

Instructions				Date Request Prepared d/m/yr				
o Ensure that macro's are enabled								
o Complete Adminstrative Data below and all sections that apply to your training requirements (Cells are formatted)								
o Return completed request 90 Days before training event								
o Fill in ALL highlighted boxes; Incomplete requests maybe delayed or returned								
o E-mail Completed requests to ng.in.inarng.list.mutc-sched@mail.mil								
o For more information see Buildings and Maps located on tabs 2 and 3								
o If training Unit has attachments (other units) please list with number of personnel in the "Summary of Training" section								
o For accurate estimate ensure the number of days required for buildings and venues are annotated on TAB 2 (Buildings/Venues)								
UNIT INFORMATION		Adv Party	Main Body	Start Date	End Date	Estimated number of Personnel to Train		
Requested Training Dates						Male	Female	Total
Alt Requested Traning Dates							=	
Unit/Organization:					POC for this request:			
Address:					City,St,Zip:			
Phone:		DSN:		E-mail:				
Name and phone # for Funding POC:							Component	
Range Officer in Charge (OIC) and Range Safety Officer (RSO) are required to watch video in order to be certified prior to training; list below.								
OIC :				RSO:				
USE DROP DOWN ARROWS TO CHOOSE BUILDING OR VENUE (Click on Cell for Selection) USE BUILDINGS/VENUES TAB FOR BRIEF DESCRIPTION AND TO ANNOTATE # OF DAYS NEEDED								
Training Areas								
Training Bldgs(5000-5319)								
Training Bldgs(5321-5743)								
Training Venues								
Billeting								
Chargable Quarters								
Landing Zones								
PARKING AND VEHICLE INFORMATION								
Vehicle Type	Discription			#	Total	Training Pyro/Ammo/Explosives		
POV's					0	Smoke	<input type="checkbox"/>	
Medium Veh						UTM/Simunitions	<input type="checkbox"/>	
Large Veh (bus,fueler)						Paint Ball	<input type="checkbox"/>	
Tracked						Blank	<input type="checkbox"/>	
Aircraft/UAS	<input type="checkbox"/> PUM					Pyro	<input type="checkbox"/>	
Other:						Explosives	<input type="checkbox"/>	
MUTC SPECIAL EQUIPMENT AND TRAINING AIDS								
<input type="checkbox"/> FLEX TRAIN	<input type="checkbox"/> Inert Weapons/IED's	<input type="checkbox"/> Paintball Equipment	<input type="checkbox"/> UTM Equipment	<input type="checkbox"/> Effects (smoke/fire/smell)				
<input type="checkbox"/> Range in a Box-targets	<input type="checkbox"/> CTF Recording	<input type="checkbox"/> Simulators	<input type="checkbox"/> Role Player clothing	<input type="checkbox"/> Frequencies				
<input type="checkbox"/> Internet	<input type="checkbox"/> Animals	<input type="checkbox"/> 2D Overlays	<input type="checkbox"/> Breach doors	<input type="checkbox"/> VOIP Phones				
MUTC LOGISTICAL ITEMS								
<input type="checkbox"/> Transportation	<input type="checkbox"/> Food	<input type="checkbox"/> Latrines	<input type="checkbox"/> Dumpsters	<input type="checkbox"/> Shipping and Recieving				
<input type="checkbox"/> Tables	<input type="checkbox"/> Chairs	<input type="checkbox"/> Fuel	<input type="checkbox"/> Fork Lift					
Use this space for additional Request:								

Summary of Training: Concept and timeline (*Be Specific; Mission, Personnel, Bldgs, Task and Purpose, ect.*)(*Include DODIC or equivalent for all ammunition or pyrotechnics*) (*Explain any YES answers in Environmental Considerations Section*)

* If space did not allow above, list any additional buildings needed in this section.

1. Approval for this request is Muscatatuck Urban Training Center Site Manager. Point of Contact for this action is Grizzly Operations at 317-247-3300 x 41489/41777/41494.

APPROVE

DISAPPROVE

ANDREW M. SCHUMMER
CPT, INARNG
Scheduling Officer

NICHOLAS C. ROUKAS
MAJ, INARNG
Operations and Training Officer