

JTAC/FAC-CAS BRIEF SHEET

OP _____

DATE: _____

FACS's NAME/UNIT _____

OIC: (Rank) _____ (LName, FName) _____

RSO: (Rank) _____ (LName, FName) _____

LSSO: (Rank) _____ (LName, FName) _____

POC and CONTACT # WHILE AT THE OP _____

TGT MARKING UNIT _____ LOCATION _____ TYPE _____

<u>CALL SIGN</u>	<u>A/C TYPE</u>	<u>TOT</u>	<u>ORDNACE REQUESTED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPPORTING SQUADRON'S POC NAME AND NUMBER:

UNIT	POC NAME	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AIRSPACE SCHEDULED, Date and Times: _____

TANKER LOCATION (IF SCHEDULED) _____

IF MARKING WITH LASERS, LTA AND FIRING POSITION SCHEDULED _____

FAC's CALL SIGN _____

****ENSURE YOU REQUEST THE GROUND SPACE TO SUPPORT YOUR AIRSPACE AND ADD AT A MINIMUM OF 45MIN TO THE FRONT AND BACK ENDS FOR INGRESS AND EGRESS TO YOUR OP.**

*****IF TARGETS/ OPFOR ARE NEEDED CONTACT FUTURE PLANS @ 928-269-6488 AT LEAST 14 DAYS IN ADVANCE OF EXERCISE DATE.**