

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

Page 1 of 5	CAMP SMITH TRAINING SITE RFMSS REQUEST	POC: Mr. Roman Tarnowski - Office - (914) 788-7396 E-mail: roman.tarnowski@us.army.mil
SECTION 1 - ADMINISTRATIVE DATA		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: _____
SECTION 2 - BILLETING & FEEDING		
	FROM	TO
Barracks Required: Yes / No (circle one)	Date: _____	Date: _____
	Time: _____	Time: _____
DFAC Required: Yes / No (circle one)	Date: _____	Date: _____
	Time: _____	Time: _____
Cooking or Catering (circle one)		
SECTION 3 - RECREATION		
	FROM	TO
Day Room	Date: _____	Date: _____
	Time: _____	Time: _____
Bldg 508 Picnic Area	Date: _____	Date: _____
	Time: _____	Time: _____

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Unit / Agency: _____	UIC: _____	
SECTION 4 - RANGES	FROM	TO
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: _____		
SECTION 5 - AVIATION LZ / PZ	FROM	TO
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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Unit / Agency: _____	UIC: _____	
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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SECTION 7 - TRAINING AREAS	FROM	TO
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: _____		
SECTION 8 - LAND NAVIGATION COURSES	FROM	TO
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: _____	
SECTION 9 - CLASSROOMS & REMARKS	FROM	TO
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>		