

American Forces Network Request For Service

AUTHORITY:

- (a) DoD Instruction 5120.20, American Forces Radio and Television Service, October 18, 2010
(b) DoD Manual 5120.20, Management of American Forces Radio and Television Service, June 3, 2014

PRINCIPAL PURPOSE: To collect information necessary to approve the acquisition of American Forces Network (AFN) capable decoder(s) and ancillary materials necessary to access the AFN signal by Department of Defense units preparing to or already deployed to verified contingency locations outside of the United States, its territories or possessions.

DISCLOSURE: Voluntary, but failure to supply the information will result in the denial of the request.

READ THE INSTRUCTIONS FOR COMPLETING THIS FORM BEFORE PROCEEDING

- 1. REQUESTER:** The full name and rank of the individual initiating the request for service.
- 2. REQUESTER EMAIL:** Enter the requester's .mil domain email address.
- 3. REQUEST DATE:** The date the request is submitted.
- 4. DSN PHONE:** Provide the home station DSN number including the prefix. For information on DSN prefixes please visit <http://www.disa.mil/network-services/voice/sbu-voice/directory>
- 5. COMM PHONE:** Provide the garrison/base unit phone number including the area code.
- 6. HOME STATION UNIT:** Enter the name or designation of the requesting unit
- 7. UNIT COMMANDER:** Provide the name of the unit commander.
- 8. COMMANDER'S EMAIL:** Provide the unit commander's .mil domain email address.
- 9. HOME STATION UNIT ADDRESS:** Provide the physical mailing address for the unit at their home garrison or base.
- 10. DEPLOYED UNIT:** Enter the name of the unit in command at the deployed location.
- 11. DEPLOYED LOCATION:** Enter the name of the base, post or nearest city to the unit's location. If the location is classified please state.
- 12. COUNTRY:** Enter the country where the deployed unit is based.
- 13. DEPLOYED DSN:** Provide the DSN number including prefix.
- 14. DEPLOYMENT START DATE:** Enter the deployment start date or anticipated start date.
- 15. ROTATION DATE:** Enter the date the unit expects to rotate back to home station.
- 16. DEPLOYED STATION UNIT ADDRESS:** Enter the mailing address including the APO or FPO.
- 17. DODAAC:** The Department of Defense Activity Address Code is a six-position code that uniquely identifies a DoD unit, activity, or organization that has the authority to requisition, contract for, receive, have custody of, issue, or ship DoD assets, or fund/pay bills for materials and/or services. A valid DODAAC is **required** before shipments are approved and released for shipment through military channels. A DODAAC is not required if shipping via FEDEX, UPS, or DHL at the requesting unit's expense. CAC holders can search DODAACs at <https://dodaac.wpafb.af.mil/>
- 18. TAC:** Transportation Account Codes (TAC) are used in the shipping and transportation process to link movement authority, funding approval, and accounting data for shipments of cargo and personal property in the Defense Transportation System. A valid TAC code is **required** before shipments are approved and released. A TAC is not required if shipping via FEDEX, UPS, or DHL at the requesting unit's expense. **All US Army units must submit a DA G44 form IAW Defense Transportation Regulation, Part II, 16 July 2015, Cargo Movement – Attachment V6 Army Transportation Codes. Requests submitted without a DA G44 will be returned to the requesting unit.**
- 19. FEDEX/UPS/DHL ACCOUNT:** AFN/T-ASA can ship the materials via a commercial vendor at the requesting unit's expense. If this shipping option is desired, the requesting unit must provide a valid account number for the completion of the shipping waybill.
- 20. SUPPORTED OPERATION:** Name of OCO Operation unit is currently supporting.
- 21. AUDIENCE SIZE:** Provide the approximate number of military personnel who will receive AFN service.
- 22. NUMBER OF LOCATIONS:** Provide the number of individual buildings, tents or structures that will have service.
- 23. SAT DISHES NEEDED:** Provide the number of satellite dishes needed to satisfy the requirement. .
- 24. DECODERS NEEDED:** Provide the number of signal decoders needed to satisfy the requirement. Generally, one decoder can provide service for up to 10 televisions.
- 25. COORDINATION NOTES:** Enter background information, as necessary, to assist DMA in the fulfillment of the request.
- 26. REQUESTOR'S DIGITAL SIGNATURE:** Individuals requesting AFN service must digitally sign the form, using USG-issued PKI certificates, confirming their acceptance of the statement of understanding.
- 27. COMMANDER'S DIGITAL SIGNATURE:** The commander of the unit requesting service must digitally sign the form, using USG-issued PKI certificates, confirming their acceptance of the statement of understanding.
- 28. DATE RECEIVED:** Enter the date the request is processed at DMA.
- 29. REQUEST FOR SERVICE NUMBER:** Enter the database RFS number.
- 30. AFN / T-ASA REPRESENTATIVE:** The AFN or T-ASA representative must digitally sign the form using USG-issued PKI certificates.
- 31. COORDINATION NOTES:** Provide coordination information, as needed, to aid in the processing of the request. If decoders are picked up in person by the requesting unit, the AFN Station or Maintenance Manager will enter the UA and TID numbers of the provided decoders in this block, digitally sign in block 29 and email the completed form to T-ASA Logistics (dma.afn.deployment@mail.mil).

CONTINUED ON REVERSE

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All form fields are required. Hand-written forms, those not digitally signed, or incomplete forms will not be accepted or processed

AFN will only provide equipment for use in common areas for units directly supporting certain named contingency operations. All equipment is funded using Overseas Contingency Operations (OCO) funding and the FY 2021 – FY 2025 Integrated Program/Budget Review (PBR) Guidance on funding directly related to OCO restricts allocation of OCO funds to specific operations. If your unit is not supporting one of the specific operations or is located outside of designated geographic operational areas we cannot support your request.

Section 1, Requester Information

1. REQUESTER		2. EMAIL ADDRESS		3. REQUEST DATE	
4. DSN PHONE (INCLUDING PREFIX)		5. COMM PHONE (+ AREA CODE)		6. HOME STATION UNIT	
7. UNIT COMMANDER (RANK/NAME)			9. HOME STATION UNIT ADDRESS (CITY/POST/BASE + ZIP CODE)		
8. COMMANDER'S EMAIL ADDRESS (.MIL)					

Section 2, Deployment Information

10. DEPLOYED UNIT		11. DEPLOYED LOCATION (BASE/POST/CITY)		12. COUNTRY		13. DEPLOYED DSN	
14. DEPLOYMENT START DATE		15. ROTATION DATE		16. DEPLOYED STATION UNIT ADDRESS (APO/FPO)			
17. DODAAC (SEE REVERSE)		18. TAC (SEE REVERSE)					
19. FEDEX/UPS/DHL ACCOUNT							
20. SUPPORTED OPERATION			21. AUDIENCE SIZE	22. LOCATIONS	23. SAT DISHES NEEDED	24. DECODERS NEEDED	
25. COORDINATION NOTES							

Section 3, Approval

STATEMENT OF UNDERSTANDING: I understand that the provided equipment remains the property of the Defense Media Activity (DMA) and must be returned at the requesting unit's expense or passed on to follow-on forces. Pass on action must be fully coordinated with AFN and the gaining command element. The commander's digital signature provides AFN and/or the Television-Audio Support Activity (T-ASA) the authority and approval to charge shipping costs for the equipment to the TAC provided or to the unit's FEDEX, UPS, or DHL account (if used). I understand that failure to provide a valid funding mechanism will result in AFN/T-ASA delaying or cancelling this request. I agree that all DMA-provided equipment will be placed in common-use areas, i.e., messing or recreation facilities, for the use and enjoyment of all assigned personnel.

26. REQUESTOR'S DIGITAL SIGNATURE	27. COMMANDER'S DIGITAL SIGNATURE
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Requestor must submit a drawing as a separate file identifying the physical layout of the base/camp area to be served. The drawing should include distances (in feet) between the proposed locations of satellite dishes and decoders, and between decoders and TVs. This information is used to determine cable lengths needed for set up. This completed request form and the site layout diagram file should be emailed to dma.afn.deployment@mail.mil.

Section 4, AFN / T-ASA use only

28. DATE RECEIVED		29. REQUEST FOR SERVICE NUMBER RFS		30. AFN / T-ASA REPRESENTATIVE	
31. COORDINATION NOTES					