

# Materiel Readiness Training Division (MRTD) Training Request Form

**Please note:** Due to our limited availability of travel funds, your organization will have to fund the travel cost for our instructors.



**Requested training dates must be submitted 30 days prior to CONUS Events and 60 days prior to OCONUS events. This will allow instructors to effectively prepare for your training events. If you require training in less than your required window or have any questions, please email the MRTD at: [usarmy.redstone.asc.mbx.materiel-readiness-training-division@mail.mil](mailto:usarmy.redstone.asc.mbx.materiel-readiness-training-division@mail.mil)**

## PRIMARY POC

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Rank/Grade: \_\_\_\_\_ If "Other" enter here: \_\_\_\_\_

## ALTERNATE POC

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Rank/Grade: \_\_\_\_\_ If "Other" enter here: \_\_\_\_\_

## TYPE OF TRAINING

CONUS/OCONUS DATE	CONUS	OCONUS
Pref start date:	Preferred end date:	
Alt start date:	Alternate end date:	

Other: \_\_\_\_\_

## LOCATION DETAILS

Component (COMPO): \_\_\_\_\_  
Organization/Activity: \_\_\_\_\_  
Installation (if applicable): \_\_\_\_\_  
Physical address of where training will be conducted:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## ADDITIONAL DETAILS

Estimated number of students: \_\_\_\_\_ AFSB: \_\_\_\_\_ If "Other" enter here: \_\_\_\_\_

**Purpose of training & how it will support your Organization's Readiness and/or additional comments:**

Customer Digital Signature Required:

Training Coordinator Comments:

SUBMIT

## Amendment 1

Purpose of Amendment:

TYPE OF TRAINING:

Other:

### LOCATION DETAILS

Installation (if applicable):

Street:

City:

State:

Country:

### ADDITIONAL DETAILS

Estimated number of students:

Preferred start date:

Additional comments:

Customer Digital Signature Required

Training Coordinator Comments:

## Amendment 2

Purpose of Amendment:

TYPE OF TRAINING:

Other:

### LOCATION DETAILS

Installation (if applicable):

Street:

City:

State:

Country:

Customer Digital Signature Required

### ADDITIONAL DETAILS

Estimated number of students:

Preferred start date:

Additional comments:

Training Coordinator Comments:

SUBMIT