

Date _____

Operation # _____

GEORGIA NATIONAL GUARD COUNTERDRUG TASK FORCE (GaNG CDTF) MISSION REQUEST FORM

1. Type of Support Requested-- (Check all that apply):

☐ CD AVN
 ☐ (GRT) Ground Recon Team
 ☐ Training
 ☐ Operation Case Support Analyst
 ☐ DDRO

Requesting Agency: _____

Date(s) of Support: _____

Agency POC/ Address/ Phone#/ Email: _____

Armed Mission Request: ☐ Yes ☐ No (only GRT missions can be armed)

Notes: _____

2. CD Aviation:

Type of Mission: _____

Number of Passengers: _____

Flight Duration and Notes: _____

Pick up Location/Time: _____

3. Ground Recon Team:

Type of Mission: _____

Number of Personnel Requested: _____

Estimated Duration/Dates: _____

Special Equipment Required: _____

Notes: _____

4. Operational Case Support Analyst:

Type of Support: _____

Number of Personnel: _____

Special Equipment Required: _____

Notes: _____

5. Drug Demand Reduction:

Type of Support: _____

Number of Personnel Requested: _____

Special Equipment Required: _____

Estimated Duration/Dates: _____

Notes: _____

6. Signatures:_____
Requesting Agency Rep. Signature_____
Requested Service NCOIC/OIC
(GRD/AVN/CAD/DDRO)_____
GaNG CDTF HQ Signature_____
Printed Name and Title_____
Printed Name and Title_____
Printed Name and Title

**Email completed form to your Agency GaNG
CDTF Representative or E-mail
ng.ga.gaarnng.list.cdtf-mission-request@army.mil**

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