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|-----------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|
| <h1 style="text-align: center;">Request For<br/>Florida National Guard<br/>Counterdrug Support<br/>(Operational)</h1> |     |                                            | Submit Request To:<br>Florida National Guard<br>JDOMS-CD<br>475 West Town Place Suite #205<br>St. Augustine, FL 32092<br>(904) 823-0443/0163      FAX (904) 940-5712 |                                        |                                              |
| Requesting Agency:                                                                                                    |     |                                            | Mailing Address:                                                                                                                                                     |                                        |                                              |
| Agency POC:                                                                                                           |     |                                            |                                                                                                                                                                      | POC Title:                             |                                              |
| POC Phone:                                                                                                            |     | Request Date:                              |                                                                                                                                                                      | POC Signature:                         |                                              |
| <b>Type Support Requested (see list of approved missions for expanded description)</b>                                |     |                                            |                                                                                                                                                                      |                                        |                                              |
| √                                                                                                                     | Msn | Description                                | √                                                                                                                                                                    | Msn                                    | Description                                  |
|                                                                                                                       | 2A  | Linguist Support                           |                                                                                                                                                                      | 4A                                     | Train LEA/Military Personnel                 |
|                                                                                                                       | 2B  | Intel Analyst Support                      |                                                                                                                                                                      | 5A                                     | Recon/Observation – Surface (ARMED)          |
|                                                                                                                       | 2D  | Communications Support                     |                                                                                                                                                                      | 5B                                     | Recon/Observation-Aerial - (C-26) Fixed Wing |
|                                                                                                                       | 3B  | Transportation Support                     |                                                                                                                                                                      | 5B                                     | Recon/Observation - Aerial (RAID) Helicopter |
| Objective/Brief Description of Planned Operation/Activity:                                                            |     |                                            |                                                                                                                                                                      |                                        |                                              |
| Start Date & Time Support Required:                                                                                   |     |                                            | Ending Date & Time:                                                                                                                                                  |                                        |                                              |
| Area Of Operation/Location of Activity:                                                                               |     |                                            |                                                                                                                                                                      | Assembly Area (e.g., Airport/Helipad): |                                              |
| On-Site POC & Phone:                                                                                                  |     |                                            | Potential Hazards/Threat:                                                                                                                                            |                                        |                                              |
| No. NG Personnel Required:                                                                                            |     | Special Skills/Special Equipment Required: |                                                                                                                                                                      |                                        |                                              |
| Additional Instructions:                                                                                              |     |                                            |                                                                                                                                                                      |                                        |                                              |
| <b>JDOMS-CD USE ONLY</b>                                                                                              |     |                                            |                                                                                                                                                                      |                                        |                                              |
| <b>Date Received:</b>                                                                                                 |     | <b>Date Tasked:</b>                        |                                                                                                                                                                      | <b>Msn #:</b>                          |                                              |

WHEN THIS DOCUMENT IS COMPLETED  
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