

REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS

From: _____ Wing To: _____ Liaison Region
 Date: _____ HQ CAP/DO (CD only)
 IN TURN

1. IAW CAPR 50-15 and CAP-USAFI 10-802 request following mission(s): (May check more than one.)
- | | | |
|--|--|---|
| <input type="checkbox"/> SAR Evaluation | <input type="checkbox"/> DR Evaluation | <input type="checkbox"/> CD Evaluation ** |
| <input type="checkbox"/> SAR Training (And 60-2) | <input type="checkbox"/> DR Training | <input type="checkbox"/> CD Training ** |
| <input type="checkbox"/> NCPSC | <input type="checkbox"/> Form 5/91 Evaluations | <input type="checkbox"/> CD Orientation |
- (Customs DEA) **
 FAA)**
- Primary Date: _____ Alternate Date: _____
 **CD Contact _____ Phone No. _____

2. Estimated reimbursement cost (see reverse): _____

3. I certify that _____ Wing has reviewed the previous evaluation and is prepared for the requested USAF evaluation.
- I certify that this training mission has been planned and designated to accomplish specific training requirements in the area(s) selected in Item 1.
- Wing/CC Signature _____ Date: _____
 Wing LO Signature _____ Date: _____
 ** Region CD Director's Signature _____ Date: _____

4. Region Liaison Office **SAR/DR** Authorization: Approved: Disapproved
- USAF Assigned Mission Number: _____
 Fund Cite: _____
 Signature: _____

5. Region Liaison Office **COUNTERDRUG** Coordination: Concur Do Not Concur LR Plans to Observe
- Signature _____ Date: _____

6. HQ CAP Authorization for Counterdrug Training/Evaluation: Approved - Msn No. _____
 Disapproved
 Signature _____ Date: _____

7. Report of Actual Resources Used:

TO: _____ Liaison Region Date: _____

A. Costs: Corp. Acft Flying Cost: \$ _____ Other Acft Flying Cost: \$ _____
 Communications: \$ _____ Vehicle Fuel & Oil: \$ _____

B. Flying Hours Used: Corporate Aircraft: _____ Hours Other Aircraft: _____ Hours

Wing LO Signature: _____

Mission reimbursement estimate (calculated by wing):

_____ C-172 hours x \$ _____ C-172 reimbursement rate = \$ _____

_____ C-182 hours x \$ _____ C-182 reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

Estimate for communications \$ _____

Estimate for vehicle gas and oil \$ _____

Total estimated mission reimbursement \$ _____

Mission Base: _____

Other operating locations: _____

Mission scenario for requested training mission: