



# INDIANA WING - CIVIL AIR PATROL

## EMERGENCY SERVICES

### Request for Mission Training Exercise

This form is used to request a mission number for a training exercise. Funded missions are dependent upon the availability of mission training funds.

Type of training activity requested:     Non-funded mission number     Funded mission

PERSON REQUESTING	POSITION	DATE
DATE OF ACTIVITY	LOCATION	
TYPE OF ACTIVITY		

Please list the following staff for the activity (information is required). Personnel must be qualified or a trainee under the supervision of a qualified member.

INCIDENT COMMADER		<i>(Required for all applications)</i>
SAFETY OFFICER		<i>(Required for all applications)</i>
AIR BRANCH DIRECTOR		<i>(Required if flying is part of training)</i>
GROUND BRANCH DIRECTOR		<i>(Required if ground teams in use)</i>
FINANCE OFFICER		<i>(Required for funded missions)</i>

It is the responsibility of the project officer planning the training mission to contact the Indiana Wing Director of Communications to coordinate and communications usage.

For funded mission requests:

C-172 FLYING HOURS AT \$55 PER HOUR	NUMBER OF HOURS		C-182 FLYING HOURS AT \$70 PER HOUR	NUMBER OF HOURS	
TOTAL FLYING \$'S			TOTAL FLYING \$'S		
GROUND FUEL \$'S			COMMUNICATIONS \$'S		

TOTAL AMOUNT REQUESTED: \$

**WHEN SUBMITTING THIS FORM, YOU WILL ALSO NEED TO ATTACH A COPY OF WHAT TRAINING WILL BE GOING ON**

**IF YOU ARE REQUESTING FUNDING, YOU MUST SUBMIT THIS FORM 45 DAYS BEFORE THE ACTIVITY**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CONTACT NUMBER