

SOUTH CAROLINA ARMY NATIONAL GUARD - OPERATIONAL MISSION SUPPORT FORM

STATE ARMY AVIATION OFFICE, JOINT ARMED FORCES RESERVE CENTER, 860 SOUTH CAROLINA RD., McENTIRE JTB, EASTOVER, SC 29044-5052

E-mail all AMR's to: michael.k.hutto.mil@army.mil & joshua.r.blizzard.mil@army.mil	For assistance with this form or for analysis of future missions / operational considerations contact: 803-299-2200 (Requests received within 60 days of execution may not be fulfilled due to approval time required) *Financial Reimbursements for support activities may be required IAW NGB PAM 95-5 for certain DoD Agencies; details below, Tab 3 for rates.*	SAAO Approval Category
COMPLETE AREAS SHADED IN GRAY ONLY		

Requested missions must be within the scope of the SC units Mission Essential Task List (METL) to be approved.

MISSION REQUESTOR:		DATE Request Submitted:	
REQUESTOR's POC:	POC Phone Number(s):		
		email:	
Type of Airframe Requested:		# of aircraft requested:	Mission Date(s):

Description of mission being requested/Training Justification statement: (item # 7 - below)

WEATHER CALL , (SEE DEFINITION):	**Your desired DEPARTURE location is subject to AVN limitations				
DEPARTURE LOCATION	DATE	TIME	DESTINATION	TIME	AVN USE/STATION ID

PASSENGER MANIFEST (ITO required for CIV passengers) (Tab 2 for Continuation)**

RANK	NAME	PID	ORGANIZATION	**REMARKS**	BAGS / WEIGHT
USE MANIFEST BELOW					

****Remarks (i.e. Group/Party POC, Headset assignment, etc) TOTAL BAGGAGE/CARGO WT:**

**** All approved/supported missions are subject to aircraft and crew availability or maintenance issues****

REQUESTOR's Responsibility Statement: I acknowledge financial responsibilities, if warranted. I certify that the mission priority selected (page2) is true and accurate to the best of my knowledge. If declared a priority 1 or 2 airlift, I further acknowledge my responsibility to maintain supporting documentation for two (2) years as may be required to substantiate subject declaration. I further acknowledge my responsibility to ensure that all civilian/government employees schedule for this airlift are provided Invitational Travel Orders (ITO) and that proper authorization for all civilians will be secured through TAG-PA.

** Printed Name (Last, First, MI) of Senior Traveler **	Grade/Title
** Printed Named (Last, First, MI) of Approval Authority ** (Filled out by SAAO)	Grade/Title

THIS SECTION RESERVED FOR STATE ARMY AVIATION OFFICE

Submit to AASF 1 / AASF 2 :		Mission Coordinator/ AMC:	
Mission Notes:	Remarks and Restrictions	STATUS	FLIGHT TIME
1. VIP Kit required? _____	Actual time spent supporting the training/activity: -	TOTAL PAX	CARGO
2. Civilian Individual Travel Order (ITO) _____			
3. General Officer/VIP protocol? <input type="checkbox"/> Check			

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TOTAL FUEL STOPS

SAAO Form - 001

*Disclaimer: * This form can be sent by mail or email, but must be followed up with a telephone call to confirm request. **

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Mission Priority Statement:

- Priority 1** Direct Support of Operational forces, MIL or CIV, engaged in a declared Emergency, life saving situations, Firefighting emergencies, or other missions deemed essential by the Governor
- Priority 2** "Required Use" travel or compelling operational considerations making commercial transportation unacceptable (within 24 hours). Mission cannot be satisfied by any other mode of travel. DOD Directive 4500.43 defines "required use" as airlift in support of travelers designated by the POUS or SECDEF
- Priority 3** The undersigned persons certify this request to be official business travel or a legal use of SCARNG Assets and is more cost effective and beneficial to the SCARNG than other commercial modes of travel. A 2-hour window for departure and arrival times, to allow consolidation of missions per DOD Directive 4500.43, is requested.

Financial Reimbursements Statement: (Excerpt from NG Pam 95-5, Chapter 10, 10-1, Reimbursement for the use of ARNG Aircraft, Para 'c', DoD Agencies.) *Missions requested by Active Army or USAR units (intra-service) will be billed for direct operating cost (Petroleum, Oil and Lubricants [POL], Depot-Level Repairs[DLR's], and consumables). Missions requested by other DoD agencies (inter-service support) will be billed at the full DoD user rate. DoD activities shall provide requested support to other DoD activities when the head of the requesting activity determines it would be in the best interest of the Government, and the head of the supplying activity determines capabilities exist to provide the support without jeopardizing assigned missions. **The use of DD Form 1144, Support Agreement, is required or an agreed upon MOU . DD Form 2535, Request for military aerial support may be required.***

Operational Mission Support:

National Guard (NG) domestic operations:
 The NG maintains a unique dual status – with both State and Federal roles and missions. This dual status is rooted in Section 8, Article 1 of the U.S. Constitution. These constitutionally-based dual roles and missions result in each Guardsman holding memberships in both the ARNG of their State – for their State role and missions – and also in the Army National Guard of the United States (ARNGUS) – for their federal role and missions.

Completion Directions / Definitions:

1. Requestor will complete all highlighted areas.
2. Ensure the point of contact's (POC) information is current, accurate, and includes an alternate if available.
3. Identify a "**WEATHER CALL**" time; this is the "contact by" time and date you would like for us to give to **you**, if mission cancellation could occur due to impending weather; therefore allowing you to utilize an alternate option.
4. The initial departure location, time, and date are controlled by this agency; the requestor will ensure all areas, beginning with the desired initial departure location, are completed. All locations will be as precise as possible. (i.e., lat/Lon, grid coordinate, or airport name). The aircrew designated to support the mission will contact the requesting POC to verify the location and complete a site safety survey prior to supporting your mission.
5. Passenger manifest must be complete, accurate, and submitted early. This is due to the length of time required to complete the approval process for Individual Travel Orders (ITO). Passengers(CIV) without an ITO will not be allowed to travel on GOV aircraft.
6. Include an estimate of the total baggage weight to allow aircrews to complete their pre-mission planning.
7. Provide a detailed description of the mission's purpose (i.e. "reconnaissance of a training site for..."), any special requests (i.e. "request headsets to allow passengers to communicate with crew") and a detailed training justification statement (i.e. "sling load training in preparation for deployment", etc).
8. Ensure you sign the Aviation Mission Request (AMR) form prior to submission. "Digital signatures" preferred.
9. Submit completed form to the email address (preferred method) on this form. If this is not possible, contact the Aviation POC at the number listed above to arrange for an alternate method of submitting your request.
10. Submit your request as early as possible, preferably a minimum of 60 days prior to the mission date.
11. **Use of Aircraft and priority of aircraft support is a function of the SAAO, delegation of authority or mission approval is restricted to SAO approval.**
12. **All Passengers must meet Air Transportation Eligibility criteria IAW DoDI 4515, AR 95-1, and NG Pam 95-5. All COMREL Request must comply with NGR-PA Summary of DoD Community Outreach Plan.**

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request must comply with OSD 177 Summary of DoD Community Outreach Plan

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(cont.) Description of mission being requested/Training Justification statement: (item # 7 - above)

[Empty area for mission description and training justification statement]

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Print
Manifest

PASSENGER MANIFEST

1. MISSION NO./CALL SIGN	2. AIRCRAFT TYPE (Tail Number)/ VEHICLE/VESSEL	3. POE	4. POD	5. DEPARTURE DATE (YYYYMMDD)	6. TIME (ZULU)
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PASSENGER INFORMATION							BAGGAGE		J. EMERGENCY CONTACT INFORMATION	
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7.	a.	b.	c.	d.	e.	f.	g.	h. CHECKED		i. CARRY ON	PAX	k.	i. Telephone
	Name (last, First, Middle)	Rank	SSN	STATUS	ULN	Line no.	SVC	PIECES	WEIGHT	WEIGHT	WEIGHT	Name (Last, First, Middle)	(include area code)

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8. MANIFEST TOTAL	a. ACT	b. DEPENDENT	c. Retiree	d. civilian	e. Guard/Res	f. Bag/PCS	g. Checked WT	h. C/O BAG WT	i. PAX WT	9. TOTAL WEIGHT (PAX AND ALL BAGGAGE)
0						0	0	0	0	0

10. Senior Traveler: I certify that no unauthorized weapons/ammunition/explosive devices, or other prohibited items are in the possession of those personnel from whom I am the designated manifesting representative or troop commander, and that their authorized weapons have been cleared.

a. Date (YYYYMMDD)	b. Printed Name (Last, First, Middle Initial)	e. GRADE	d. Signature
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