## **REQUEST FOR SUPPORT**



Requests for support involving 57 MXG units require routing through 57th MXG/Gatekeeper and the MXG/CC has final approval. Pre-coordination provides visibility of all visits, testing & training events and allows the MXG the opportunity to prioritize personnel, resources and schedules. It is important to be as detailed and accurate as possible so the tasked unit understands the full scope of support being requested. **Support Requests should be sent as early as possible to begin coordination.** 



| Fill-in all sections and e-mail the request to the 57th MXG Gatekeeper via 57MXG.MOF.Gatekeeper@us.af.mil |                              |                              |                        |  |  |  |  |  |
|---|------------------------------|------------------------------|------------------------|--|--|--|--|--|
| Select One:   | Short Notice (Within 7 days) | Request Within 30 Days       | Request Beyond 30 days |  |  |  |  |  |
| Requestor Info  | rmation:                     |                              |                        |  |  |  |  |  |
| 1. Date of Reque  | est:                         |                              |                        |  |  |  |  |  |
| 2. Point of Conta   | ct:                          |                              |                        |  |  |  |  |  |
| 3. Contact phone  | e/email:                     |                              |                        |  |  |  |  |  |
| 4. Unit:  |                              |                              |                        |  |  |  |  |  |
| Event Informati   | on:                          |                              |                        |  |  |  |  |  |
| 1. Base(s):   |                              |                              |                        |  |  |  |  |  |
| 2. Unit(s):   |                              |                              |                        |  |  |  |  |  |
| <ol> <li>Event Date(s):</li> </ol>  |                              |                              |                        |  |  |  |  |  |
|   | nding from requesting unit:  |                              |                        |  |  |  |  |  |
|   |                              |                              |                        |  |  |  |  |  |
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|   |                              |                              |                        |  |  |  |  |  |
| 5. Distinguished  | Visitor (rank/name/title):   |                              |                        |  |  |  |  |  |
| 6. Detailed Supp  | ort Requested:               |                              |                        |  |  |  |  |  |
|   |                              |                              |                        |  |  |  |  |  |
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| 7. Purpose:   |                              |                              |                        |  |  |  |  |  |
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|   |                              |                              |                        |  |  |  |  |  |
|   |                              |                              |                        |  |  |  |  |  |
|   | THIS SE                      | CTION IS FOR 57 MXG USE ONLY |                        |  |  |  |  |  |
| Gatekeeper / Unit   | t POC                        |                              |                        |  |  |  |  |  |
| ·   |                              |                              |                        |  |  |  |  |  |
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|   |                              |                              |                        |  |  |  |  |  |
|   |                              |                              |                        |  |  |  |  |  |
| Unit Concur/Comr  | nent(s):                     |                              |                        |  |  |  |  |  |
| List LIMFAC(s):   |                              |                              |                        |  |  |  |  |  |
| 57 MXG/CC Appr  | oval:                        |                              |                        |  |  |  |  |  |
|   |                              |                              |                        |  |  |  |  |  |

| PTIONAL INFORMATION:<br>Additional Information:  |     |    |     |  |
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| equestor After Action Summary:   |     |    |     |  |
| If "no" is checked in boxes 1,2, or 3 please provide more detail in the space below.         | Yes | No | N/A |  |
| 1. Was the test, event, and/or visit successful?   |     |    |     |  |
|  |     |    |     |  |
| 2. Was the aircraft/equipment configured properly (if applicable)?                           |     |    |     |  |
| 3. Was the Nellis unit postured to support as requested and agreed upon?                     |     |    |     |  |
| 4. Will there be a follow-up visit or is there any additional requests from the tasked unit? |     |    |     |  |
| Additional Information:  |     |    |     |  |
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