



UNITED STATES MARINE CORPS
2D MARINE AIRCRAFT WING
II MARINE EXPEDITIONARY FORCE
POSTAL SERVICE CENTER, BOX 8060
CHERRY POINT, NC 28533-8060

WgO 4082.1F
G4/02
AUG 29 2008

WING ORDER 4082.1F

From: Commanding General, 2d Marine Aircraft Wing
To: Distribution List

Subj: LOGISTICS SUPPORT REQUEST

Ref: (a) AirStaO 5090.1
(b) BO 11000.1D

Encl: (1) Logistics Support Request Format

1. Situation. To standardize the submission of Logistics Support Requests (LSRs) and provide a format for the submission of LSRs within 2d Marine Aircraft Wing (2d MAW).

2. Cancellation. WgO 4082.1E.

3. Mission. LSRs are used to request ground and aviation logistics support for Continental United States (CONUS) and Outside the Continental United States (OCONUS) exercises and training events. This Order establishes LSR procedures for 2d MAW units.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Commanders will comply with the policies and procedures contained within this Order.

(b) Commanders may publish orders as needed to amplify this Order.

(c) Commanders will ensure that quarterly training is conducted to ensure the procedures and timelines outlined in this Order are being adhered to.

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(d) Requesting Squadrons/Battalions will submit LSRs to their respective Group Headquarters. The Group S-3/S-4 will review the LSR for accuracy and submit it via Naval Message to this Headquarters per the format outlined in the enclosure and the following guidelines:

1. LSRs in support of local training (MCALF Bogue, MCOLF Atlantic Field, Oak Grove, MCAS New River, MCB Camp Lejeune) will be submitted no less than 10 working days prior to deployment. For training outside the local area, submit LSRs no later than 21 days prior to deployment.

2. Addressees will be listed as per enclosure (1) and will include the Plain Language Address (PLA) for the deployed site and/or the supporting unit.

3. Message heading will be written as per enclosure (1) and will include a point of contact (POC) for the requesting Group, the deployed site, and the supporting unit.

4. Paragraph 1 will include the exercise name and will indicate whether or not it is a Training Exercise Employment Plan (TEEP) event. If the event appears on the TEEP, the assigned number must be listed. All TEEP LSRs that fail to meet the submission time-lines identified above will include a paragraph justifying the reason(s) for the late submission.

5. Paragraphs 1.A. through 1.J. contain general information and will be filled out according to the requesting unit's support requirements.

6. Paragraph 1.K. identifies communications requirements. Units requiring the temporary loan of communications support equipment must provide the Responsible Officers (RO's) name, rank, social security number (SSN), and telephone number. Also, a tentative date for the Joint Limited Technical Inspection (JLTI) must be provided. Additionally, requesting units will indicate whether or not an operator is required.

7. Paragraph 1.L. identifies motor transport requirements, to include all tactical and commercial vehicles. All motor transport requirements related to the event listed in

paragraph 1 will be submitted via the LSR. Do not include motor transport assets internal to the requesting unit for use at home station (e.g., commercial vans and buses). Units requiring the temporary loan of motor transport equipment must provide the RO's name, rank, SSN, and telephone number. Also, a tentative date for the JLTI must be provided. Additionally, requesting units will indicate whether or not an operator is required.

8. Paragraph 1.M. identifies material handling equipment requirements. The location, date, and time the support is required will be provided in this paragraph. Additionally, requesting units will indicate whether or not an operator is required.

9. Paragraph 1.N. identifies Ordinance requirements external of the deploying unit. Ensure the guidelines pertaining to support is in accordance with reference (b). N.1 will be any Ordinance Handling Equipment (OHE) requirement (OHE). N.2 will be any aircraft aiming equipment requirement (AAE).

10. Paragraph 1.O. identifies personnel augmentation requirements external of the deploying unit. Ensure the guidelines pertaining to support for messing are followed. When personnel augmentation is required, Groups must ensure that the 2d MAW, G-1 is included on the "TO" portion of the address block.

11. Paragraph 1.P. identifies aviation support equipment required from the deployed site and/or supporting unit. Do not identify equipment being provided by the deploying group/squadron/battalion unless required by group commanders.

12. Paragraph 1.Q. identifies any ranges, targets and specified dates for the deploying units. All ranges will be requested through SEPCOR.

13. Paragraph 1.R. contains any special support requirements that were not previously identified or do not fit directly into one of the previous paragraphs.

14. Paragraph 1.S. contains POCs for the requesting unit. Accurate POCs are a critical component to being able to coordinate the support the requesting units

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desires. Groups will ensure this section contains a minimum of two POCs for the requesting unit.

15. Paragraph 2 contains Commander and Officer-In-Charge remarks. All previous coordination will be listed in this paragraph.

(2) Concept of Operations

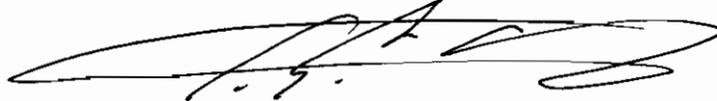
(a) References (a) and (b) require all units participating in local training to submit a Request for Environmental Impact Review (REIR) to the Assistant Chief of Staff, G-4, 2d MAW (Attn: Engr) at least ten working days prior to the deployment date. REIRs must include a map depicting training areas, placement of worksites, billeting areas, and equipment.

5. Administration and Logistics. Consult the Assistant Chief of Staff, G-4 (Operations) for additional information or assistance.

6. Command and Signal

a. Command. This Order is applicable to all units of 2d MAW.

b. Signal. This Order is effective date signed.



C. E. HOLZWORTH
Chief of Staff

DISTRIBUTION: A

LOGISTICS SUPPORT REQUEST FORMAT

FM GROUP//S4/S3//
TO CG SECOND MAW//G4/OPS/
INFO CG SECOND MAW//G3/G1/G4/EMB/ALD/WCOMPT//
SUPPORTING DEPLOYED SITE (E.G., MCAS YUMA AZ, NAS BRUNSWICK ME)
SUPPORTING UNIT (E.G., MAG THIRTEEN, 414CTS NELLIS AFB NV)
DEPLOYING SQDN/BATTALION
BT
UNCLAS //N04082//
MSGID/GENADMIN/REQUESTING UNIT//
SUBJ/LOGISTICS SUPPORT REQUEST (LSR) ISO (UNIT/EXERCISE NAME)//
REF/A/DOC/WGO 4082.1E/ (DATE OF REF)//
REF/B/DOC/BO/11000.1D/ (DATE OF REF)//
AMPN/REF A PROVIDES A FORMAT AND STANDARDIZES THE SUB OF
LOGISTICS SUPPORT REQUEST (LSR'S) WITHIN 2D MAW//
POC/NAME/RANK/UNIT/-/TEL: DSN// (PROVIDE POC FOR THE GROUP AND
THE DEPLOYED SITE)
RMKS/1. THE FOLLOWING LOG SPT IS REQ IN SPT OF (UNIT(S)
INVOLVED/NAME OF EXERCISE). THIS IS/IS NOT A TEEP EVENT
(PROVIDE 2D MAW ASSIGNED TEEP NUMBER):
A. EXERCISE LOCATION: _____
B. UIC: _____
C. INCLUSIVE EXERCISE DATE(S): _____
D. NR OF SORTIES: _____ DAY _____ NIGHT
E. PARKING, HANGAR, OFFICES, SERVICES REQ:
(1) RAMP SPACE REQ:
(A) NR/TYPE OR MODEL ACFT: _____/_____
(B) FIRE EXTINGUISHERS: _____QTY _____TYPE
(2) HANGAR SPACE REQ:
(A) SQFT: _____
(B) POWER REQ: (REQUIRED AMPERAGE OR CURRENT)
(C) FLIGHT EQUIP STORAGE: YES/NO
(D) OVERHEAD CRANE: (REQUIRED CAPACITY)
(3) MAINTENANCE SPACE REQ:
(A) SQFT/NR OF WORK SPACES: _____/_____
(B) PHONES/CLASS/ACCESS: _____/_____/_____
(C) POWER REQ: (REQUIRED AMPERAGE OR CURRENT)
(D) ACFT WASH REQ: YES/NO
(E) HIGH POWER REQ: YES/NO
(4) COMMAND, ADMIN, READY ROOM SPACE REQ:
(A) SQFT: _____
(B) PHONES/CLASS/ACCESS: _____/_____/_____
(C) POWER REQ: (REQUIRED AMPERAGE OR CURRENT)
(D) SAFES/CLASSIFIED MATERIAL STORAGE: YES/NO

(E) SECURE AREA FOR MSN PLANS: YES/NO

(5) FLIGHT LINE SECURITY REQR: YES/NO

F. AIRFIELD SERVICES REQR:

(1) ACFT RESCUE AND FIRE FIGHTING (ARFF): YES/NO

(2) WEATHER: YES/NO

(3) EAF SERVICES:

(A) M-21 ARRESTING GEAR: YES/NO

(B) FRESNEL LENS: YES/NO

(C) AIRFIELD LIGHTING: YES/NO

(D) CVA/LHA DECK: YES/NO

G. MEDICAL SPT REQR: **(E.G., ACCESS TO MED FACILITY, ACCESS TO SICKCALL BEYOND ORGANIC CAPABILITIES, M997 AMB W/CORPSMAN)**

H. FUEL/POL REQR: (GALS PER DAY)

(1) JP 5/8: _____ (5) M970 DEFUELER: YES/NO

(2) DIESEL: _____ (6) TAFDS: _____

(3) MOGAS: _____ (7) HERS: _____

(4) M970 REFUELER: YES/NO (8) POL: _____

I. BILLETING REQR:

OFFICERS: _____ MALE/_____ FEMALE

SNCOS (E6-E9): _____ MALE/_____ FEMALE

ENLISTED (E1-E5): _____ MALE/_____ FEMALE

TOTAL: _____

J. MESSING REQR: (MEALS PER DAY)

BREAKFAST _____ LUNCH _____ DINNER _____

MIDRATS _____ BOX LUNCHESES _____

K. COMMUNICATION REQR:

(1) EQUIPMENT:

<u>NOMENCLATURE</u>	<u>QTY</u>	<u>OPR RQRD</u>	<u>JLTI DATE</u>
		YES/NO	

(2) RESPONSIBLE OFFICER:

<u>NAME</u>	<u>RANK</u>	<u>SSN</u>	<u>PHONE NR</u>
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L. MOTOR TRANSPORT REQR: **(E.G., HMMWV, SEDAN, ETC.)**

(1) EQUIPMENT:

<u>NOMENCLATURE</u>	<u>QTY</u>	<u>OPR RQRD</u>	<u>REMARKS</u>
		YES/NO	

(2) RESPONSIBLE OFFICER:

<u>NAME</u>	<u>RANK</u>	<u>SSN</u>	<u>PHONE NR</u>
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M. MATERIAL HANDLING EQUIPMENT (MHE) REQR:

<u>NOMENCLATURE</u>	<u>QTY</u>	<u>OPR RQRD</u>	<u>LOCATION</u>	<u>DATE/TIME</u>
		YES/NO		

