



## IMCOM-DHR WFD Training Request Form

1. Unit or Department Contact Information:

POC and Position: \_\_\_\_\_

Email: \_\_\_\_\_

UNIT or Department: \_\_\_\_\_

UIC: \_\_\_\_\_

DSN: \_\_\_\_\_

2. Description of requested training: \_\_\_\_\_

\_\_\_\_\_

3. Approx. # of people attending the training:

\_\_\_\_\_ Soldiers

\_\_\_\_\_ Civilians (GS, NAF, LN)

4. Date, time, and location for training:

Option 1 | Date, time, and location: \_\_\_\_\_

Option 2 | Date, time, and location: \_\_\_\_\_

5. Equipment unit able to provide: \_\_\_\_\_

\_\_\_\_\_

6. Equipment WFD will need to provide: \_\_\_\_\_

\_\_\_\_\_

7. Additional comments (e.g. have there been recent issues in the unit/department or do you need training in German):

\_\_\_\_\_

\_\_\_\_\_