*Date*

**REQUEST FOR ISOLATED UNIT STATUS VALIDATION**

|  |  |  |
| --- | --- | --- |
| 1. | **Unit Name *(no acronym)***  |  |
|  | **Unit Identification Code (UIC)** |  |
|  | Street Address : (No PO Box) |  |
|  | City, State & Zip Code |  |
|  |  |  |
| 2. | POC (Name, Rank, Position): |  |
|  | E-mail Address: |  |
|  | Phone No. (Commercial & DSN): |  |
|  | Fax No. (Commercial &, DSN): |  |
|  |  |  |
| 3. | Component (AC, RC or NG): |  |
|  |  |  |
| 4.  | Military End-Strengths:  |  |
|  | Active Duty/Active Component: |  |
|  | RC/NG Full Time Support/AGR: |  |
|  | RC/NG Reserves (Annual Training Only): |  |
|  |  |  |
| 5. | Name and Address of Nearest **ARMY** Installation with MWR facilities: |  |
|  | Distance (miles): |  |
|  |  |  |
| 6.  | Name and address of Nearest **DOD** Installation with MWR facilities: |  |
|  | Distance (miles): |  |

Remarks: *(Provide additional information if RC/NG unit is activated /mobilized under Title 10 or 32; i.e. period of activation; mobilization station or duty station; and deployment status). Include a copy of Unit Orders.)*

I certify that I am the commanding officer of this unit and the information provided in this document is accurate.

 Commander’s Signature

 Signature Block

If the distance shown in line items 5 or 6 is 12 miles or more, complete this page and send to DFMWR IMMC-MWN/Unit Funds. Fax: 608-388-3743, Email: usarmy.mccoy.imcom-fmwrc.list.dfmwr-unit-funds@mail.mil

|  |  |
| --- | --- |
| **IMCOM, G-9 Unit Funds Use Only** |   |
|  | **CI:** | **Action:** |
|  | **Validation #:** | **Date:** |