

AIR NATIONAL GUARD VEHICLE AUTHORIZATION REQUEST

The proponent agency is NGB/A4. The prescribing directive is AFI 23-302

PART I ACCOUNT IDENTIFICATION

FROM: (UNIT ADDRESS)

SRAN:

TO:

NGB/A4RDV
3500 Fetchet Avenue
Andrews AFB, MD 20762-5157

PART II VEHICLE AUTHORIZATION ACTION

I&S STOCK NUMBER

NOMENCLATURE

ACTION REQUESTED

BASE CONTROL NO.

ADD NEW INCREASE DELETE REDUCE

ASC

USE CODE

EQUIP CODE

ORG MST

ORG USE

USER

CURRENT AUTH

NEW AUTH

PART III VEHICLE AUTHORIZATION JUSTIFICATION

The following questions must be addressed and answered in the affirmative before the request can be sent to NGB/A4RDV for disposition.

1. Does the justification indicate the current VAL using activity or proposed user?
2. Does the justification cite the directive, project, or publication that generated the request, if appropriate?
3. Does the justification fully explain proposed use of the vehicle?
4. Does the justification identify expected utilization information (miles, hours, passengers, equipment, supplies, materials, and number of trips)?
5. Does the justification list the number of vehicles currently authorized and assigned to the requesting unit and justify why co-utilization will not meet mission requirements?
6. Does the request justify why transportation support from Vehicle Operations (taxi or UDI) cannot satisfy the vehicle requirement (OLVIMS data must substantiate lack of support)?

JUSTIFICATION:

MISSION IMPACT STATEMENT: (Include a mission impact statement on the organization, base or wing if the request is denied.)

TYPED NAME, GRADE AND TITLE: (Unit Commander)

SIGNATURE:

DATE: (YYYYMMDD)

PART IV VEHICLE MANAGEMENT ACTION

VFM/VMS RECOMMENDATION APPROVAL DISAPPROVAL RETURN W/O ACTION

REMARKS:

BASE AUTHORIZATION ADJUSTMENTS: (Are there any actions taken to realign other authorizations to accomodate the requirment for non-mission changes?)

TYPED NAME AND GRADE : (VFM/VMS)

SIGNATURE:

DATE: (YYYYMMDD)

PART V LOGISTICS READINESS COMMANDER ACTION

LRS/CC RECOMMENDATION: APPROVAL DISAPPROVAL RETURN W/O ACTION

REMARKS:

TYPED NAME AND GRADE : (LRS/CC or Equivalent)

SIGNATURE:

DATE: (YYYYMMDD)

PART VI MISSION SUPPORT GROUP COMMANDER ACTION

(Vehicle Authorization Review Authority for the insallation, IAW AFI 23-302 para 4.23)

MSG/CC REVIEW: APPROVED DISAPPROVED RETURNED W/O ACTION

Note: Approval required for submission to NGB.

TYPED NAME AND GRADE : (MSG/CC or Equivalent)

SIGNATURE:

DATE: (YYYYMMDD)

PART VII NGB ACTION TAKEN

APPROVED DISAPPROVED RETURNED W/O ACTION

CEMO CONTROL NUMBER:

REMARKS:

TYPED NAME, GRADE AND TITLE:

SIGNATURE:

DATE: (YYYYMMDD)