



WEASEL NOTAM – 35FW-19-03
35 FW Visit Request Form
15 Jul 20



PURPOSE: To notify outside agencies on the expectations and requirements for non-routine deployments at Misawa Air Base.

COMMANDER'S INTENT: To provide succinct guidance for expectations on allowing outside agencies to utilize the flightline or facilities on Misawa Air Base.

BACKGROUND: Throughout the year, several outside organizations request to utilize the flightline and/or facilities on Misawa Air Base in support of exercises, events, and flying operations. On occasions, the support requirements from these outside organizations were not made known to wing leadership in advance. In order to improve coordination and communication, a visit request form was developed for the outside organization to request support from the wing.

IMPLEMENTATION: The attached wing visit request form details the requirements by the outside organization and the access they need to the base. This form requires coordination and approval by wing leadership prior to allowing the outside organization support access to the base.

POC: Contact the 35 OSS/DO at 35oss.do.coord@us.af.mil for specific questions about this NOTAM.

JESSE J. FRIEDEL, Colonel, USAF
Commander, 35th Fighter Wing

1 Attachment
35 FW Site Visit Request Card

35 FW Visit Request Card

Send all requests to: 35oss.do.coord@us.af.mil



General Questions

1. Unit: _____ Home Station: _____
2. Contact Name: _____
3. Contact Phone Number: _____ E-mail: _____
4. Any DVs associated with this events? (O-6 and up)
5. Higher Headquarters Tasking: _____
6. Is this in support of Exercise: _____ Which Exercise: _____
7. What dates are you requesting to utilize Misawa AB resources?

To

6. What manpower and material are you planning to bring to Misawa AB?

7. What is your projected flying schedule?

8. If USN or USMC, have you contacted NAF-Misawa?

Flying Operations

1. Number & type of Aircraft:
2. Classified Storage:
3. AFE Requirements/Storage:
4. OPS Desk Requirements:
5. Briefing/Msn Requirements
 - a. Room Classification Level
6. Airspace & Range Requirements
 - a. Desired Weapons

- b. Airdrop
- c. Emitters
- d. Range Familiarization/Capabilities/Services

Billeting

1. Number of rooms requested:
2. Number of single rooms needed:
3. Number of double rooms needed:
4. Method of payment:
5. Attach PAX Manifest (End of Request)

Dining

Notes: Cash only, no meal card/credit card.

Dining Hall Hours: M – F: 0530-0800 / 1030-1300 / 1630-1930 / 2200 – 0030

Sat / Sun / Holidays: 0630-1300 / 1700-1900 / 2200-0030

1. Dining Hall Requested:
2. Extended Hours Requested:

Facilities

1. Number of buildings requested:
2. Secure area to brief personnel requested:
3. Place to store classified material requested:

Aircraft Support

1. Requested airfield operating hours:
2. Parking MOG requested:

3. Specific taxi routes requested:

4. Transient Aircraft staying for longer than 72 Hrs:
5. Estimated time Aircraft parked at Misawa:
6. Spots marked requested:
7. Grounding points requested:
8. Hazardous cargo parking spot requested:
9. Fuel support requested (insert planning gallons expected):
 - a. JP8:
 - b. Resupply capacity requested:
 - c. Method of payment for fuels:
10. Maintenance equipment requested (insert total number requested if YES):
 - a. -86:
 - b. -95:
 - c. -60:
 - d. MC-1A (Note-Only 1 on base):
 - e. MC-2A:
 - f. NF-2:
 - g. TF-1:
 - h. B1:
 - i. B2 (Note-Only 1 on base):
 - j. B4
 - k. B5:
 - l. LOX:
 - m. GOX:
 - n. Heater:
 - o. Fire Bottles:
 - p. MA-1A:
 - q. Deicers (Shared w/ all A/C during Winter):
 - r. Other:

Civil Engineer Support

1. Aircraft Arresting System Support:
2. Generator Support:
3. Exterior/Interior Electrical Support:
4. HVAC Support:
5. Heavy Equipment Support:
6. Structural Support:
7. Other Engineering Services:

Cargo Handling

1. MHE Support requested (insert total number requested if YES):
 - a. 10K STD:
 - b. 10K AT:
 - c. K-Loader:
 - d. Wide-Body Air Stairs:
 - e. Highline Roller System:
 - f. Truck Loading Dock Requested:
 - g. Scales:
 - h. Flatbed Trailer Requested:

Transportation

1. Vehicles requested: (total PAX if YES):
 - a. Buses:
 - b. U-Drive-it:
 - c. MOGAS:
2. International Driver's License:
3. Flight Line Access:
 - a. Flight Line Driver's License:

Note: If requesting a vehicle, please ensure Form 868 at end of checklist is also filled out

Communication

1. NIPR access: SIPR access:
2. Cell phones requested:
3. LMR:

Base Weather Support

1. Weather support requested:
2. If flying outside of 35 FW flying hours, has weather support been pre-coordinated with home station?

Manpower Support Requested:

1. Aerial Port:
2. Maintenance:
3. Intel/OSI:
4. Fuels:
5. Medical:
6. Safety:
7. Supply:
8. CE:
9. Comm:
10. Security Forces:
11. Trans Driver:
12. Miscellaneous:

1. 35th Operations Support Squadron

- a. 35 OSS/DO: Phone: 226-4058
- b. 35 OSS/ADO: Phone: 226-9133
- c. 35 OSS/OSAA: Phone 226-3110
 - i. 35oss.osam@us.af.mil
- d. 35 OSS/OSO:
 - i. Phone: 226-3841 or 226-3292
 - ii. 35oss.oso@us.af.mil

Passenger Manifest:

Pg: of

	Last Name, First Name, MI:	Rank:	Gender:	Notes:
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REQUEST FOR GROUND TRANSPORTATION SUPPORT

EMAIL FORM TO:	
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TODAY'S DATE:	REQUESTING ORGANIZATION:	POC NAME:	POC PHONE NUMBER:
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TYPE OF SERVICE REQUIRED

<input type="checkbox"/> U-DRIVE-IT	<input type="checkbox"/> CARGO MOVEMENT	<input type="checkbox"/> PROTOCOL	<input type="checkbox"/> TAXI
<input type="checkbox"/> WRECKER / RECOVERY	<input type="checkbox"/> AIRCREW SUPPORT	<input type="checkbox"/> PASSENGER MOVEMENT	<input type="checkbox"/> OTHER
<input type="checkbox"/> DOCUMENTED CARGO	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PRIORITY	

DATE REQUIRED:	TIME REQUIRED:	RETURN DATE:	RETURN TIME:
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TYPE OF VEHICLE REQUIRED TO SUPPORT REQUEST: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	NUMBER OF PASSENGERS:	ESTIMATED MILES:
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CARGO DETAIL DESCRIPTION: (Type / Size / Approximate Weight)

PICKUP LOCATION(S) (For joint base installations, please identify the specific installation and building number)

DROP-OFF LOCATION(S) (For joint-base installations, please identify the specific installation and building number)

MISSION REQUIREMENTS / PURPOSE OF TRIP

Provide clear mission requirements. Ground Transportation Operations Center will identify most efficient support method, personnel and vehicles IAW DoD support considerations and AFI 24-301, *Ground Transportation*.

If more space is required, please attach supporting documentation

NAME OF REQUESTER (VCO, if applicable)	GRADE	UNIT / ORGANIZATION	DUTY / CELL PHONE	REQUESTER / VCO SIGNATURE
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GROUND TRANSPORTATION OPERATIONS CENTER USE ONLY

CONFIRMATION NUMBER	TIME DISPATCHED	TIME ARRIVED	TIME PICKED UP	TIME COMPLETE	OPERATOR'S NAME
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VEHICLE TYPE	VEHICLE REGISTRATION NUMBER	<input type="checkbox"/> No Manning Available (NMA)	<input type="checkbox"/> Canceled
		<input type="checkbox"/> No Vehicle Available (NVA)	<input type="checkbox"/> No Show

OSS:

Recommend Support:

Comments:

Name:

Rank:

Phone:

Initials & Date:

LRS:

Recommend Support:

Comments:

Name:

Rank:

Phone:

Initials & Date:

MXS:

Recommend Support:

Comments:

Name:

Rank:

Phone:

Initials & Date:

FSS:

Recommend Support:

Comments:

Name:

Rank:

Phone:

Initials & Date:

FW:

Visit Request:

Comments: