

IMCR-PLT

DATE: _____

ACCOUNT#: _____

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

SUBJECT: Request for Call for Fire Trainer (CFFT)

1. Request use of the following training assets to support training:

☐ CALL FOR FIRE TRAINER (CFFT) 1:12

☐ CALL FOR FIRE TRAINER (CFFT) 1:30

2. The following information is provided:

a. Unit: _____

b. Date/Time of Training: _____

c. Instructor/Operators (Must be currently certified): _____

d. The number of personnel trained: _____

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

f. Point of contact e-mail address: _____

3. All training will be in accordance with command training guidance. Hours of operation are:

Monday through Friday: Office Hours: 0800-1600 & Training Hours: 0930-1600

NOTE: Any deviation to the above times must be requested prior to the scheduled training date.

4. 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 areas are clean and inspected by facility personnel prior to my departure.

5. 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.

(NAME & RANK OF COMMANDER)

(SIGNATURE OF COMMANDER)

(PHONE NUMBER OF COMMANDER)

☐ APPROVED

☐ DISAPPROVED

SIGNATURE OF FACILITY PERSONNEL: _____