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)

- ☐ TOWER USAGE FOR FRIES
- ☐ TOWER USAGE FOR RAPPELLING
- ☐ PZ-1 USAGE
- ☐ AC MOCK-UP USAGE
- ☐ RAPPEL MASTER
- ☐ FRIES MASTER
- ☐ SPIES MASTER
- ☐ OBSERVER/CONTROLLER
- ☐ VIP TOUR
- ☐ BOY/GIRL SCOUTS TOUR
- ☐ ROTC/JROTC TOUR
- ☐ HIGH SCHOOL TOUR
- ☐ REENLISTMENT
- ☐ OTHER:

EQUIPMENT REQUESTED

TYPE	
NUMBER	
TYPE	
NUMBER	
TYPE	
NUMBER	
TYPE	
NUMBER	

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)

☐ CHIEF OF OPERATIONS	☐ APPROVE	☐ DISAPPROVE	INITIALS
☐ CHIEF OF AIR ASSAULT	☐ APPROVE	☐ DISAPPROVE	INITIALS
☐ CHIEF OF RAPPEL MASTER	☐ APPROVE	☐ DISAPPROVE	INITIALS

APPROVAL

COMMANDER or FIRST SERGEANT ☐ **APPROVED** ☐ **DISAPPROVED** **DATE**