



# CAMP KINSER HELICOPTER TRAINING REQUEST FORM

REQUESTING UNIT: \_\_\_\_\_ OIC/SNCOIC OF MISSION: \_\_\_\_\_

OIC/SNCOIC E-MAIL: \_\_\_\_\_ OIC/SNCOIC PHONE: \_\_\_\_\_

TRAINING AREA SEE ENCLOSURE (1) OF CO 6000.D ONCE COMPLETED SUBMIT FORM TO: [CampOperationsKinser@usmc.mil](mailto:CampOperationsKinser@usmc.mil)  
PLEASE SELECT THE TRAINING AREA(S) YOU ARE REQUESTING:

LZ 1 MLG HQ Building	LZ 2 Kinser Theater	LZ 3 Roberts Field	LZ 4 Kinser Soccer Field	LZ 5 Area 1	LZ 6 Area 2
-------------------------	------------------------	-----------------------	-----------------------------	----------------	----------------

Type of Mission:      Cargo      Pax      Other: \_\_\_\_\_

Start Date/Time      End Date/Time      Alternate Date(s)

Aircraft Utilized: (# and type)      # of Personnel

VIP(s) on board

Brief description of Operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

(Rank)      (Name: Last, First, MI)      (Sign)      (Date)

-----  
CAMP OPERATIONS USE ONLY

Date Received: \_\_\_\_\_

Approved      Disapproved      Reason for disapproval (if any): \_\_\_\_\_

(Print)      (Sign)      (Date)