

TRAINING EQUIPMENT REQUEST

1. REQUESTING ORGANIZATION/USING AGENCY <i>(Physical Address)</i>		2. DATE SUBMITTED		9. IDENTIFIED TRAINING FUNCTION OF TRAINER <i>(Indicate or explain in "other")</i>	
				<input type="checkbox"/> Formal Course	
				<input type="checkbox"/> STS Date <input type="checkbox"/> STS Item Number	
4. TO (Fabrication Agency) <i>(Trainer Development Activity Address)</i>		3a. DATE REQUIRED		<input type="checkbox"/> FTD Course	
				<input type="checkbox"/> On-The-Job Training	
				<input type="checkbox"/> Qualification Training	
				<input type="checkbox"/> Flying Training Course	
5. NAME OF TRAINER		6. QUANTITY		7. and 8. NOT USED	
10. <input type="checkbox"/> COST/FEASIBILITY STUDY		<input type="checkbox"/> REPAIR/MAINTENANCE		<input type="checkbox"/> Other (List)	
<input type="checkbox"/> FABRICATE		<input type="checkbox"/> OTHER (Explain in Block 11)			
11. DESCRIPTION OF TRAINER (or service required) <i>(Clearly identify description of trainer or need for feasibility study)</i>					
12. SPECIFIC TRAINING FUNCTION AND USE OF TRAINER <i>(Provide detail for trainer function)</i>					
13. LIST ATTACHMENTS (Drawings, Requirements, etc.)					
14. TWO COPIES OF AF FORM 601 ATTACHED		15. TWO COPIES OF DD FORM 1348-6 ATTACHED		16. 6910 STOCK NUMBER	
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO			
17. REQUESTER <i>(Should align with Block 1)</i>		TYPED NAME, GRADE, TITLE AND UNIT		DUTY PHONE	
18. REQUESTER FUNDING APPROVAL <i>(Person responsible for funding)</i>		TYPED NAME, GRADE, TITLE AND UNIT		SIGNATURE	
18a. 2 AF APPROVAL <i>(External requests)</i>		TYPED NAME, GRADE, TITLE AND UNIT		SIGNATURE	
19. TO BE COMPLETED BY TRAINER DEVELOPMENT					
REQUEST REVIEWED AND IS:		<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED (See Attached)		DATE	
				TYPED NAME, GRADE, TITLE AND UNIT	
20. PRODUCTION APPROVAL OFFICIAL					
REQUEST REVIEWED AND IS:		<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED (See Attached)		DATE	
				TYPED NAME, GRADE, TITLE AND UNIT	
		WORK PRIORITY #		SIGNATURE	
21. WORK ORDER NO.		DATE RECEIVED		ESTIMATED COMPLETION DATE	
				ACTUAL COMPLETION DATE	