**RMDA Site Visit Request**

|  |  |
| --- | --- |
| ACOM/ASCC/DRU (MACOM):  ORGANIZATION: | Requested Visit Date(s):  Alternate Date(s): |
| Organization Address: | Type of Visit Requested: (check all that apply)    **SAV**  **Training Other** (specify below) |
| Estimated Number of Participants: | Records Management roles of participants:  (check all that apply)  **RA RM RHAM**  **RC AO** |
| Type of Training Requested: (check all that apply).    **ARIMS**  **RM/RC Other** (specify below) | Does your training facility have: (check all that apply)    **Computers**  **Internet Access None** |
| Which offices have you selected for the SAV? | Is there a Records Holding Area (RHA) at your location?    **Yes No Unknown** |
| Organization POC:  Name:  Phone:  Email: | Organization Commander/Director:  Name:  Phone:  Email: |
| Additional comments related to this request: | |
| **NOTE: All TDY expenses must be arranged and paid for by the requesting organization.** | |
| POCs for this document:  Wayne Sisk Phone: 703-428-6401 Email: [carroll.sisk@us.army.mil](mailto:carroll.sisk@us.army.mil)  Mitchell McKiver Phone: 703-428-6419 Email: [mitchell.mckiver@us.army.mil](mailto:mitchell.mckiver@us.army.mil) | |