

**REQUEST FOR AIR ASSAULT SCHOOL SUPPORT**  
(The proponent of this form is TSAAS.)

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 checked="" type="checkbox"/> OTHER: <input type="text" value="OBSTACLE COURSE"/> |
| <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

**TSAAS OPERATIONS ONLY**

REMARKS

RECEIVED BY

DATE - TIME GROUP RECEIVED

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 INSTRUCTOR       | <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"/> |

APPROVED       DISAPPROVED

DATE