Print Form | E-mail Form | Reset Form | Prescribing Directive

U.S. FORCES REQUEST FOR MANEUVER
(AE Reg 350-22)

Unit Address	Primary Point of Contact	Alternate Point of Contact
Unit:	Grade name:	Grade name:
Military mailing address:	Telephone (mil):	Telephone (mil):
	Telephone (civ):	Telephone (civ):
	Mobile:	Mobile:
Station:	E-mail:	E-mail:

Maneuver Description

Exercise name: _____

Start: (YYYYMMDD) _____

End: (YYYYMMDD) _____

- ☐ Announce
- ☐ Extend
- ☐ Modify
- ☐ Cancel

- ☐ ADA
- ☐ Bridging
- ☐ CPX
- ☐ FTX
- ☐ MOVEX
- ☐ Predeployment site survey
- ☐ SIGEX
- No. of sites: _____
- ☐ Water operation
- ☐ Other

Personnel and Equipment Requirements

Personnel	Vehicles	Aircraft
U.S.:	Wheeled vehicles (total):	Helicopters:
Other:	Wheeled vehicles (> MCL 24):	Types (qty):
	Tracked vehicles (total):	Fixed-wing aircraft:
	Tracked vehicles (> MCL 24):	Types (qty):
Total:	Total:	Total:

Operational Requirements and Descriptions

Air Operations
- ☐ Helicopter extraction
- ☐ Helicopter insertion
- ☐ Helicopter training area
- ☐ Off-field landings
- ☐ Parachute-cargo
- ☐ Parachute-personnel

Water Operations
- ☐ Barge
- ☐ Bridge
- ☐ Full closure
- ☐ Lake
- ☐ Partial closure
- ☐ Raft
- ☐ River
- ☐ Small boat

Refueling Operations
- ☐ FARP
- ☐ From 5-gal fuel can
- ☐ Hard site
- ☐ Soft site
- ☐ Tank and pump unit

Other Requirements

Special
- ☐ Blank ammunition
- ☐ Earth works
- ☐ Night operations
- ☐ Pyrotechnics
- ☐ Smoke
- ☐ Vegetation cut

Movement
- ☐ Cross country
- ☐ From site to site
- ☐ JMRC rotation
- ☐ Stationary site

Evaluation
- ☐ BCTP
- ☐ SCPC
- ☐ MRX
- ☐ TACEVAL
- ☐ ORT
- ☐ Other: _____

Maneuver Area

- ☐ **Baden-Württemberg**
  - ☐ Freiburg
  - ☐ Karlsruhe
  - ☐ Stuttgart
- ☐ **Bayern**
  - ☐ Mittelfranken
  - ☐ Niederbayern
  - ☐ Oberbayern
  - ☐ Schwaben
  - ☐ Oberfranken
  - ☐ Oberpfalz
  - ☐ Unterfranken
- ☐ **Hessen**
  - ☐ Darmstadt
  - ☐ Gießen
  - ☐ Kassel
- ☐ **Rheinland-Pfalz**
  - ☐ Koblenz
  - ☐ Rheinhessen-Pfalz
  - ☐ Trier
- ☐ **Sachsen**
- ☐ **Saarland**
- ☐ **Schleswig-Holstein**
- ☐ **Thüringen**
- ☐ **Brandenburg**
- ☐ **Sachsen-Anhalt**
- ☐ **Mecklenburg-Vorpommern**
- ☐ **Niedersachsen**

Maneuver area (specify)

Authorizing Official's Statement: The information is accurate and required for training.

Name of authorizing official:			
Duty position:		Telephone (mil):	
Unit:		Telephone (civ):	
Signature:		Date:	*Audodate* (YYYYMMDD)