Reporting Requirement: MCIEAST-MCB CAMLEJ-3710.6-01

MOBILE AIRCRAFT FIREFIGHTING TRAINING DEVICE _____ MONTHLY USAGE REPORT

1. Location: _____ 2. Submission date: _____

3. Trainer ID#: _____

4. VIN # TRACTOR: _____

5. VIN # TRAILER: _____

6. Submitted by: _____ Title: _____

7. Number of training evolutions: _____

8. Dates of training evolutions: _____

9. Hour meter reading: _____

10. Number of personnel trained:

    a. Military: _____

    b. DOD Civilian: _____

11. Number of personnel familiarized:

    a. Non-DOD Civilian: _____

    b. Other (identify) _____

COMMENTS:

_____

_____

_____

Requestor's signature: _____

E-MAIL TO: Submit by E-mail

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