

CAMP SMITH POLICIES AND PROCEDURES  
ANNEX 3A, APPENDIX 1 – RFMSS REQUEST FORM  
JULY 2009

Page 1 of 5		<b>POC: Mr. Roman Tarnowski - Office - (914) 788-7396</b> <b>E-mail: <a href="mailto:roman.tarnowski@us.army.mil">roman.tarnowski@us.army.mil</a></b>	
<b>CAMP SMITH TRAINING SITE RFMSS REQUEST</b>			
<b>SECTION 1 - ADMINISTRATIVE DATA</b>		Date of Request: _____	
Unit / Agency: _____		UIC: _____	
Branch of Service: _____		circle one: Active / Reserve	
Street Address: _____			
City / State / ZIP: _____			
Requestor's Rank / Name: _____			
Work Phone #: _____		Cell #: _____	
Requestor's E-mail: _____			
Training Start Date: _____		Training End Date: _____	
Nature of Training: _____			
# of Personnel:	Males: _____	Females: _____	Total: _____
# of Vehicles:	Military: _____	POV's: _____	Total: _____
<b>SECTION 2 - BILLETING &amp; FEEDING</b>		<b>FROM</b>	<b>TO</b>
Barracks Required: Yes / No (circle one)		Date: _____ Time: _____	Date: _____ Time: _____
DFAC Required: Yes / No (circle one)		Date: _____ Time: _____	Date: _____ Time: _____
Cooking or Catering (circle one)			
<b>SECTION 3 - RECREATION</b>		<b>FROM</b>	<b>TO</b>
Day Room		Date: _____ Time: _____	Date: _____ Time: _____
Bldg 508 Picnic Area		Date: _____ Time: _____	Date: _____ Time: _____

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<b>Unit / Agency:</b> _____	<b>UIC:</b> _____	
<b>SECTION 4 - RANGES</b>	<b>FROM</b>	<b>TO</b>
Range 1A (25m)	Date: _____ Time: _____	Date: _____ Time: _____
Range 1B (25m)	Date: _____ Time: _____	Date: _____ Time: _____
Range 2A (25m)	Date: _____ Time: _____	Date: _____ Time: _____
Range 2 KD - 100 / 200 / 300 yd (circle one)	Date: _____ Time: _____	Date: _____ Time: _____
Range 3A (25m)	Date: _____ Time: _____	Date: _____ Time: _____
Range 3 KD - 200 / 300 / 500 / 600 yd (circle one)	Date: _____ Time: _____	Date: _____ Time: _____
Range 7N (Pistol Only)	Date: _____ Time: _____	Date: _____ Time: _____
Range 7S (Pistol Only)	Date: _____ Time: _____	Date: _____ Time: _____
List the weapons you will be firing: _____		
<b>SECTION 5 - AVIATION LZ / PZ</b>	<b>FROM</b>	<b>TO</b>
HELIPAD	Date: _____ Time: _____	Date: _____ Time: _____
PARADE FIELD	Date: _____ Time: _____	Date: _____ Time: _____
BALD SPOT	Date: _____ Time: _____	Date: _____ Time: _____
MANITOU (OFF-LINE)	Date: _____ Time: _____	Date: _____ Time: _____
PINNACLE (OFF-LINE)	Date: _____ Time: _____	Date: _____ Time: _____

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SECTION 6 - TRAINING FACILITIES & SIMULATORS		FROM	TO
RAPPEL TOWER	Date: _____ Time: _____	Date: _____ Time: _____	
NBC CHAMBER	Date: _____ Time: _____	Date: _____ Time: _____	
URBAN ASSAULT COURSE #1 (BALD SPOT VICINITY)	Date: _____ Time: _____	Date: _____ Time: _____	
URBAN ASSAULT COURSE #2 (GARRISON COMPLEX)	Date: _____ Time: _____	Date: _____ Time: _____	
HEAT TRAINER	Date: _____ Time: _____	Date: _____ Time: _____	
EST 2000	Date: _____ Time: _____	Date: _____ Time: _____	
VCOT	Date: _____ Time: _____	Date: _____ Time: _____	
ARMY WARRIOR TASK (AWT) TRAIL	Date: _____ Time: _____	Date: _____ Time: _____	
PARADE FIELD	Date: _____ Time: _____	Date: _____ Time: _____	
GRANDSTAND	Date: _____ Time: _____	Date: _____ Time: _____	
GYM	Date: _____ Time: _____	Date: _____ Time: _____	
CHAPEL	Date: _____ Time: _____	Date: _____ Time: _____	

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<b>Unit / Agency:</b> _____	<b>UIC:</b> _____	
<b>SECTION 7 - TRAINING AREAS</b>	<b>FROM</b>	<b>TO</b>
TRAINING AREA 1	Date: _____ Time: _____	Date: _____ Time: _____
TRAINING AREA 2	Date: _____ Time: _____	Date: _____ Time: _____
TRAINING AREA 3	Date: _____ Time: _____	Date: _____ Time: _____
TRAINING AREA 4	Date: _____ Time: _____	Date: _____ Time: _____
TRAINING AREA 5	Date: _____ Time: _____	Date: _____ Time: _____
TRAINING AREA 6	Date: _____ Time: _____	Date: _____ Time: _____
Are you using Simunitions / Pyro / Blanks / etc...    Yes / No    (Circle One).....If Yes, explain below		
Describe nature of training: _____		
<b>SECTION 8 - LAND NAVIGATION COURSES</b>	<b>FROM</b>	<b>TO</b>
Basic Land Nav 5A (TA-5)	Date: _____ Time: _____	Date: _____ Time: _____
Basic Land Nav 5B (TA-5)	Date: _____ Time: _____	Date: _____ Time: _____
Night Land Nav 5N (TA-5)	Date: _____ Time: _____	Date: _____ Time: _____
Intermediate Land Nav 11 (TA-4)	Date: _____ Time: _____	Date: _____ Time: _____
Intermediate Land Nav 16 (TA-2)	Date: _____ Time: _____	Date: _____ Time: _____

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Unit / Agency: _____		UIC: _____	
<b>SECTION 9 - CLASSROOMS &amp; REMARKS</b>	<b>FROM</b>	<b>TO</b>	
Building 9 (20)	Date: _____ Time: _____	Date: _____ Time: _____	
501 x101 (14)	Date: _____ Time: _____	Date: _____ Time: _____	
501 x103 (Off Line TY-09)	Date: _____ Time: _____	Date: _____ Time: _____	
501 x105 (25)	Date: _____ Time: _____	Date: _____ Time: _____	
501 xCONF (10)	Date: _____ Time: _____	Date: _____ Time: _____	
504 B6 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
504 B7 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
504 B8 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
504 B9 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
505 B6 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
505 B7 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
505 B8 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
505 B9 (32)	Date: _____ Time: _____	Date: _____ Time: _____	
Remarks: _____			
<p>An O5 Level Command Safety Certification Memo is required for Ranges, NBC, Rappel Tower, use of Simunitions/Pyro/Blank Ammo, EOD Operations, and the HEAT Trainer.</p>			