

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

SUBJECT: Request the Use of the Small Arms Marksmanship Trainer (SAM-T)

1. The following information is provided:

- a. Unit _____
- b. The number of personnel to be trained: _____
- c. Point of contact name and unit phone number: _____
- d. Point of contact e-mail address: _____
- e. Flat screen or U-shaped configuration: _____

2. 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. All information under 1, above, must be entered into the RFMSS request.

3. I understand that I will provide personnel to clean the areas used. I will ensure these areas are clean and inspected by facility personnel prior to my departure.

4. Failure to arrive within one hour of the scheduled training time, will be considered a NO SHOW and the classroom may be reserved by other units.

5. Civilian contract operators will operate and maintain the system. Unit may have to supply personnel to assist in the reconfiguration of the system if required while training.

6. Requests must be taken to the unit Land and Ammo NCO to be requested in the RFMSS system. For any information on the system/process, please call 526-0820.

(NAME & RANK OF COMMANDER)

(SIGNATURE OF COMMANDER)

(PHONE NUMBER OF COMMANDER)

APPROVED

DISAPPROVED

SIGNATURE OF FACILITY PERSONNEL: _____