



FBTX MISSION TRAINING COMPLEX REQUEST FORM



Building:		*Standard Hours: 0730-1600*					
1. Requesting Unit:		2. Component:	3. Today's Date:				
4. Title:	5. First Name:	6. Last Name:	7. Telephone:				
8. Email:	9. Classification Level:	10. Personnel (Qty):					
11. BCTC Training Type:	12. SIM CTR Training Type:	13. RVCT Vehicle Type:	14. Vehicles (Qty):				
15. Event Setup Dates: _____ to _____							
16. Event Start Date:		17. Event End Date:					
18. Daily Start Time:		19. Daily End Time:	20. 24-Hour Operations:				
21. C2IS Provided by Unit:							
22. C2IS Provided by MTC:							
23. Network Support Requirements:							
<table border="0"> <tr> <td>Projector</td> <td>SIPR (Live)</td> <td>SIPR (Tactical)</td> <td>NIPR Teams</td> </tr> </table>				Projector	SIPR (Live)	SIPR (Tactical)	NIPR Teams
Projector	SIPR (Live)	SIPR (Tactical)	NIPR Teams				
<p>Important note: *Each room contains 1 x NIPR and 1x PDS for SIPR (Live) connection. Unit MUST request a switch from the NEC if they want more connections. SIPR is only available at BCTC - BLDG 20187*</p>							
24. Simulation Requested:	25. Classroom (Qty):	26. Auditorium:					
27. TOCPAD:	27. OPORD Requested:	28. Other:					
29. Training Objectives & Concept of Operations:							
30. MTC Support Approval:							
30a. Assigned MTC LNO:		30b. LNO Email:					
30c. Training Team:							
30d. Network Team:							
30e. RVCT Maintenance Team:							
31. Requester Signature:		32. MTC Signature:					
<p>*** PLEASE EMAIL THE MTC OPERATIONS TEAM AT: FBTX_MTC_OPNS@army.mil *** *** MTC Requests will be processed within 24-48hrs from submission. ***</p>							

(Completed by Unit):

(Completed by MTC):