Email completed form to: 492SOW.XP.Commits@us.af.mil Cc your USAFSOS POC if known.

EXAMPLE

USSOCOM JAAAC MISSION REQUEST SHEET 1. REQUESTING UNIT 2. MISSION TYPE OR EXERCISE NAME PRIORITY (Entered in block 16) 24SOW/21st Special Tactics Squadron USAFSOS CENTCOM Course 1. Pre-deployment Training (a) Within 90 days 3. SUMMARIZED MISSION CONCEPT (To Include number and type of aircraft) (b) Certification Exercise 5w's: (c) Deployment Interoperability Who: Request USAFSOS/CENTCOM Course to support 21STS Requirement What: CENTCOM Course (T200CENTCOM) Where: Fort Bragg, NC 2. Collective rehearsal of NMF When: Primary 24-28 Mar 2020/Alternate 17-21 Apr 2020 and CIF package contingencies Why: Support pre-deployment train up through theater education. More is better but keep it UNCLAS. 3. Training (a) SOF Schoolhouse (b) Unit Initial Training (a) Sustainment Training (b) CAPEX 4a. AIRCRAFT (A/C) TYPE 4b. PREFERRED // MIN # OF A/C REQUESTED (e) Test Support (i.e. Helo/Tanker/Gunship - not specific unless reqt driven) (i.e. Prefer 2 A/C // Min Req'd - 1 A/C) (e) Public Relations USAFSOS 5a. REQUESTED DATE WINDOW // FLEXIBLE? 5b. PREFERRED // MIN # OF DAYS A/C REQ'D 6. NUMBER OF PERSONNEL (i.e. 15 Jan - 6 Feb 06, Yes - Flexible within dates)) (i.e. Prefer 2 days // Min 1 day Req'd) 5/5 24 Mar 2020//yes or no State number of students in class. 7. TYPE OF CARGO N/A 8. SPECIAL EQUIPMENT REQUIRED 9. LOCATION (Specific Area/Base/State) (Denote if you are flexible on location) State any special equipment or N/A Fort Bragg, NC 21STS 10. REQUEST DATE SENT: Date sent. MISSION ITINERARY 11. DATE/TIME ACTIVITY 24-28 Mar 220 conduct T200CENTCOM Theater Course at Ft Bragg, NC 21st Special Tactics Squadron 12a. REQUESTING UNIT POC(s) INFO (Name/Tel): 12b. POC(s) UNCLASS E-MAIL ADDRESS (required) 1. Fill in with full name and phone number. 1. Use only UNCLAS email. 2. Lt Col Johnny Smith/850-884-1212/DSN 579-1212 2. Johnny.smith.1@us.af.mil UNSUPORTED 13. MISSION STATUS (Dates) TASKED PENDING Don't fill in. Don't fill in. Don't fill in. DATE STATUS ASSIGNED: 14. SUPPORTING UNIT NAME **USAFSOS** 15. SUPPORTING UNIT POC AND TELEPHONE NUMBER If you know the POC at USAFSOS place name/phone here. If not leave blank. 17. DATE RECEIVED 16. MISSION PRIORITY NUMBER 18. MISSION NUMBER 492nd/XP will assign this. 492nd/XP will assign this. 492nd/XP will assign this.

SOCOM FORM 111, MAR 09(EF)