

TRAINING RESOURCE REQUEST

COMNAVSURFRESFORINST 3502.1A

1. Unit Attached:		2. *Request No: (Serial/FY)		3. Date:
4. Reserved Center Attached:		5. Readiness Center Attached:		6. Drill Weekend:
7. Description of Training Resource Required:				
				8. Course ID No: (If Applicable)
9. Normal Training Site:				
10. Normal Training Agency:				
11. Date(s) Requested:		12. Acceptable Alternate Date(s):		
13. Location/Address of Training Site:				
14. Acceptable Alternative Location/Address:				
15. VIA: SUPPORTING RESERVE CENTER				DATE:
Forwarded Recommending Approval/Disapproval (Circle One)				
Remarks:				
				Signature
16. VIA: SUPPORTING READINESS CENTER				DATE:
Forwarded Recommending Approval/Disapproval (Circle One)				
Remarks:				
				Signature
17. VIA: READINESS COMMAND REGION		Provide Region		DATE:
Forwarded Recommending Approval/Disapproval (Circle One)				
Remarks:				
				Signature
18. VIA: COMMANDER NAVAL SURFACE RESERVE FORCE				DATE:
Return Approval/Disapproval (Circle One)				
Approved Date(s) _____				
Approved Location: _____				
Remarks:				
				Signature
*NOTE: The serial number is sequentially numbered within the Fiscal Year (i.e. First Request in Fiscal Year is logged 1/86; third request in Fiscal Year is logged 3/86).				