

REQUEST FOR AIR ASSAULT SCHOOL SUPPORT

(The proponent of this form is TSAAS)

This Form must be submitted 10 Days prior to request date

DATE OF REQUEST

REQUESTING UNIT

POC AND PHONE NUMBER

DATE(S) REQUESTED

ALTERNATE DATE(S)

TIME REQUIRED

TRAINING TYPE REQUESTED (Please Check)

- | | |
|---|--|
| <input type="checkbox"/> TOWER USAGE FOR FRIES | <input type="checkbox"/> VIP TOUR |
| <input type="checkbox"/> TOWER USAGE FOR RAPPELLING | <input type="checkbox"/> BOY/GIRL SCOUTS TOUR |
| <input type="checkbox"/> PZ-1 USAGE | <input type="checkbox"/> ROTC/JROTC TOUR |
| <input type="checkbox"/> AC MOCK-UP USAGE | <input type="checkbox"/> HIGH SCHOOL TOUR |
| <input type="checkbox"/> RAPPEL MASTER | <input type="checkbox"/> REENLISTMENT |
| <input type="checkbox"/> FRIES MASTER | <input type="checkbox"/> OTHER: <input type="text"/> |
| <input type="checkbox"/> SPIES MASTER | |
| <input type="checkbox"/> OBSERVER/CONTROLLER | |

EQUIPMENT REQUESTED

TYPE	<input type="text"/>
NUMBER	<input type="text"/>
TYPE	<input type="text"/>
NUMBER	<input type="text"/>
TYPE	<input type="text"/>
NUMBER	<input type="text"/>
TYPE	<input type="text"/>
NUMBER	<input type="text"/>

NUMBER OF INSTRUCTORS NEEDED

NUMBER OF PERSONNEL TO BE TRAINED

MISSION DESCRIPTION AND TIME / LOCATION

NUMBER AND TYPE AIRCRAFT

SEATS-OUT WAIVER APPROVAL DATE

AIR MISSION NUMBER

AVIATION SUPPORT MISSION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TSAAS OPERATIONS ONLY

REMARKS

RECEIVED BY

DATE - TIME GROUP RECEIVED

<input type="text"/>	<input type="text"/>
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REVIEWED BY (IN ORDER BELOW)

- | | | | |
|---|----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> CHIEF OF OPERATIONS | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DISAPPROVE | INITIALS <input type="text"/> |
| <input type="checkbox"/> CHIEF OF AIR ASSAULT | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DISAPPROVE | INITIALS <input type="text"/> |
| <input type="checkbox"/> CHIEF OF RAPPEL MASTER | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DISAPPROVE | INITIALS <input type="text"/> |

APPROVAL

COMMANDER or FIRST SERGEANT

APPROVED

DISAPPROVED

DATE