

US ARMY GARRISON RHEINLAND-PFALZ
FY 26 CNO/CAO TRAINING REGISTRATION
PLEASE RETURN TO CASUALTY MANAGER

CLASS DATE (PLEASE CHECK ONE):

_____ 12-14 November 2025 Bldg. 3213, Room DL1/009, Kleber Kaserne

_____ 20-22 January 2026 Bldg. 3213, Room DL1/009, Kleber Kaserne

_____ 07-09 April 2026 Bldg. 3213, Room DL1/009, Kleber Kaserne

_____ 11-13 August 2026 Bldg. 3213, Room DL1/009 Kleber Kaserne

LAST NAME _____ FIRST: _____ MI _____ RANK: _____

UNIT AND ADDRESS: _____

DUTY PHONE: _____ 24 HOUR CELL: _____

DEROS: _____ EMAIL ADDRESS: _____

What is your MOS?: _____ What is your SSN: _____

HAVE YOU EVER PERFORMED DUTY AS A CASUALTY ASSISTANCE
OFFICER: _____. IF YES, WHERE AND WHEN _____

PRIOR TRAINING? (YEAR AND LOCATION): _____

Are you Proficient in a foreign language (Y/N): ____ WHICH? _____

Do you have a USAREUR license? _____ Access to a TMP? _____