



# Training Support Center

## EST II and HEAT Usage Request

Fort Huachuca, Arizona

Type of equipment requested: _____ Unit: _____ Requested Training Date: _____ Alternate Training Date: _____ Requested Time of Usage: _____ Requesting Classroom Support: _____ Estimated number of personnel to be trained: _____ For EST II only - List types of weapons to be utilized during training: _____	<h3 style="margin: 0;">TSC USE ONLY</h3> Date request received by TSC: _____ Disapproved: _____ Approved for DTG: _____ Classroom Support Available and Approved: _____ Certified By: _____
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**Certified I/O Personnel**

- Each unit is responsible for providing their own certified I/Os to operate the equipment, TSC personnel do not operate the equipment for units.
- Must provide two operators for the HEAT and a minimum of one operator for each EST II room requested.
- All certified I/Os utilized for this training event must report to the front office at least 30 minutes prior to scheduled start time.
- I/O Certifications are only valid for one year from the date of training.
- All training must conclude no later than (NLT) 1530 on normal duty days or 30 minutes prior to requested end time for units training on nights and weekends that have received prior approval from the TSO.

Certified I/O (Last, First MI)	Cert Date	Certified I/O (Last, First MI)	Cert Date

**Hearing and eye protection is required by for all firers on the EST II. Units are responsible for providing their personnel with proper hearing protection. Eye protection is provided by the TSC.**

Requestor (Last, First MI)	Rank	Phone Number	E-mail Address	Digital Signature

**Submit completed requests to:**

[usarmy.huachuca.imcom-central.mbx.training-support-center-tsc@mail.mil](mailto:usarmy.huachuca.imcom-central.mbx.training-support-center-tsc@mail.mil)

In the event of electronic issues which prevent the form from being digitally signed and/or emailed to the TSC, forms may be hand signed and delivered to the TSC to ensure training is scheduled in a timely manner.

The commander acknowledges that the individual listed above is requesting training a training event from the Training Support Center. They further acknowledge that the certified operators listed above have a valid certification issued within the past twelve months by the TSC. Due to the nature of the training, a Deliberate Risk Assessment Worksheet (DD Form 2977 dated September 2014) must be completed and presented to the TSC staff prior to being allowed to sign for the equipment or place into operation. The TSC must be notified 24 hours in advance of any cancellations. All units will be considered a No Call/No Show if they are more than fifteen (15) minutes late for their scheduled appointment unless prior notification has been provided. Otherwise, units will be required to reschedule their appointment for a later date. The commander also acknowledges that the requestor must accept the TSC's Outlook Calendar Invite in order to validate the approved appointment date and time.

Commander (Last, First MI)	Rank	Phone Number	E-mail Address	Digital Signature