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| **Date**  |  |

MEMORANDUM FOR: COMMANDER 1ST IO COMMAND, ATTN S3 TRANING AND ANALYSIS BRANCH (Deputy Branch Chief)

**SUBJECT: REQUEST FOR MOBILE TRAINING TEAM SUPPORT**

1. **Unit/POC information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit:**  |  | **Location:**  |  |
| **Primary POC** |
| **Rank:** |  | **Name(F/L):**  |  |
| **Comm Phone:**  |  | **Email:**  |  | **@mail.mil** |
| **Duty Position:**  |  |
| **Security POC** |
| **Rank:** |  | **Name (F/L):** |  |
| **Comm Phone:**  |  | **Email:**  |  | **@mail.mil** |
| **SMO Code** |  |

2. **Course(s) requested.** Go to <https://www.1stiocmd.army.mil/Home/iotraining> for course information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MTTS Available** | **Place “X” for****course(s) requested** | **Primary Dates Requested** | **Alternate Date** | **Training Location** | **Projected Number of Students** |
| **IOCAP (ASI P4)** |  |  |  |  |  |
| **IOFC** |  |  |  |  |  |
| **IOAW** |  |  |  |  |  |
| **COIC** |  |  |  |  |  |
| **MISOIC** |  |  |  |  |  |
| **EWIC** |  |  |  |  |  |
| **MDPC**  |  |  |  |  |  |
| **RIWS** |  |  |  |  |  |
| **CIWS** |  |  |  |  |  |
| **IIWC** |  |  |  |  |  |
|  |  |  |  |  |  |

3. **By submitting this request, unit POC acknowledges the following:**

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| --- | --- |
| 1 | All students for each MTT must meet the course prerequisites as described at: <https://www.1stiocmd.army.mil/Home/iotraining>  |
| 2 | Requesting unit funds all travel, per diem, and other travel related costs (TIOGs exempted). |
| 3 | The **suspense for funding actions (MIPR and/or DTS XORG)** is: For IOCAP, IOFC, IOAW, RIWS, CIWS, IIWS COB 10th working day prior to first day of course. For COIC, MISOIC, MDPC, EWIC; CONUS, COB 15th working day prior to first day of course; OCONUS, 20th working day prior to first day of course. **Training is subject to cancellation by 1st IO CMD if funding is not available by the stated suspense.** |
| 4 | The unit has made every attempt to avoid requesting an MTT during a week with a Federal Holiday or other period impacting student participation in the course. |
| 5 | I am, or I am acting on behalf of, a person in a position of appropriate authority to request this support.  |
| 6 | If at any time the number of projected students for an MTT falls below 12 the MTT is subject to cancellation.  |

***To sign: In MS Word: right click on X, click ‘sign’, type your name next to the X, and click sign.***

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**Follow on instructions for requestor:**

 **Once complete, email this form to:** usarmy.belvoir.1-io-cmd.list.training-support@mail.mil**; follow up at (703) 428-4336.**

 **Following receipt and approval of your request the assigned MTT lead will contact you for further coordination.**