

SPECIAL C-E AUTHORIZATION REQUEST

FOR USE OF THIS FORM SEE FM 24 22
PROPONENT AGENCY IS HQ TRADOC

DTG:

1. TO:

2. FROM:

3. PRECEDENCE:

4. SECURITY CLASSIFICATION:

5. SUBSCRIBER INFORMATION: *(To Be Completed by Requester)*

a. ORGANIZATION:

b. LOCATION: *(Coordinates)*

c. DATE OF REQUEST:

d. DATE NEW SERVICE REQUIRED:

e. CURRENT COMMUNICATIONS SERVICE *(In Addition to Organic TOE)* PROVIDED:

(1) TRUNKS: VOICE _____ TELETYPEWRITER _____ DATA _____

(2) SUBSCRIBER: LOCAL LINES _____ EXTENSIONS _____

(3) PREFERENTIAL SERVICES: SPECIFY _____

(4) DEDICATED CIRCUITS: _____

(5) RWI CALL SIGN: _____

(6) SPECIAL TERMINAL EQUIPMENT AUTHORIZED ABOVE DOCTRINE: _____

f. ADDITIONAL COMMUNICATION SERVICE REQUESTED:

g. JUSTIFICATION:

6. ASSESSMENT OF SCAR *(For Nodal Authority Use)*

a. ADDITIONAL RESOURCES OR FACILITIES REQUIRED:

b. AVAILABILITY OF REQUIRED RESOURCES/FACILITIES:

c. ADDITIONAL CONSIDERATIONS:

d. ACTION RECOMMENDED:

e. APPROVAL/DISAPPROVAL

SIGNATURE