

ARMY IN EUROPE
INSTITUTIONAL MOBILE TRAINING TEAM (MTT) REQUEST
(AE Reg 350-1)

1a. Unit identification code (UIC)		1b. Requesting unit			1c. Quota source HD	
2. Training window a. Primary (MMMM, YYYY)				b. Alternate (MMMM, YYYY)		
3. Course information						
a. School code			b. Course number			
c. Course title					d. Phase (if applicable)	
4. Number of training seats requested		a. Officer	b. Warrant officer (WO)	c. Enlisted	d. Civilian	e. Contractor
5. Training dates						
a. Primary Start date (YYYY-MM-DD)				b. Alternate End date (YYYY-MM-DD)		
6. Unit POC/LO						
a. Name					b. Telephone number	
c. E-mail address					d. Fax number	
7. Location for mobile training team (MTT) (building number, street, city, and ZIP code)						
8. Enlisted/officer skill level						
If requesting an ASI-, SQI-, or SI-producing course, list your UIC. Continue to fill in the enlisted skill level or officer grade.						
Enlisted skill level	ASI/SQI/SI authorization(s)	ASI/SQI/SI inventory		Percentage fill	Duty filled no.	
1						
2						
3						
4						
5						
6						
Officer grade	ASI/SQI/SI authorization(s)	ASI/SQI/SI inventory		Percentage fill	Duty filled no.	
O1						
O2						
O3						
Warrant Officer						

9. Justification for training**10. POC for providing the line of accounting (LOA) or DD Form 448 to the TRADOC school for instructor TDY****a. Name****b. Telephone number****c. E-mail address****d. Fax number****11. TDY cost analysis** (resident versus MTT TDY costs)**a. Personnel requiring training****b. MTT****From:****From:****To:****To:**

Number of personnel	Estimated cost (per person)	Remarks	Number of instructors	Estimated cost (per instructor)	Remarks
Airline ticket			Airline ticket		
Rental car			Rental car		
Lodging			Lodging		
M&IE			M&IE		
Other, additional funding requirement, information			Other, additional funding requirement, information		
Estimated cost per person			Estimated cost per instructor		
Total estimated cost			Total estimated cost		

12. Brigade combat team (BCT) S3 contact information (required)**a. Name****b. Telephone number****c. E-mail address****d. Fax number****13. Unit has all resources and will pay all associated cost for the MTT**

(Funding does not apply if MTT is programmed and in the Army Program for Individual Training (ARPRINT). In that case, TRADOC was funded for all MTT-associated costs.)

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Yes

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No

14. Requester (brigade commander or O6)

The unit requesting training must have its first O6 in the chain of command digitally sign this form. The digital signature confirms that the requesting unit has verified with its G8 representative that sufficient funds are available to fund all training costs and that the command will provide the LOA or DA Form 448 to the appropriate TRADOC school in order for the Training Requirements Arbitration Panel (TRAP) to be processed by the HRC, Army G-1, Army G-3/5/7, and TRADOC.

a. Signature block**b. Date** (YYYYMMDD)**c. Signature**