

IQT/JAOC2C QUOTA REQUEST

The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

INSTRUCTIONS:

Fill in all required fields denoted by an asterisk and highlighted. Any incomplete forms will be sent back for correction without the student being enrolled.

When requesting a quota Add or Cancel, just use one Course Name and Course Date field.

When requesting a quota Change, please use both Course Name and Course Date fields. First identify the course in which member currently has a quota, and then identify which course a quota is being requested.

Due to the software used to check security clearances, the student's Social Security Number (SSN) must be included on the form. We can no longer accept EDIPI & Date of Birth.

Hand-written forms are not accepted.

COD, CPD, or STR are prerequisites to IAMD. See the special circumstances below for students attending IAMD Only.

QUOTA REQUEST*

COURSE NAME*

COURSE DATE*

COURSE NAME

COURSE DATE

AMD Track (AMD Only)

Reason for Attendance *

LAST NAME*

FIRST NAME & M.I. *

SERVICE*

DUTY STATUS*

SSAN*

RANK*

AFSC* (AF Only)

OFFICIAL (.MIL) E-MAIL*

SECONDARY E-MAIL *

WORK PH. NO./DSN*

CELL/MOBILE PH. NO.*

SUPERVISOR RANK & NAME*

SUPERVISOR E-MAIL*

Has the member had a full COVID-19 vaccine? This question is being asked as we have different spacing requirements for students based on if they have received the vaccine or not. The student will need to bring their shot records and/or their COVID-19 vaccine card for proof.

Shot Brand

Shot #1 Date

Shot #2 Date (if applicable)

REQUESTED TRAVEL STATUS*

CURRENT UNIT & BASE

Example: 56 OSS, Luke AFB, AZ

GAINING AOC

Example: 603 AOC, Ramstein AB, Germany

RNLTD* (Report Not Later Than Date)

DATE NOTIFIED OF DEPLOYMENT/PCS*

Special Circumstances/Additional Information:

Identify any additional information that may help in scheduling this course (i.e. scheduling conflicts, other training, taking leave in conjunction with the TDY, etc.). **If member is attending IAMD ONLY, list any previous AOC IQT courses they have graduated from and the duty title/position that they will be filling that requires them to have the course. IAMD Prerequisites are COD, CPD or STR only.** If the member has attended any other AOC IQT courses or JAOC2C, please list them here.

ACC-FUNDED STUDENTS ONLY: The unit is responsible for ensuring that the member has an active GTC with enough credit to fund the entire TDY and to prior to confirm that the member's DTS account is correct prior to enrolling member in the course. **If member does not have their GTC in hand and/or DTS account, you MUST provide an explanation below.**

MEMBER HAS GTC CARD?

MEMBER DTS ACCOUNT CURRENT?

MEMBER HAS DRIVERS LICENSE?

MEMBER DRIVING POV?

REQUESTOR INFORMATION:

A Unit Training Manager or Unit Deployment Manager must provide their contact information (Rank, name, e-mail address, and phone number). Information CANNOT be the student's information.

Send the completed form to: 505TRS.DOM.QuotaManagement@us.af.mil. Should you have any questions, please e-mail the afore mentioned e-mail address or call the 505 TRS Quota Management Office at DSN 579-4557/7237 or CIV (850) 884-4557/7237.

The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.