

**FOR OFFICIAL USE ONLY AND EXEMPT FROM MANDATORY DISCLOSURE**  
**PENNSYLVANIA NATIONAL GUARD COUNTERDRUG PROGRAM**  
 c/o Dept. of Military & Veteran's Affairs, Ft. Indiantown Gap, Annville, PA 17003-5002  
 Phone (717) 861-8224 Fax (717) 861-8225, E-mail [PA-CD@CDMAIL.NGB.ARMY.MIL](mailto:PA-CD@CDMAIL.NGB.ARMY.MIL)  
**REQUEST FOR SUPPORT**

**SECTION I - Law Enforcement Agency (LEA) or Community Based Organization (CBO) use:**

Individual making request: \_\_\_\_\_ Signature: \_\_\_\_\_

Agency Represented: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Agency POC Phone #: ( ) \_\_\_\_\_ Pager/Cell # ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Address (street city zip): \_\_\_\_\_

County: \_\_\_\_\_ Operation Location: \_\_\_\_\_

Brief description of support requested and its Drug Nexus (link to either drug supply or drug demand reduction):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Start Date \_\_\_\_\_ Projected End Date: \_\_\_\_\_ Estimate # of Days Support Requested \_\_\_\_\_  
Fiscal Year 04 requests must be between 01OCT03 and 30SEP04; Support over 30 consecutive days requires a Memorandum of Understanding (MOU)

LEAs/CBOs, send this form with signature or a letter of request on Agency Letterhead to your Local Pennsylvania National Guard Counterdrug or to the address above.

**SECTION I a. - For Pennsylvania State Police (PSP) and PA Office of the Attorney General (PA OAG) use:**

PSP requests must be approved by Troop Commander or BDLE Supervisors, Corporal and above.

PSP Approval (Name / Signature): \_\_\_\_\_ PSP Troop: \_\_\_\_\_

PA Office of Attorney General Agents sends requests to OAG-BNI for approval; fax (717) 783-5431

OAG-BNI Approval (Name / Signature): \_\_\_\_\_

**SECTION II – CD Regional / Section Supervisor or Operation POC (Complete Section II and forward to CD Ops)**

CD Operation POC Name: \_\_\_\_\_

Type of CD Operation: **Demand** **Supply** HIDTA Related: Yes  No  Joint LEA/CBO Effort: Yes  No

PA Congressional District: \_\_\_\_\_ Resourceable with your Region / Section Personnel: Yes  No

# Personnel Requested /Required: \_\_\_ / \_\_\_ Travel Required: Yes  No  Billeting Required: Yes  No

Special Equipment Requirements: \_\_\_\_\_

POC Remarks/Recommendation (Approval/Disapproval): \_\_\_\_\_

\_\_\_\_\_

**SECTION III - CD HQ Complete this section and return to Operation POC):**

Date Received: \_\_\_\_\_ CD Priority: \_\_\_\_\_ PA - \_\_\_\_\_ - 04 - \_\_\_\_\_ - \_\_\_\_\_  
STATE OPS NUMBER FY AGENCY MSN CATEGORY

Operation Status: **APPROVED** **UNRESOURCED** **DISAPPROVED** CD Region / Section Assigned: \_\_\_\_\_

Approved \_\_\_\_\_ by \_\_\_\_\_  
 (DATE/RANK/NAME/SIGNATURE): \_\_\_\_\_

HQ  
 Remarks: \_\_\_\_\_

\_\_\_\_\_

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**REQUEST FOR SUPPORT**

MOU Required: Yes  No

Special Briefings Required: Yes  No

Approval Faxed /sent to: \_\_\_\_\_ CC Faxed /sent to: \_\_\_\_\_

CD Form5.doc (CD/NCTC disk) Update 16 Aug 02