



**NORTH CAROLINA NATIONAL GUARD
COUNTERDRUG PROGRAM
SUPPORT REQUEST AND MISSION PLANNING FORM**
Phone: (984)664-6045 Email: ng.nc.ncarng.mbx.j3-cdtf@mail.mil

| PART I – REQUEST AGENCY INFORMATION | | | |
|--|--|----------------------------------|----------------------|
| 1. Requesting Agency | | 2. City, State and Zip Code | 3. County |
| 4. Requesting Officer Name (Print) | | 5. Phone Number (with area code) | 6. Email |
| 7. Alternate Contact Name (Print) | | 8. Alternate Phone Number | 9. Alternate Email |
| 10. Type of Support Requested | | 11. Mission Start Date/Time | 12. Mission End Date |
| 13. Brief Description of Situation (Type of narcotics, gang affiliation, DTO affiliation, observation location and others) | | | |
| 14. Agency request Counterdrug personnel to be armed? Yes No | | 15. Organization Reference #'s: | |
| 16. Requesting Officer Signature | | | 17. Date of Request |



| PART II – COUNTERDRUG PROGRAM USE ONLY | | | | | | | |
|--|--|---|----|-------------------------------------|----|--|------------|
| 18. FTSMCS Mission Number | | 19. Linked Mission | | 20. Operation Name | | 22. Unresource Mission? Yes No | |
| 21. Mission Type | | 2b - Technical Support - Criminal Analyst | | 5a - Ground Reconnaissance | | Reason: | |
| | | 3a - General Support - Domestic Cannabis | | 5b - Air Reconnaissance | | | |
| | | 4a - Counterdrug Related Training – LEA | | Other: | | | |
| 23. Mission Planning | | | | | | | |
| 23a. | | Yes | No | Yes | No | 23b. Communications | |
| National Goal | | | | Task Force | | Viper Channel | FREQ 1 : |
| SW Border Mission | | | | State Fusion Center | | County FREQ | FREQ 2 : |
| Northern Border MSN | | | | HIDTA Mission | | Handheld radios requested? | Transmit : |
| Recon Conducted | | | | OPLAN Conducted | | Requested # : | Receive : |
| 23c. Meeting Location and Nearest Medical Facility | | | | 23d. Personnel Assigned | | | |
| Meeting Location Name | | | | 1) | | 2) | |
| Overhead (Lat/Long) | | | | 3) | | 4) | |
| On Site (Lat/Long) | | | | 5) | | 6) | |
| Medical Facility | | Phone # | | 7) | | 8) | |
| 23e. Observation Lat/Long List | | | | 23f. Note(s) | | | |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 24. Risk Assessment: L M H EH | | 25. Mission Approved? Yes No | | 26. Armed Mission? Yes No | | | |
| 27. Approving Authority (Print rank and name) | | | | 28. Signature | | | |