

MEMORANDUM FOR DPTMS, ATTN: Training Support Center, Building 2010, 6710 Specker Ave, Fort Carson, CO 80913

SUBJECT: Request for Simulator Certification Training

1. Request use of the following simulator(s):

☐ ENGAGEMENT SKILLS TRAINER II (EST)
limit 6

☐☐

☐ CALL FOR FIRE TRAINER (CFFT III)
limit 6

☐☐

2. The following information is provided:

a. Unit: _____ b. Class Date: _____ c. List all Personnel attending below:

_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Point of contact name and unit phone number: _____

f. Point of contact e-mail address: _____

3. Soldiers must be SGT (E-5) or above. Soldiers must wear duty uniform for all classes. All classes begin at 0930 in Building 2010 unless otherwise noted. CFFT Certification requires soldiers be in MOS 13F/13A.

4. Cancellations must be called in at least 24 hours prior to the class date.

5. I understand that I will provide personnel to clean the areas used; to include, both the male and female latrines, after the completion of training. I will ensure these areas are clean and inspected by facility personnel prior to my departure.

6. Requests must be taken to the Training Support Center or FAX to 526-1650. Prior to faxing the request, the requestor MUST call 526-0820 for approval.

COMMANDER SIGNATURE

☐ APPROVED

☐ DISAPPROVE

SIGNATURE OF FACILITY PERSONNEL: _____