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: _____

Pick up Location/Time: _____

Flight Duration and Notes: _____

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: _____

Estimated Duration/Dates: _____

Special Equipment Required: _____

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.gaarng.list.cdtf-mission-request@army.mil