| 21. SUPPLY SUPPORT ACTIVITY: (LRC)  |             |                               |                           |                         | 🔵 Not ap             | oplicable    |
| a. Does the unit require SSA support? OYes (  | No          |                               |                           |                         |                      |              |
| b. Will the unit utilize Base Supply Store (Beacon Expre<br>If "Yes" and there are specific items unit requires to  |             | )Yes (GPC Re<br>ed, submit NS | equired)<br>N item listir | ◯ No<br>ng and quantiti | es.                  |              |
| 22. FUEL AND PLL: (LRC)   |             |                               |                           |                         | 🔵 Not ap             | plicable     |
| o Does the unit require fuel or PLL products? OYe   | ⊧s ⊜No      |                               |                           |                         |                      |              |
| 23. SPECIAL EQUIPMENT: (ALL)  |             |                               |                           |                         | 🔘 Not ap             | oplicable    |
|   |             | No                            |                           |                         |                      |              |
| Туре  | Quantity    | Reques                        | ted Date(s                | )                       | Turn-in Date(s)      | )            |
|   |             |                               | -                         |                         | -                    |              |
|   |             |                               | -                         |                         | -                    |              |
|   |             |                               | -                         |                         | -                    |              |
|   |             |                               | -                         |                         |                      |              |
| 24. MAINTENANCE: (LRC)  |             |                               |                           |                         |                      | oplicable    |
| O Does the unit require Tactical Vehicle Repair or antic  | pate Vehic  | cie Recovery o                | or Emerger                | ncy Vehicle Re          |                      | 0.1          |
| 25. WASH RACK: (DPW)  |             | 10 0                          | <u> </u>                  |                         | 🔵 Not ap             | oplicable    |
| a. Does the unit require the use of the Tactical Vehicle  |             | <u> </u>                      | s 🔘 No                    |                         |                      |              |
| b. Unit must contact DPW for scheduling at (580) 595-<br>30 PADIO EDECUENCY: (NEC)  | 1827 or 442 | 2-6720                        |                           |                         | A                    |              |
| 26. RADIO FREQUENCY: (NEC)  | <u></u>     |                               |                           |                         | 🔵 Not ap             | oplicable    |
| Does the unit require Radio Frequency? Ores     Destruction at (580) 442  |             | 12 1070                       |                           |                         |                      |              |
|   | -1922 OF 44 | 12-13/0.                      |                           |                         | O Net                | plicable     |
| 27. IT SUPPORT REQUIRED: (NEC)<br>Equipment Required/Location (Building & F   | Room)       | Qua                           | ntity From                | n: (DD-MMM-Y            |                      | plicable     |
|   |             | Qua                           |                           |                         | -,                   |              |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
|   |             |                               |                           |                         |                      |              |
| 28. VIP VISITATION: (Colonel Promotable and above   | ) (PROTOC   | :01)                          |                           |                         | O Not an             | plicable     |
| Note: Please fill out VIP Worksheet and submit worksheet through  |             |                               | ent Branch tr             | FCOE Protocol           | <u> </u>             | Purcanic     |
|   |             | 2                             |                           |                         |                      | GE 5 OF      |
| FS FORM 26, OCTOBER 2018 PREV<br>DIRECTORATE OF PLANS, TRAINING, MOBILIZATION & SECURI  |             | ONS ARE OBSOL                 | LEIE                      |                         | PA                   | GESUP        |

| FORT SILL - TRAINING SUPPORT FORM v4.2 |                          |                      |            |                                |  |  |
|--|--------------------------|----------------------|------------|--------------------------------|--|--|
| a. Will unit be visited by VIP         | during Training Ex       | ercise on Fort       | Sill?      | 🔵 Yes 🔵 No                     |  |  |
| b. Provide name and phone              |                          |                      |            |                                | Phone #: ( ) -   |  |
| Date(s) (DD-MMM-YY)                    | Na                       | me                   | Rank       | Position Tile                  | Unit/Organization  |  |
| -                                      |                          |                      |            |                                |  |  |
|  |                          |                      |            |                                |  |  |
| -                                      |                          |                      |            |                                |  |  |
| -                                      |                          |                      |            |                                |  |  |
| -                                      |                          |                      |            |                                |  |  |
|  |                          |                      |            |                                |  |  |
| -                                      |                          |                      |            |                                |  |  |
| -                                      |                          |                      |            |                                |  |  |
| 29. COMMAND TEAM AT F                  |                          |                      |            |                                |  |  |
| Note: Please provide the following     |                          | assist all Fort Sill | agencies j | providing EUT support and for  | emergency contact information.   |  |
| a. Unit Commander (Name,               | Rank, Title):            |                      |            |                                |  |  |
| O Contact Number(s):                   |                          |                      | (          | Cell Number(s):                |  |  |
| 0 E-mail Address:                      |                          |                      |            |                                |  |  |
| b. Unit Senior NCO POC (N              | ame, Rank, Title):       |                      |            |                                |  |  |
| o Contact Number(s):                   |                          |                      | 0          | Cell Number(s):                |  |  |
| O Email Address:                       |                          |                      |            |                                |  |  |
| c. Unit Administrative POC             | (Name, Rank, Title)      | ):                   |            |                                |  |  |
| Contact Number(s):                     |                          |                      | 0          | Cell Number(s):                |  |  |
| O E-mail Address:                      |                          |                      |            |                                |  |  |
| 30. BUDGET CONTACT (M                  |                          |                      |            |                                |  |  |
| Note: Please provide the followin      |                          | assist appropriate   | e budget a | nalyst to coordination funding | requirements.  |  |
| a. Name of Budget Analyst:             | -                        |                      |            |                                | •  |  |
| b. Position Title:                     |                          |                      |            |                                |  |  |
| c. Office Telephone Numbe              | r(s) COMM:               |                      | [          | DSN:                           | FAX:   |  |
| d. Alternate Telephone Nun             | nber(s):                 |                      |            |                                |  |  |
| e. E-Mail Address:                     |                          |                      |            |                                |  |  |
| 31. ACTION OFFICER (MA                 | NDATORY):                |                      |            |                                |  |  |
|  |                          | assist DPTMS, Pl     | ans Ops ii | n communicating and sending    | information to units requesting assistance.  |  |
| a. Name of Person Submitti             | ng FS-TSF:               |                      |            |                                |  |  |
| D. Rank/Grade:                         |                          |                      |            |                                |  |  |
| c. Position Title:                     |                          |                      |            |                                |  |  |
| d. Office Telephone Number             | r(s) COMM:               |                      | 0          | SN:                            | FAX:   |  |
| e. Alternate Telephone Num             |                          |                      |            |                                |  |  |
| t. E-Mail Address:                     |                          |                      |            |                                |  |  |
| 32. SCHEDULE MEETING                   |                          |                      |            |                                |  |  |
| Note: Units are required to schedu     | ile an IPC telephonic or | in person with Ex    | ternal Tra | ining and Deployment Branch    | before their arrival to Fort Sill. This will<br>g and Deployment Branch at (580) 442-184 |  |
| a. IPC Scheduled?                      | )Yes ONo                 | When                 |            | case conducexternal ridinin    | g and Deproyment Dranon at (300) 112-104   |  |
|  |                          |                      |            |                                |  |  |
| b. MPC Scheduled?                      | )Yes 🔘No                 | When                 | ?          |                                |  |  |
| c. FPC Scheduled?                      | )Yes ()No                | When                 | ?          |                                |  |  |
|  |                          |                      |            |                                |  |  |
| FS FORM 26, OCTOBER 20                 | )18                      | PREVIOUS E           | DITIONS    | ARE OBSOLETE                   | PAGE 6 OF  |  |
| (DIRECTORATE OF PLANS, TRAIL           |                          | & SECURITY)          |            |                                |  |  |

# Figure 3. FS Form 103 – MTC Training / Exercise Support Request

| Mission Training Complex<br>Training / Exercise Support Request   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| IMPORTANT! All training support requests must be submitted to the MTC Operations Officer a minimum of 45 days in advance - 60 days for Exercise. Any requests submitted less than 30 days will require a memorandum of lateness signed by the Commander (05 or above), director, or chief of special staff or tenant units. |  |  |  |  |  |  |  |
| Exercise requests will not be approved until an initial IPR is completed.   |  |  |  |  |  |  |  |
| 1. Date of Request: 2. Requesting Unit:   |  |  |  |  |  |  |  |
| 3. Unit POC Requesting Training:  |  |  |  |  |  |  |  |
| a. Phone Number: b. Email Address:  |  |  |  |  |  |  |  |
| 4. Training Support / Exercise Dates: From - To -   |  |  |  |  |  |  |  |
| 5. Type of Support / Exercise:  |  |  |  |  |  |  |  |
| 6. Commander's Training Objectives (list):  |  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| b.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| с.  |  |  |  |  |  |  |  |
| d.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 7. Commander's Intent / Guidance for Training (list):   |  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| b.  |  |  |  |  |  |  |  |
| с.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| d.  |  |  |  |  |  |  |  |
| 8. Key Training / Exercise Dates:   |  |  |  |  |  |  |  |
| a. Setup: b. STARTEX: c. ENDEX:   |  |  |  |  |  |  |  |
| d. Testing & Integration w/MTC: (1 x week prior to STARTEX):  |  |  |  |  |  |  |  |
| (Required for exercise  |  |  |  |  |  |  |  |
| ES FORM 103 MAR 2016 PREVIOUS EDITIONS ARE OBSOLETE PAGE 11   |  |  |  |  |  |  |  |

FS FORM 103, MAR 2016 PREVIOUS DIRECTORATE OF PLANS, TRAINING, MOBILIZATION AND SECURITY

| Mission Training Complex<br>Training / Exercise Support Request (cont.)             |                |               |                          |  |  |
|---|----------------|---------------|--------------------------|--|--|
| 9. Daily Ops - Hrs /Day: From -   | To -           |               | Total Hrs/Day -          |  |  |
| a. Will training exceed the normal 8 hour training day?                             | 🗌 Yes          | 1             | No                       |  |  |
| b. Will the unit fund contractor over-time hours?                                   | 🗌 Yes          | 1             | No                       |  |  |
| 10. Individual ABCS training required: Ves  | 🗌 No           |               |                          |  |  |
| a. ABCS Course Requested:   |                |               |                          |  |  |
| b. Will Training be Required Prior to an Exercise:                                  | Yes            | 🗌 No          | Dates:                   |  |  |
| c. Number of Soldiers Required for training:  |                |               |                          |  |  |
| 11. Collective Training Support Required: 🗌 Yes                                     | 🗌 No           |               |                          |  |  |
| <ol> <li>Type of Collective Training Requested:</li> </ol>                          |                |               |                          |  |  |
| b. Will Training be Required Prior to an Exercise:                                  | Yes            | No            | Dates:                   |  |  |
| c. Number of Soldiers Required for training:  |                |               |                          |  |  |
| 12. MTC Facility Requirements: NOTE - Due to demand for to units requiring SIM/STIM |                |               | nd will only be provided |  |  |
| a. Is Land Required to Support Training: 🛛 🗌 Yes                                    | 🗌 No           |               |                          |  |  |
| b. Specify Land Requirement:  |                |               |                          |  |  |
| MTC OF  | ERATION        | S             |                          |  |  |
| 13. Date Request Received:  | 14. IPF        | R Date:       | (If Required)            |  |  |
| 15. Request Approval: APPROVED DENIE  | D Date:        |               |                          |  |  |
| 16. Reason Request was Denied: Schedule Conflict                                    |                | ack of Resour | roes                     |  |  |
| 17. Remarks:  |                |               |                          |  |  |
|   |                |               |                          |  |  |
| 18. MTC Operations Officer  |                |               |                          |  |  |
| Type/Print Name:  | Digital Signa  | ature:        |                          |  |  |
| FS FORM 103, MAR 2016   | orginal orgina |               | PAGE 2 OF                |  |  |



### Figure 4. Fuel Memorandum for Record (MFR)

MEMORANDUM FOR RECORD

(DATE)

FROM: (Name and Mailing Address of Organization Requesting VIL Keys)

SUBJECT: Fuels Vehicle Identification Link (VIL) Key Request

TO: LRC Supply Fuel Accounting Technician - ASCW-LSI-S-F

 Request VIL keys for the vehicles/equipment listed at Attachment I to this memorandum. The keys shall be encoded with the following financial billing data in accordance with the requirements discussed in DESC-P-5, Section 6:

| Customer DoDAAC:            |  |
|-----------------------------|--|
| Signal Code:                |  |
| Fund Code:                  |  |
| Use Code:                   |  |
| Supplemental DoDAAC:        |  |
| Sub-Account Data:           |  |
| Expiration Date of VIL Key: |  |

Unit Identification Number (UID): (This is For Foreign Government requests only)

2. Signature to this VIL Key request with appropriate billing data acknowledges full organizational responsibility to pay all associated fuel purchases recorded by Electronic Point of Sale (E-POS) at Automated Fuels Service Stations (AFSS). The requesting individual acknowledges that they have read and understand the guidance contained in DESC-P-5, Vehicle Identification Link (VIL) Key Encoding, and Accountability and are responsible to ensure internal organization controls are maintained in order to reduce the risk of waste, fraud, or abuse of VIL Keys in accordance with service component specific regulations an local guidance. Automated Fuel Service Stations (AFSS) facilities are not manned and do not provide fuel purchase receipts.

DESC-P-5 is available for review at the following DESC hyperlink https://east.esps.disa.mil/dod/dla/dlaenergy/scm/SitePages/Publications.aspx.

Signature

Typed Name and Rank/Grade of Requestor Organization and Home Station Attachment, Vehicle/Equipment List

## VEHICLE/EQUIPMENT LISTING

| Vehicle/Equipment<br>Type | Model/Year | Vehicle/Equipment<br>ID#                         | Fuel Grade | <u>Use Code</u> | Expiration<br>Date of VIL |
|---------------------------|------------|--|------------|-----------------|---------------------------|
|                           |            | (License plate/Tag # if<br>Rental or CSA vehicle |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
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|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |
|                           |            |  |            |                 |                           |

1st Endorsement: Encoded VIL Key Receipt Acknowledgement

(Date)

I acknowledge receipt of above encoded VIL keys and accept responsibility for establishment of internal organizational controls to prevent inappropriate and/or fraudulent use of the VIL keys.

Signature Typed Name Title and Rank/Grade Home Station

## Figure 5. Request for Geospatial Data



#### REQUEST FOR GEOSPATIAL DATA

Installation Geospatial Information & Services (IGI&S) Directorate of Public Works (DPW) FIRES Center of Excellence & Fort Sill 1950 Barbour Road, Fort Sill, Oklahoma 73503



| R   | REQUESTOR INFORMATION:   |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
|---|--|----------------------|----------------------|---------|--------------------------------|------------------------|--|----------------------------------|----------------------------------|---------|-----------------------|-------------------|--------------|-----------------------|---|
| N   | ame:   |                      |                      |         |                                |                        |  |                                  |                                  | Rank:   |                       |                   | Organizatio  | e/Company:            |   |
| Ac  | iciress:   |                      |                      |         | City/State/ZIP:                |                        |  |                                  | Pho                              | ne:     |                       |                   | Email:       |                       |   |
| G   | overnment PC   | :C:                  |                      |         |                                |                        |  |                                  | Pho                              | D0:     |                       |                   | Email:       |                       |   |
| G   | Geospatial Data Request: Geospatial Analysis Request:  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
| Ν   | MAP FEATURE/DATA SET INFORMATION:  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
| Please select one or more of the following features/data sets. If you would like to request a feature that is not shown, add it to the list and then select it. |  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
|   | Aerial Imagery   | / [Spec              | ify Year)            |         |                                | Civil-Railroad Centerl | ines                                   | 1                                | EnvNat                           | uralB   | esource-Forest Sta    | ind               |              |                       | Arwais- (Miletic Relds, Ribbelic Coarts,<br>Parks, Risearcoards, Golf Coarse) |
|   | Raster-Hilsha  | de, DE               | M or LiDA            | R.      |                                | Civil-Road Centerline  | 5                                      | 1                                | EnviNat                          | ural Re | asource-Tree Point    | t                 | R            | ecreation             | Areas - Karing Area, Feding Location  |
|   | AdminBounda  | iry-Ade              | fress Bloci          | : Area  |                                | EngSurvey-Survey Co    | ntroi Monuments                        | I I                              | Landfo                           | rm-Ele  | vation Contour (1     | ft or 1≕}         | U            | tility-Bect           | trical  |
|   | AdminBounda  | iry-Car              | ntonment             | Area    |                                | EnvAgricultural-Agric  | ultural Area                           | I I                              | Landfo                           | rm-Ph   | ysiographic Points    | (Terrain)         | L L          | tility-Geo            | Thermal   |
|   | AdminBounda  | iry-Far              | nily Housi           | 16      |                                | EnvCultural-Archaeol   | ogical Site Area                       | ۱<br>ا                           | MilRan                           | geAirC  | Opti-Akholden Janejik | inquas            | U U          | tility-Heat           | tingCooling   |
|   | AdminBounda  | iry-Ini              | tallation A          | rea     |                                | EnvCultural-Cultural S | Survey Area                            |                                  | MiRangeAirOps-Regulated Air      |         |                       |                   | U U          | UtiFity-NaturaKias    |   |
|   | Civil-Access Co  | ontrol               | (Gates)              |         |                                | EnvHistorical-Historic | Districts or Areas                     | 1                                | MiRan                            | ge-Firi | ing Site or Range A   | Area              |              | Utility-Other/General |   |
|   | Civil-Bridge & L   | ow Wat               | er Crowing           |         |                                | Envitydro-Flood Zone   | HE (FEMIA)                             |                                  | MilBange-Impact Area/Buffer Area |         | U                     | UtiTty-StormWater |              |                       |   |
|   | Civil-Buildings  | · · · ·              | ~                    |         |                                | EnviHydro-Water Fea    | ture <sub>Dess &amp;</sub> Centellers) | 1                                | MiBan                            | ge-Dn   | ар Zone/Landing Z     | Zane              | U            | UtiTty-WasteWater     |   |
|   | Civil-Paverner<br>(load area, tuda a   | nt Secti<br>mo. Drin | ian<br>ruor, Sideval | (Area)  | EnvHydroFeature-Dam Area/Point |                        |  | Millange-Training Area and Sites |                                  |         | L                     | kiity-Wab         | er (Potable) |                       |   |
| Other Features:   |  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
| _   |  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
|   |  | . DA                 | TA REQ               | ·       |                                | FORMATION:             |  |                                  |                                  |         |                       |                   |              |                       |   |
|   | ata Format:  |                      |                      |         |                                | ile Geodatabase        |  | ┛                                | if Other, please describe:       |         |                       |                   |              |                       |   |
| _   | RI Platform:   |                      |                      | _       |                                | reGIS (v10.x)          |  |                                  | If Other, please describe:       |         |                       |                   |              |                       |   |
| Coordinate System & Projection: UTM-WGS 1984-Zone 14N   |  |                      |                      |         | û Ott                          | ier, p                 | lease describe:                        |                                  |                                  |         |                       |                   |              |                       |   |
|   |  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
| De  | divery Metho   | d:                   |                      | E       | Email (Under 10 MB)            |                        |  |                                  | If Other, please describe:       |         |                       |                   |              |                       |   |
|   |  |                      |                      | $\perp$ |                                |                        |  | $\rightarrow$                    |                                  |         |                       |                   |              |                       |   |
|   |  |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |
| N   | NOTES: All Geospatial Data will be delivered in SDSFIE 3.1 (Army Adaptation),<br>The Default Coordinate System/Projection is: UTM Zone 14N, WGS1984. |                      |                      |         |                                |                        |  |                                  |                                  |         |                       |                   |              |                       |   |

#### TERMS AND CONDITIONS:

- THE FORT SILL IGI&S PROGRAM HEREBY DECLARES THAT THE MAPS AND DATA PRODUCED ARE PREPARED WITH THE GREATEST POSSIBLE CARE AND IN ACCORDANCE WITH PROFESSIONAL PRACTICE STANDARDS.HOWEVER, FORT SILL CANNOT ACCEPT ANY RESPONSIBILITY FOR ANY ERROR, OMISSIONS OR POSITIONAL ACCURACY, AND THEREFORE, THERE ARE NO WARRANTIES WHICH ACCOMPANY THIS PRODUCT.
- THE RECIPIENT IS HEREBY ADVISED THAT THE GEOSPATIAL DATA AND/OR MAP PRODUCTS PROVIDED SHOULD BE INDEPENDENTLY REVIEWED TO ASCERTAIN AND VERIFY THE ACCURACY AND USABILITY.
- THE RECIPIENT SHALL INDEMNIFY AND SAVE HARMLESS THE U.S. ARMY GARRISON FORT SILL, AND THE FIRES CENTER OF EXCELLENCE AGAINST ALL LOSSES AND CLAINS, DEMANDS, ACTIONS, PAYMENTS AND SUITS RESULTING FROM ANY USE OF THE REQUESTED INFORMATION, GEOSPATIAL DATA OR MAP PRODUCTS BY THE REQUESTOR'S EMPLOYEES, AGENTS OR ASSOCIATES.
- 4. THE REQUESTOR AGREES THAT THE PROVIDED INFORMATION IS TO BE UTILIZED FOR THE PURPOSE STATED ABOVE AND THAT THE DATA PROVIDED WILL NOT BE RESOLD OR REDISTRIBUTED IN ANY MANNER. UNAUTHORIZED DUPLICATION AND/OR DISTRIBUTION OF THE DATA IS STRICTLY PROHIBITED WITHOUT THE EXPRESS WRITTEN PERMISSION OF U.S. ARMY GARRISON FORT SILL, AND THE FIRES CENTER OF EXCELLENCE.
- THE REQUESTOR AGREES TO SUPPLY THE FORT SILL IGIBS WITH ANY AND ALL IMPROVEMENTS MADE UPON THE REQUESTED GEOSPATIAL DATA, AND TO RETURN AND/OR DESTROY THE ORIGINAL DATA OR MAP PRODUCT(s) AT THE CONCLUSION OF THE AFOREMENTIONED PROJECT.

I agree to the above-stated terms and conditions.

| Requestor Signature:<br>Date: |  |
|-------------------------------|--|
| Gov't POCSignature:<br>Date:  |  |

### Figure 6. Request for Geospatial Map Product



#### REQUEST FOR GEOSPATIAL MAP PRODUCT

Installation Geospatial Information & Services (IGI&S) Directorate of Public Works (DPW) FIRES Center of Excellence and Fort Sill 1950 Barbour Road, Fort Sill, Oklahoma 73503



#### REQUESTOR INFORMATION: itle/Rank Name: Organization/Company/ Phone: Address City/State/ZIP: Email: Government POC: Phone: Email: Geospatial Map Request: Geospatial Analysis & Map Request: MAP or GEOSPATIAL PRODUCT INFORMATION: Please select one or more of the following maps. If you would like to request a map that is not shown, select the "Custom" box and describe. Cantonment Map-Main Post, Scale 1:8,000 (E Size, 34in.x 44in.) Visitor/Welcome Map, (Tabloid, 11in.x17in.) Facilities Map. (Tabloid, 11in.x17in.) Describe Area ar Facility Utilities Map, (Tabloid, 11in.x17in.) Describe Area Sportsmen's Map, Scale 1:50,000 (16in.x36in.) Range & Training Map (Non-Aviation), Scale 1:50,000 (16in.x36in.) Range & Training Map (Aviation), Scale 1:50,000 (16in,x36in.) Range & Training Map (Non-Aviation), Scale 1:25,000 (36in.x72in.) Range & Training Map (Aviation), Scale 1:25,000 (36in.x72in.) Custom Map (Describe Below) Custom Map (Please Specify) : (Purpose of Request, Intent of Map, Page Size, Desired Scale, Spotial Extent, etc.) MAP REQUEST INFORMATION: Prinits/Plots (Number Requested) Digital Map Format: Adobe .PDF If "Other", Please Describe: Delivery Method: mail (Under 10 MB If "Other", Please Describe: Date Product Needed: NOTES:

To submit Map and/or Geospatial Data Request, Please e-mail this form to: aaron.e.peterson.civ@mail.mil if you have any questions, or require further assistance, Please Call (580) 442-3815 or (580) 442-5731.

#### TERMS AND CONDITIONS:

- THE FORT SILL IGI&S PROGRAM HEREBY DECLARES THAT THE MAPS AND DATA PRODUCED ARE PREPARED WITH THE GREATEST POSSIBLE CARE AND IN ACCORDANCE WITH PROFESSIONAL PRACTICE STANDARDS.HOWEVER, FORT SILL CANNOT ACCEPT ANY RESPONSIBILITY FOR ANY ERROR, OMISSION OR POSITIONAL ACCURACY, AND THEREFORE, THERE ARE NO WARRANTIES WHICH ACCOMPANY THIS PRODUCT.
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- THE RECIPIENT SHALL INDEMNIFY AND SAVE HARMLESS THE U.S. ARMY GARRISON FORT SILL, AND THE FIRES CENTER OF EXCELLENCE AGAINST ALL LOSSES AND CLAIMS, DEMANDS, ACTIONS, PAYMENTS AND SUITS RESULTING FROM ANY USE OF THE REQUESTED INFORMATION, GEOSPATIAL DATA OR MAP PRODUCTS BY THE REQUESTOR'S EMPLOYEES, AGENTS OR ASSOCIATES.
- 4. THE REQUESTOR AGREES THAT THE PROVIDED INFORMATION IS TO BE UTILIZED FOR THE PURPOSE STATED ABOVE AND THAT THE DATA PROVIDED WILL NOT BE RESOLD OR REDISTRIBUTED IN ANY MANNER. UNAUTHORIZED DUPLICATION AND/OR DISTRIBUTION OF THE DATA IS STRICTLY PROHIBITED WITHOUT THE EXPRESS WRITTEN PERMISSION OF U.S. ARMY GARRISON FORT SILL, AND THE FIRES CENTER OF EXCELLENCE.
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I agree to the above-stated terms and conditions.

| Requestor Signature: |  |
|----------------------|--|
| Date:                |  |
| Approval Signature:  |  |
| Date:                |  |

## Figure 7. Sample Safety Certification Roster

ATZR-ZX xx June xxxx

MEMORANDUM FOR RANGE CONTROL, DPTMS

SUBJECT: Safety Certification Roster

1. The following personnel of 1st Battalion, 11th Field Artillery, meet the safety certification requirements as specified in Fort Sill Reg 385-1, Safety Post Range Regulation, paragraph 9-1b, for the listed weapons ranges:

| NAME                | RANK | POSITION | ID#   | UNIT | CERTIFIED<br>FOR  | EXPIRATION<br>DATE |
|---------------------|------|----------|-------|------|-------------------|--------------------|
| GIGIAN, Frank<br>L. | CPT  | OIC, RSO | 56789 | ннв  | 155MM, M16, HG    | XX AUG XX          |
| LAFONT, Lecu<br>Z.  | SFC  | OIC, RSO | 89012 | ннв  | DEMO, M16,<br>9MM | XX AUG XX          |

 Point of contact is SFC Smoke, Assistant Noncommissioned Officer in Charge, Operations, 1-11 FA, 442-1234/5678.

> IMA B. IGROCK LTC, FA Commanding

| Range Operations Target & Equipment Request  |
|--|
|  |
| Organization:  |
| Range Name:  |
| Date of Range:   |
| POC:   |
| Telephone:   |
| Number of Radios (TDA Units):  |
| Quanah Gate key:   |
|  |
| Target Support   |
| Cardboard Back up:   |
| 25M Zero - M16A2/M16A4/M4 Carbine:   |
| 25M Zero – M4/M16 Series Weapons – Short Range and Pistol:   |
| Alternate Course C M16A1:  |
| 25M E Type 9MM Pistol:   |
| 10M MG, ABCD M240B:  |
| Bowling Pin TGT:   |
| Reflexive Fire TGT:  |
|  |
| Other Ancillary Equipment Needs:   |
|  |
|  |
|  |
|  |
|  |
| NOTE: Email to: kevin.l.imel.civ@mail.mil or hand carry to Bldg 1490. Equipment can only be picked up on the day of the range. |

| MTC-RVTT Training  | Coordination Form:           |                           |                      |  |  |  |
|--|------------------------------|---------------------------|----------------------|--|--|--|
|  |                              | (Unit)                    | ( Date of Training ) |  |  |  |
|  |                              |                           |                      |  |  |  |
| ( Training POC)  | ( POC Phone# )               | ( POC                     | Email )              |  |  |  |
|  | Commander's Training         | Objectives / Intent:      |                      |  |  |  |
| 1  |                              |                           |                      |  |  |  |
| 2  |                              |                           |                      |  |  |  |
| 3  |                              |                           |                      |  |  |  |
| 4  |                              |                           |                      |  |  |  |
| 5  |                              |                           |                      |  |  |  |
| 6  |                              |                           |                      |  |  |  |
|  | Mark the appropriate t       | ooxes with an " X "       |                      |  |  |  |
| Vehicle Co   | nfiguration                  | Ter                       | rain                 |  |  |  |
| HMMWV, M1026, Armo   | ored Series                  | Afghanistan East          | Fort Hood            |  |  |  |
| HEMTT, M977, Cargo   |                              | Korea                     | Fort Bliss           |  |  |  |
| HEMTT, M978, Fueler  |                              | NTC - Fort Irwin          | Fort Campbell        |  |  |  |
|  |                              |                           | Fort Drum            |  |  |  |
| Weapon Co  | onfiguration                 | Crew-Held Wpns            |                      |  |  |  |
| CrewSrv/Turret Mnt   | Alt-Weapons                  | M16 A2 Rifle              | M240B MG             |  |  |  |
| Main Weapons   | M240B MG                     | M4 Carbine                | M9 Berretta          |  |  |  |
| M2 MG  | M249 SAW                     | M249 SAW                  | AT4                  |  |  |  |
| MK-19  |                              |                           |                      |  |  |  |
| * Email this training coordination sheet to the RVTT Site Lead and set up a coordination meeting 2<br>weeks prior to training to allow the RVTT Team time for scenario/training preparation. |                              |                           |                      |  |  |  |
| Guy Jerez  | )csra.com                    |                           |                      |  |  |  |
| ( RVTT Site Lead )   | (RVTT POC Phone#)            | ( RVTT PC                 |                      |  |  |  |
| ** Questions rega  | arding training requests may | be directed to the MTC OP | S Office below.      |  |  |  |
| Steve Gardner  | (580) 442-4126               | stephen.e.gardn           | er3.civ@mail.mil     |  |  |  |
| (MTC OPS)  | (RVTT POC Phone#)            | ( RVTT PC                 | DC Email )           |  |  |  |

# Figure 9. MTC-RVTT Training Coordination Form

## Annex C The minimum grade required to be an OIC/RSO.

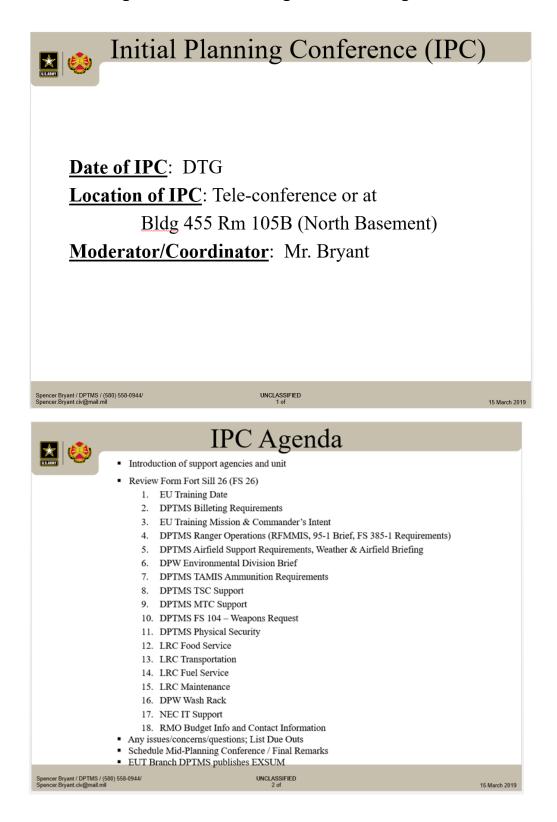
|             | WEAPON  | OIC | RSO |
|-------------|---|-----|-----|
| CALFEX      | Battalion or higher Combined Arms Live Fire     | 04  | E7  |
|             | Exercise  |     |     |
| LFX         | Company/Battery/Troop and below Collective Live | E7  | E6  |
|             | Fire Range using organic weapon systems[Note:   |     |     |
|             | see paragraph 7-5 for additional requirements   |     |     |
| MLRS/HIMARS | Multiple Launch Rocket System                   | E7  | E6  |
| HG          | Hand Grenade (HE)                               | E7  | E6  |
| HGP         | Hand Grenade (Practice)                         | E6  | E5  |
| NBC         | NBC Chamber                                     | E6  | E5  |
| 9MM         | Pistol  | E6  | E5  |
| M16         | Rifle   | E6  | E5  |
| M4          | M4 Carbine                                      | E6  | E5  |
| M2          | .50 Caliber Machine Gun                         | E6  | E5  |
| M60         | 7.62 mm Machine Gun                             | E6  | E5  |
| M240        | 7.62mm Machine Gun                              | E6  | E5  |
| M249        | 5.56 mm Squad Automatic Weapon                  | E6  | E5  |
| MK19        | 40mm Grenade Machine Gun                        | E7  | E6  |
| M203        | 40mm Grenade Launcher                           | E7  | E6  |
| AT4         | Anti Tank Weapon (HE)                           | E7  | E6  |
| SUB         | Sub Caliber AT4                                 | E6  | E5  |
| MINE        | M18 Claymore                                    | E7  | E6  |
| TOW         | TOW Guided missile                              | E7  | E6  |
| 25MM        | BFIST   | E7  | E6  |
| DEMO        | Demolitions                                     | E7  | E6  |
| LASER       | Laser   | E6  | E5  |
| PYRO        | Pyrotechnics/Simulators                         | E6  | E5  |
| 105MM       | 105mm Cannon                                    | E7  | E6  |
| 155MM       | 155mm Cannon                                    | E7  | E6  |
| 60MM        | 60mm Mortar                                     | E6  | E5  |
| 81MM        | 81 mm Mortar                                    | E6  | E5  |
| 120MM       | 120mm Mortar                                    | E6  | E5  |
| 12 GA       | 12 Gauge Shotgun                                | E6  | E5  |

## Annex D Scheduling Planning Conferences

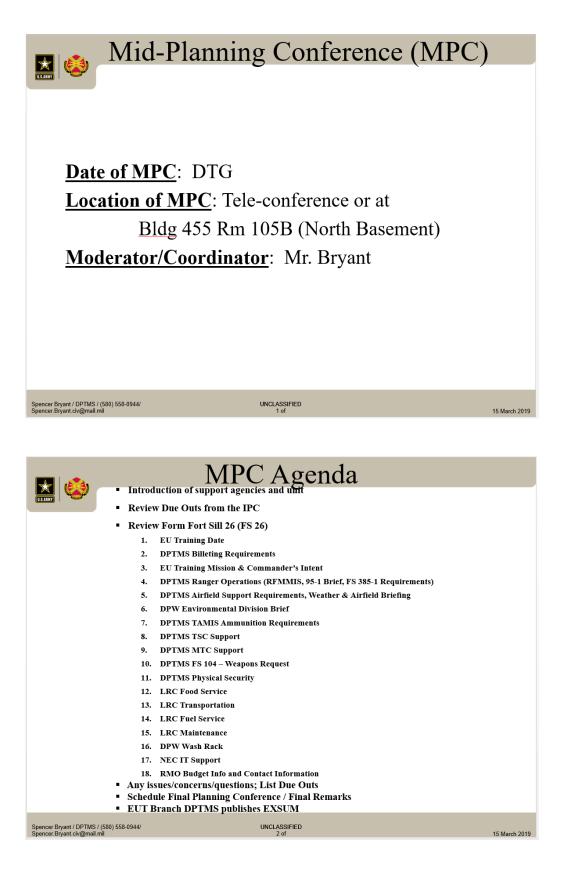
| Initial Planning<br>Conference (IPC)<br>** conduct 4-6 Months<br>prior to Deployment /<br>External Unit Training | <ul> <li>a. External Unit Training (EUT) Branch will serve as installation hub for the external unit training and deployment. EUT Branch will schedule meetings and teleconferences in order to facilitate unit training / deployment missions. External Unit (EU) contacts EUT Branch, Mr. Spencer Bryant (spencer.bryant.civ@mail.mil) or Mr. Joe Olson (joseph.m.olson1.civ@mail.mil). EUT Branch coordinates IPC with the EU and Installation Agencies.</li> <li>b. See Annex D, Figure 1 (IPC Briefing Agenda).</li> <li>c. Schedule Mid-Planning Conference.</li> <li>d. EUT Branch publishes EXSUM and Due Outs for all FCoE / Directorates / Supporting Organizations.</li> </ul> |
|--|---|
| Mid-Planning<br>Conference (MPC)<br>** conduct 2-3 Months<br>prior to Deployment /<br>External Unit Training     | <ul> <li>a. EUT Branch conducts MPC.</li> <li>b. Review Due Outs from the IPC.</li> <li>c. See Annex D, Figure 2 (MPC Briefing Agenda).</li> <li>d. Schedule Final Planning Conference.</li> <li>d. EUT Branch publishes EXSUM and Due Outs for all FCoE / Directorates / Supporting Organizations.</li> </ul>  |
| Final Planning<br>Conference (FPC)<br>** conduct 6 Weeks prior<br>to Deployment /<br>External Unit Training      | <ul> <li>a. EUT Branch conducts FPC.</li> <li>b. Review Due Outs from the MPC.</li> <li>c. See Annex D, Figure 3 (FPC Briefing Agenda).</li> <li>d. EUT Branch publishes EXSUM.</li> <li>e. Continue to monitor external training / deployment process until complete.</li> </ul>   |

\*\* Note: This is the suggested timeline for all Conferences.

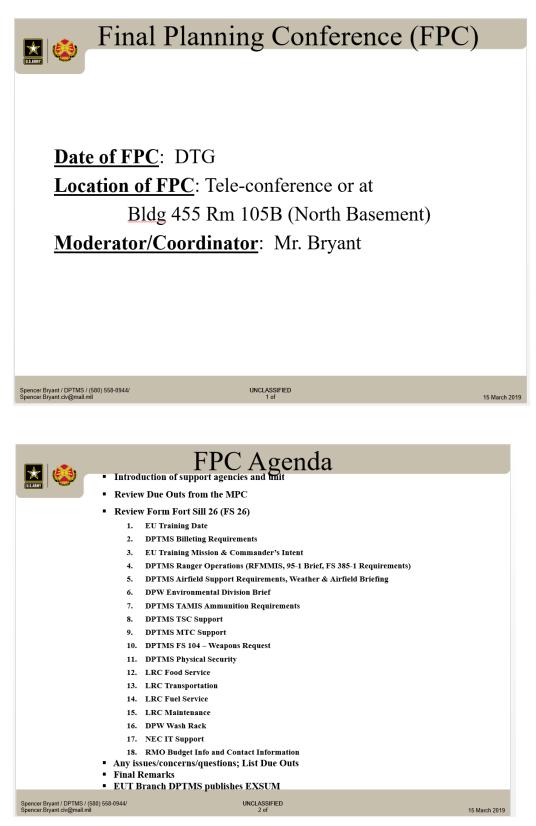
### Annex D. Figure 1, Initial Planning Conference Agenda



### Annex D. Figure 2, Mid-Planning Conference Agenda



## Annex D. Figure 3, Final Planning Conference Agenda



## Glossary

- AAFES Army and Air Force Exchange Service
- AFATDS Advanced Field Artillery Tactical Data System
- AFSS Automated Fuels Service Stations
- ARNG Army National Guard
- AT Annual Training
- ATRRS Army Training Requirements and Resource System
- CPoF Command Post of the Future
- **CPX Command Post Exercise**
- CTE Cumulative Training Exercise
- DCRT Deployment Cycle Resilience Training
- **DFAC Dining Facility**
- **DIGEXs Digital Exercises**
- DPW Department of Public Works
- **DX Direct Exchange**
- EOC Emergency Operations Center
- E-POS Electronic Point of Sale
- EST II Engagement Skills Trainer II
- EU External Unit
- EUT External Unit Training Branch
- FTX Field Training Exercise
- FPC Final Planning Conference
- FSP Fuel Supply Point
- GPC Government Purchase Card
- GRTC Graham Resiliency Training Campus
- GTA Graphic Training Aids
- HEAT HMMWV Egress Assistance Trainer
- HMMWV High Mobility Multi-purpose Wheeled Vehicle

- HPAAF Henry Post Army Airfield
- IDT Inactive Duty Training
- IPC Initial Planning Conference
- IPR In-Process Review
- ISSA Installation Supply Support Activity
- ITAM Integrated Training Area Management
- JADOCS Joint Automated Deep Operations Coordination System Course
- JBC-P Joint Battle Command-Platform Course
- JCR Joint Capabilities Release
- LRC-SILL Logistic Readiness Center-Fort Sill
- MCSI Mission Command Systems Integration
- MDMP Military Decision Making Process
- **MEDEVAC Medical Evacuation**
- MFR Memorandum for Record
- MIPR Military Interdepartmental Purchase Request
- MPC Mid Planning Conference
- MRT Master Resilience Trainer
- MRX Mission Rehearsal Exercise
- MST Maintenance Support Team
- MTC Mission Training Complex
- MWR Morale, Welfare and Recreation
- NEC Network Enterprise Center
- NGA National Geospatial-Intelligence Agency
- OIC Officer in Charge
- PDSS Pre-Deployment Site Survey
- POC Point of Contact
- POE Point of Embarkation
- PX Post Exchange

- RAHC Reynolds Army Health Clinic
- RFI Rapid Fielding Initiative
- RFMSS Range Facility Management Support System
- RSO Range Safety Officer
- **RTSC Regional Training Support Center**
- **RVTT Reconfigurable Vehicle Tactical Trainer**
- SOI Signal Operation Instructions
- SRP Soldier Readiness Processing
- SSA Supply Support Activity
- TADSS Training Aids, Devices, Simulators, and Simulations
- TAMIS Total Ammunition Management Information System
- TISA Troop Issue Subsistence Activity
- TMP Transportation Motor Pool
- TOE Table of Organization and Equipment
- VBS3 Virtual Battle Space 3
- VIL Vehicle Identification Link
- VTC Video Teleconference