

3. Deploying Unit: a. Mailing Address b. Point of Contact c. Phone DSN: _____ d. Comm: _____ e. FAX DSN: _____ f. Comm: _____ g. E-mail: _____	5. Sponsor Unit: a. Mailing Address b. Point of Contact c. Phone DSN: _____ d. Comm: _____ e. FAX DSN: _____ f. Comm: _____ g. E-mail: _____	7. Certification Names and Signatures a. Sponsor Unit Rep Printed Name: _____ Signature: _____ b. Deploying Unit Rep Printed Name: _____ Signature: _____ c. JCS Funding Rep Printed Name: _____ Signature: _____ d. RC Funding Rep Printed Name: _____ Signature: _____
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4. Deploying Unit's Higher Headquarters a. Headquarters Name: b. Point of Contact c. Phone DSN: _____ d. Comm: _____ e. FAX DSN: _____ f. Comm: _____ g. E-mail: _____	6. Sponsor Unit's Higher Headquarters a. Headquarters Name: b. Point of Contact c. Phone DSN: _____ d. Comm: _____ e. FAX DSN: _____ f. Comm: _____ g. E-mail: _____	e. CONUSA Rep Printed Name: _____ Signature: _____ f. OCONUS Cmd Rep Printed Name: _____ Signature: _____ g. FORSCOM Rep Printed Name: _____ Signature: _____
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8.	FY	LINE #	FR	S	UIC	UNUM	BR	ULC	AR	ST	MRC	C	ASTR	PAX	EX	FC	START	END	LOC	TC	MACOM	SPONSOR	EVAL

9. Training a. Training Plan must be attached to this form. b. Primary training level: <input type="checkbox"/> Unit METL Training <input type="checkbox"/> Sub-Unit Collective Training <input type="checkbox"/> Command and Staff Training <input type="checkbox"/> Individual Skills Training c. Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Training Ammunition Required: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Training Ammunition Provided by: <input type="checkbox"/> Unit <input type="checkbox"/> Sponsor f. All training Aids/Material Provided by Sponsor Except:	10. Life Support <i>(Government rations & quarters must be used if available.)</i> Note: For RC soldiers in AT status, separate rations are not applicable. a. Billeting: <input type="checkbox"/> Barracks <input type="checkbox"/> Guest House <input type="checkbox"/> Field b. Sponsor/facility provides linen: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Unit must bring sleeping bags/mats: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Female quarters are available: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Govt rations/dining facility available: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Sponsor will provide meal cards: <input type="checkbox"/> Yes <input type="checkbox"/> No g. Weekend/holiday rations: <input type="checkbox"/> Local DFAC <input type="checkbox"/> Sponsor Contracted <input type="checkbox"/> Transported to remote DFAC <input type="checkbox"/> Sponsor provided per diem h. Other life support requirements:	11. Logistics a. All logistics support will be provided by sponsor except as noted: b. Mission essential tools/equipment will be provided by sponsor except as noted: c. Excess baggage funded by: <input type="checkbox"/> Sponsor <input type="checkbox"/> RC Unit <input type="checkbox"/> JCTP
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12. Transportation

a. Transportation funding will be provided by:

Command/POC: _____

Email/Phone: _____

Sponsor will provide fund cite for DD Form 1610 Yes No

Sponsor will publish DD Form 1610 Yes No

Sponsor will purchase airline tickets Yes No

b. Sponsor preferred point of entry: _____

c. Unit preferred point of departure: _____

d. Unit to provide itinerary info to sponsor NLT: _____

e. Unit to draw military vehicles: Yes No

Type Vehicle # of Drivers

f. Unit to provide licensed drivers: Yes No

g. Winter driver certification required: Yes No

h. Rental car authorized: Yes No

(No rental car will be funded unless approved by OCONUS cmd.)

13. Security of Equipment

a. Unit is responsible for security of all personal and unit equipment. Individuals must bring locks to secure personal equipment. Duffel bags are required to secure personal equipment except as noted below:

b. Wall lockers are available Yes No

c. Foot lockers are available Yes No

14. Uniforms

a. All personnel must bring the complete Army Physical Training Uniform and wet weather clothing.

b. Check if required:

BDU Class A

Cold Weather Class B

Other (list below): _____

15. Security Clearances (Check if Required)

a. Level	Position(s)
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> TS	<input type="checkbox"/> All personnel on mission <input type="checkbox"/> None
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> TS	_____
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> TS	_____
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> TS	_____
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> TS	_____

b. Sponsor will be provided clearance certification NLT:

16. Personal/Field Equipment (Check if Required)

- a. Field uniform (LBE/Helmet)
- b. MOPP (Chemical Protective Equipment)
- c. M17 M40 Protective Mask
- d. M9 M16A1/2 M249 M60 Weapons
- e. PVS4 PVS5 PVS6 PVS7 Night Vision
- f. Sponsor will provide:
 - Secure storage area for weapons
 - Secure storage area for night vision
 - Weapons storage racks

17. Other Coordination Issues:

18. Unit Representative(s):

Signature: _____

Printed Name, Rank, Title: _____

Date (YYYYMMDD): _____

19. Major Subordinate Command (MSC) ODT Manager:

Signature: _____

Printed Name, Rank, Title: _____

Date (YYYYMMDD): _____

20. Sponsor Representative(s):

Signature: _____

Printed Name, Rank, Title: _____

Date (YYYYMMDD): _____

21. Continuation/Remarks