

COMCAM SUPPORT REQUEST

Requestor's Name:

Exercise Name:

Unit Requesting Support:

Start Date:

End Date:

Location:

Purpose:

POC Name:

POC Phone:

POC Email (must be valid DoD email):

Specific Skill Set Required (Airborne, Air Assault, etc.):

Number of Personnel Requested:

Preferred Rank of Team Leader:

Gender Requirement:

Clearance Requirement:

Weapons Required:

Personal Protective Equipment Required:

Official Passports Required:

TDY Authorization (car, hotel, etc.):

What Type of Travel:

Funding Source (requesting unit is responsible for expenses):

DTS POC Name:

DTS POC Phone:

DTS POC Email:

Requested Products (photo, b-roll, multi-media production, etc.):