

Gulfport CRTC - Customer Scheduling Request (CSR) Worksheet

Organization

Return completed CSR to:

Gulfport Combat Readiness Training Center (CRTC)
Attn: Plans & Programs
4715 Hewes Ave
Gulfport, MS 39507-4324
Email: thomas.anderson.52@us.af.mil

WG/BDE/REGT:

GRP/BN:

SQD/CO:

Organization Mailing Address:

Deployment POC

Rank/Name:

Email: COM/DSN:

Alternate POC

Rank/Name:

Email:
COM/DSN:

Finance POC

Rank/Name:

Email:
COM/DSN:

PERSONNEL

How many personnel will deploy?

| | Male | Female | 1 st Day | Last Day | | Male | Female | 1 st Day | Last Day |
|-------|------|--------|---------------------|----------|-----------|------|--------|---------------------|----------|
| ADVON | | | | | Main Body | | | | |

BILLETING

Do you require on-base billeting? **YES / NO** If **YES**, identify the size of your ADVON and MAIN BODY below

| | Male | Female | Check-In | Check-Out | | Male | Female | Check-In | Check-Out |
|-------|------|--------|----------|-----------|-----------|------|--------|----------|-----------|
| ADVON | n/a | | | | Main Body | n/a | | | |

Contact Billeting @ 228-214-6165, DSN Prefix 363 or ms.crtc.ms.crtc.lodging.org@us.af.mil with questions. ****Starting 01Oct24 no complimentary towels will be put in rooms. Customers must supply their own towels****

FOOD SERVICES

Will you prepare meals at the CRTC during the deployment? **YES / NO** If **YES**, choose one of the four options below.

1. **Organization** orders, prepares, and serves all meals utilizing the **CRTC** dining facility.

2. **Organization** coordinates food service labor contract, provides funding to **CRTC** Services for meals.

| | | | | | | | | |
|--------------------|--|---|---|---|------------------|--|---------|-----------------------------------|
| Date - First Meal: | | B | L | D | Est Serving Hrs: | | # Meals | Special Reqs (box meals, cookout) |
| Date - Last Meal: | | B | L | D | Breakfast: | | | |
| | | | | | Lunch: | | | |
| | | | | | Dinner: | | | |

Contact Services @ 228-214-6177, DSN Prefix 363 or daniel.montgomery.7@us.af.mil with questions.

TRAINING FACILITIES (Other than Billeting)

NOTE: Identify the type of facility your organization requires. Coordinate with the CRTC scheduling office @ COM 228-214-6142 / DSN 363-6142 or thomas.anderson.52@us.af.mil to ensure your requirements are accurately identified.

| Description | Qty | Capacity | Date(s) Required | Comments |
|------------------------------------------|-----|----------|------------------|----------|
| Auditorium BLDG 154 | | 300 | | |
| Auditorium BLDG 65 | | 92 | | |
| Auditorium Secure BLDG 70 | | 99 | | |
| Classroom | | | | |
| Medical Space (Sick Call) | | | | |
| Administrative Office Space | | | | |
| Maintenance Bay | | | | |
| Aircraft Hangar | | 50 | | |
| Aircraft MX Back Shop Work Space | | | | |
| Open space for tactical equipment set-up | | | | |
| AGE/Power Pro/HVAC Work Space | | | | |
| Vehicle Ops/MX Work Space | | | | |
| Small Arms Range | | | | |
| Munitions Storage | | | | |
| Flight Operations | | | | |
| Fire Station | | | | |

For assistance, contact CRTC Scheduling @ DSN 363-6142, Comm (228) 214-6142 (16 Nov 16)

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| WG/BDE/REGT: | SQD/CO: | Mailing Address: |
| POC: | | Email: |

COMMUNICATIONS

NOTE #1: The CRTC Communications Flight DOES NOT PROVIDE computers, fax machines, secure telephone equipment, or other communications hardware or cabling (CAT-5/6, HDMI, VGA, DVI, etc.) to visiting units.

NOTE #2: The CRTC Communications Flight DOES NOT HAVE Land Mobile Radios (LMR) or VHF frequencies authorized for use on Camp Shelby or its accompanying properties/ranges. Units requiring radios for use on Camp Shelby or its accompanying properties/rangers must obtain them from the Camp Shelby Installation Spectrum Manager (ISM).

NOTE #3: Detailed drawings of building layouts identifying LAN drop locations available on request. Telephones are pre-positioned and labeled with extension number. Contact the Communications office @ 228-214-6077, DSN Prefix 363 or jacob.miller.80.ctr@us.af.mil with questions.

NOTE #4: The CRTC Communications Flight hours are Mon-Fri, 0730-1630. Weekends/Holidays are NOT supported unless requested in advance.

Your **PRIMARY** Communications Planner (A/S-6) contact information:

| | | |
|------------|--------------------|--------|
| Rank/Name: | DSN/COM Telephone: | Email: |
|------------|--------------------|--------|

Your **SECONDARY** Communications Planner (A/S-6) contact information:

| | | |
|------------|--------------------|--------|
| Rank/Name: | DSN/COM Telephone: | Email: |
|------------|--------------------|--------|

Estimated date of arrival for your ADVON Team:

Communication Services

Identify the service(s) your organization will require by placing an "X" in the corresponding box.

| Building | NIPRNet | SIPRNet | MSNG Army Net | Commercial Internet (Wi-Fi) | Commercial Internet (Wired) | Phone | Audi/Visual (Projector or Monitor) | Printer | |
|-----------------|---------|---------|---------------------|-----------------------------------|-----------------------------------|-------|------------------------------------------|---------|--|
| 3 | | | | | | | | | |
| 31 | | | | | | | | | |
| 61 | | | | | | | | | |
| 62 | | | | | | | | | |
| 63 | | | | | | | | | |
| 64 | | | | | | | | | |
| 65 | | | | | | | | | |
| 75 | | | | | | | | | |
| 145 | | | | | | | | | |
| 151 | | | | | | | | | |
| 152 | | | | | | | | | |
| 154 | | | | | | | | | |
| | | | | | | | | | |
| ADR Site | | | | | | | | | |
| 400 | | | | | | | | | |
| 420 | | | | | | | | | |
| 421 | | | | | | | | | |

| Additional Communication Options | Qty Req | Comments |
|----------------------------------|---------|--------------|
| Teleconference Phone | | 2 available |
| Stand Alone Projector / Screen | | 2 available |
| Portable PA System | | 1 available |
| VHF Hand-held Radios (XTS2500) | | 70 available |
| UHF Transceiver | | 3 available |

AIRFIELD OPERATIONS SUPPORT

NOTE: Contact Airfield Mgmt @ 228-214-6027, DSN Prefix 363 or crystal.bennoch.1@us.af.mil with questions.

| Is your organization deploying with aircraft? YES / NO If YES, define below. | | | | |
|-------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|----------------------------|--------|
| Aircraft Type | Qty | 1 st Acft Arrival Date/Time | Last Acft Dep Date/Time | |
| | | | | |
| Air Operations Contact Information: | | | | |
| Rank/Name: | | DSN / COM: | | Email: |
| Will your organization request use of Airspace and Ranges? YES / NO | | | | |
| Will Aerial Port support (NGSL, Forklift, etc.) or a simulated Forward Air Refueling Point (FARP) be required? YES / NO | | | | |
| NOTES: | | | | |
| For assistance, contact CRTC Scheduling @ DSN 363-6142, Comm (228) 214-6142 (16 Nov 16) | | | | |

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| POC: | | Email: |

VEHICLE REQUIREMENTS (ANG only for GSA) CSR is request only contact VM for final approval

| Vehicle Description | Qty | Date(s) Required | Purpose |
|----------------------------------------------|-----|------------------|---------|
| Sedan: 3x | | | |
| Passenger Van: 3x 7 pax, 4x 8 pax, 3x 15 pax | | | |
| Bus: 3x 44pax, 3x 28 pax | | | |
| Pickup Truck: | | | |
| Flightline Tow Vehicles: | | | |
| Flatbed Stake Truck: | | | |
| Tractor Trailer: 2x 7 ton, 1x 10 ton | | | |
| Refrigerator Truck: on base only | | | |
| Box Truck: 6x | | | |
| | | | |

POWER PRODUCTION / AGE REQUIREMENTS

| Vehicle Description | Qty | Date(s) Required | Purpose |
|-----------------------------|-----|------------------|---------|
| Generator: | | | |
| Environmental Control Unit: | | | |
| Air Compressor: | | | |
| Heater: | | | |
| Floodlight: | | | |
| Maintenance Stand: | | | |
| Jack Stand: | | | |
| Towbar: | | | |
| Aircraft Ladder: | | | |
| Other: | | | |

Will you utilize the BAK 14 Aircraft Arresting System or Mobile Aircraft Arresting System (MAAS)? YES / NO

POL REQUIREMENTS

NOTE: POL requirements should be identified no later than **60** days prior to arrival. Coordinate with CRTC POL @ DSN 363-6131 / COM 228-214-6131 or david.white.35@us.af.mil to ensure your requirements are accurately identified.

| POL Description | Qty | 1 st Refuel Date | Last Refuel Date | Description of Equipment |
|---------------------------------------|-----|-----------------------------|------------------|--------------------------|
| Fuel, Aircraft, Jet A - Gallon | | | | |
| Fuel, Diesel, Low Sulfur DS2 - Gallon | | | | |
| Fuel, MUR, Unleaded - Gallon | | | | |
| Liquid Oxygen, Breathing - Gallon | | | | |
| Aircraft Refueler: | | | | |

NOTES:

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CIVIL ENGINEERING

Will your organization require any of the following? Contact CRTC Civil Engineering Office @ DSN 363-6091 / COM 228-214-6091 or email michael.lewis.80@us.af.mil with specific questions.

| Item | Y/N | Date Required | Comments |
|----------------------------------|-----|---------------|----------|
| Dig Permit (ground rod, antenna) | | | |
| Portable Toilet | | | |
| Dumpster | | | |
| Special Tools | | | |
| Const Materials (lumber, stone) | | | |

Is your organization establishing a tactical site or setting up equipment outside of CRTC facilities? YES / NO

AIRFIELD DAMAGE REPAIR (ADR) FIELD TRAINING SITE FACILITIES

Will your organization utilize any of the following field training site facilities? YES / NO If YES, specify requirement below.

| Facility Description | Y/N | Dates Required | Comments |
|----------------------|-----|----------------|----------|
| Open Bay Dormitory | | | |
| Male Latrine | | | |
| Female Latrine | | | |
| Laundry Facility | | | |
| Classroom | | | |
| Operations Center | | | |

FIRE, CRASH, RESCUE TRAINING RESOURCES

Will your organization utilize any of the following field training site facilities? YES / NO If YES, specify requirement below.

| Facility Description | Y/N | Dates Required | Comments |
|-------------------------|-----|----------------|----------|
| Confined Space Trainer | | | |
| Structural Fire Trainer | | | |
| Aircraft Fire Trainer | | | |
| Fire Training Classroom | | | |
| Classroom | | | |
| HazMat Trailer | | | |
| USAR Kit | | | |

WEAPONS, MUNITIONS, WEAPON SYSTEMS

NOTE: CRTC munition storage certified to Hazard Division 1.3, less than 9,000 lbs. Contact CRTC Security Office @ DSN 363-6211 / COM 228-214-6211 or email travis.stewart.15@us.af.mil to ensure your requirements are accurately identified.

| Facility Description | Y/N | Dates Required | Comments |
|---------------------------------|-----|----------------|----------|
| Small Arms Range | | | |
| CATM Facilities & Weapons Vault | | | |

Will your organization deploy weapons or munitions? YES / NO If yes, quantify below

| Type | Qty | Comments |
|------|-----|----------|
| | | |
| | | |
| | | |

Is your organization deploying aircraft or other systems that will require security? (Do Not List Classified Information)

| Type | Qty | Comments |
|------|-----|----------|
| | | |
| | | |
| | | |