

## RANGE REQUEST

1. UNIT	2a. DATE TRAINING REQUEST SUBMITTED
---------	-------------------------------------

3. TRAINING EVENT	2b. DATE TRAINING REQUEST RECEIVED
-------------------	------------------------------------

4. RANGE/TRAINING AREAS REQUESTED

5. DATES AND TIMES:

a. OCCUPY: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FROM DATE</td> <td style="width: 50%; padding: 2px;">TIMES</td> </tr> <tr> <td style="padding: 2px;">TO DATE</td> <td style="padding: 2px;"></td> </tr> </table>	FROM DATE	TIMES	TO DATE		b. LIVE-FIRE: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FROM DATE</td> <td style="width: 50%; padding: 2px;">TIMES</td> </tr> <tr> <td style="padding: 2px;">TO DATE</td> <td style="padding: 2px;"></td> </tr> </table>	FROM DATE	TIMES	TO DATE		c. BIVOUAC: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FROM DATE</td> <td style="width: 50%; padding: 2px;">TIMES</td> </tr> <tr> <td style="padding: 2px;">TO DATE</td> <td style="padding: 2px;"></td> </tr> </table>	FROM DATE	TIMES	TO DATE	
FROM DATE	TIMES													
TO DATE														
FROM DATE	TIMES													
TO DATE														
FROM DATE	TIMES													
TO DATE														

6a. WEAPONS		6b. MUNITIONS		
(1) TYPE	(2) NUMBER	(1) DODAC	(2) CALIBER	(3) QUANTITY

7. NUMBER OF PERSONNEL

8. RANGE SAFETY OFFICER

a. PRINTED NAME	b. RANK
-----------------	---------

9. OFFICER IN CHARGE

a. PRINTED NAME	b. RANK
-----------------	---------

10. POINT OF CONTACT

a. PRINTED NAME	b. RANK
c. PHONE NUMBER	d. FAX NUMBER
e. EMAIL	

11. SDZ SUBMITTED (REQUIRED FOR RTA)	12. ORM SUBMITTED	13. CO-USE LETTER REQUIRED	14. WAIVER REQUIRED	15. WAIVER SUBMITTED
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> APPROVED	DATE	REMARKS:
<input type="checkbox"/> DISAPPROVED		
SCHEDULER		