

**MISSION REQUEST FORM**  
**ALABAMA NATIONAL GUARD COUNTERDRUG PROGRAM (ALNG-CD)**

**1. Type of Support Requested:** (Check all that apply and complete the appropriate section(s) below)

*Aviation - Rotary Wing (S&S DET)*      *Aviation - Fixed Wing (RC-26)*      *Training*      *Operation Case Support Analyst*      *Celebrite Support*

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**2. Mission Specifics:**

Agency Requesting Support: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Date(s) of Support: \_\_\_\_\_ County Location: \_\_\_\_\_

Purpose of Support (*Must Include Drug Nexus*): \_\_\_\_\_

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*Celebrite Support Legal Authority (Agency Responsibility):*      *Search Warrant*      *Exigent Circumstance*      *Other:* \_\_\_\_\_

Agency POC: \_\_\_\_\_ Office Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

POC Email Address: \_\_\_\_\_

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**3. Aviation Specifics:**

Pick-up Location: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Passengers:      Yes      No

Special Equipment:

\_\_\_\_\_

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**4. Approval:**

\_\_\_\_\_  
Requesting Agency Signature

\_\_\_\_\_  
Approved, ALNG-CD HQ

\_\_\_\_\_  
Processed, ALNG-CD HQ

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
FTSMCS #

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**5. Submission:** *Please coordinate aviation mission details with the requested aviation unit, then fax to the appropriate number. All other mission requests should be faxed to Counterdrug HQ.*

***Rotary Wing (S&S DET)***

Main: (334) 318-7020  
Alt: (334) 558-1104  
Fax: (334) 274-6300

***Counterdrug HQ***

Main: (334) 274-6307  
Alt: (334) 213-7649  
Fax: (334) 274-6300

***Fixed Wing (RC-26)***

Main: (334) 394-9165  
Alt: (334) 394-9164  
Fax: (334) 394-7193

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