



**NORTH CAROLINA NATIONAL GUARD  
COUNTERDRUG PROGRAM  
SUPPORT REQUEST AND MISSION PLANNING FORM**  
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PART I – REQUEST AGENCY INFORMATION					
1. Requesting Agency			2. City, State and Zip Code		3. County
4. Requesting Officer Name (Print)		5. Phone Number (incl 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	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. OCDETF Case?      HIDTA Case?      Case#			17. CPOT?	RPOT?	DTO?
18. Requesting Officer Signature				19. Date of Request	

RESET

SUBMIT

PART II – COUNTERDRUG PROGRAM USE ONLY							
20. FTSMCS Mission Number		21. Linked Mission		22. Operation Name			
23. Mission Type		2b - Technical Support - Criminal Analyst		5a - Ground Reconnaissance			
		3a - General Support - Domestic Cannabis		5b - Air Reconnaissance			
		4a - Counterdrug Related Training – LEA					
OPERATIONS PLAN							
25. Scheme of Maneuver			26. Coordinating Instructions				
			26a. NGB CCIRs		26b. Personnel Assigned		
			Out of State? Interstate? Fusion Center? HIDTA? Task Force?		Duty	Name	ITT?
			26c. Medical		26d. Communications		
			Medical Center:		Primary:		
			Phone:		Alternate:		
VIPER Channel:		Contingency:					
		Emergency:					
		SHOUT Nano:					
27. Risk Assessment:    L    M    H    EH			28. Armed Mission?    Yes    No		29. Mission Approved?    Yes    No		
30. Approving Authority (Print rank and name)				31. Signature			

## MISSION REQUEST INSTRUCTIONS

1. **Requested Agency:** Your agency or task force name.
2. **City, State, Zip:** Agency location.
3. **County:** Agency County.
4. **Requesting Official:** Primary LEO in charge of mission and requesting Counterdrug Support.
5. **Phone Number:** Phone of primary LEO including area code.
6. **Email:** Official agency email of primary LEO.
7. **Alternate Contact:** Secondary LEO POC.
8. **Alternate Phone:** Secondary LEO phone.
9. **Alternate Email:** Secondary LEO official email.
10. **Type of Support Requested:** What do you need support with? Aerial Recon, Analysis Work, Ground Recon, etc.
11. **Mission Start Date:** Anticipated start date of the operation or when support is needed.
12. **Mission End Date:** Anticipated ending date of the operation or when support will no longer be needed.
13. **Brief Description of Situation:** What is going on with the case and what do you need help with?
14. **Agency Requesting Counterdrug Personnel be Armed?** Does the target threat dictate that CD personnel be armed and is it consistent with local policy and laws?
15. **Organizational Reference Number:** The organization's reference number.
16. **OCDETF Case?** If the target is involved in an OCDETF case, check yes and put in the case number, if known. This is to ensure multiple missions working same OCDETF cases only get counted once.
17. **CPOT, RPOT and DTO:** Is the target on the Consolidated Priority Organizational Target, Regional Priority Organization Target lists? If not, is the target involved with or a member of a local, regional or transnational drug trafficking organization or any sort of organized crime involved in the drug sale?
18. **Requesting Officer Signature:** Digital or manual signature.
19. **Request Date:** Date request is made.

Blocks 20-31 are for Counterdrug use and are to assist in mission planning.

20. **FTSMCS Mission Number:** When assigned.
21. **Linked Mission:** Is this mission linked to a previous mission or to an analyst case?
22. **Operation Name:** If the operation has a name, enter it here.
23. **Mission Type:** Select the appropriate mission type. More than one selection can be entered.
24. **Unresourced Mission?** If the mission cannot be accomplished due to lack of resources, enter that and the reason here.
25. **Scheme of Maneuver:** A brief description of how the mission will be accomplished. A textual overview of the fundamentals of the mission. Give the CDP Operations Team and Director a good idea of how you will meet the law enforcement intent as requested in block 13.
26. **Coordinating Instructions:**
  - a. **NGB CCIR's:** Check yes to any critical CCIR's that NGB has requested be reported through FTSMCS. FTSMCS has more blocks than what is depicted here, but these blocks are limited to the scope of what the mission of the NC CDP is.
  - b. **Personnel Assigned:** List by duty type, Name, and whether the personnel is conducting the mission incidental to training (ITT).
  - c. **Medical:** Enter in the medical information here. Include the VIPER network channel the hospital operates on for the purposes of aerial CASEVAC. As a general rule, counties west of I-77 operate on "LZ WEST", between I-77 and I-95 on "LZ CENTRAL" and east of I-95 are on "LZ EAST", however, there are several counties immediately North of Wake county that are on "LZ EAST" and all counties bordering to the west of Mecklenburg County are on "LZ WEST", so consult the latest office of emergency medical services regional map for information. West POC: 828-466-5548, Central POC: 919-855-4678, East POC: 252-355-9026.
  - d. **Communications:** List the primary, alternate, contingency and emergency radio channels, radio frequencies, or phones. Also include the Shout NANO device name, if used.
27. **Risk Assessment:** Direct from the DD2977 or Aviation DRAW.
28. **Armed Mission:** Select whether the mission will be conducted armed in accordance with LEA request.
29. **Mission Approved:** Approval authority selects whether or not to approve the mission.
30. **Approving Authority:** Name rank and title of the approving authority. Must be appropriate for the risk assessment. The director must personally approve all armed missions and any mission that is a medium. High risk and above missions must be approved by TAG. All other (low risk) missions may be approved by anyone delegated approval authority.
31. **Signature:** Digital or wet signature. If the Director or other approval authority approves the mission in a bona-fide absence via cell phone or email, a delegated approval authority or mission OIC must write the time and method of how the approval was received. When able, the approval authority will sign the signature block.

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