



HAWAII RESIDENT OFFICE  
1640 LYMAN ROAD, BUILDING X3050  
SCHOFIELD BARRACKS, HI 96857  
(808) 655-1306/1126



## **THREAT AWARENESS AND REPORTING PROGRAM (TARP) TRAINING REQUEST FORM**

Please complete the form entirely prior to submitting request. TARP training requires 50 or more personnel unless prior approval is made. Please call the number above in order to confirm training for less than 50 personnel or for questions about the form. Email the completed form to: [usarmy.schofield.500-mi-bde.list.205-mi-bn-cco-hro-ci@mail.mil](mailto:usarmy.schofield.500-mi-bde.list.205-mi-bn-cco-hro-ci@mail.mil)

TARP requires the unit to provide a projector and speakers. It is incumbent upon the unit/organization to ensure these items are available and serviceable. The CI Agent conducting the training will provide the laptop.

**REQUEST** will be accepted at a minimum of two weeks out from the date of execution.

**CANCELLATIONS** must be submitted 24hrs prior to execution.

**NO-SHOWS** will result in a Memorandum For Record (MFR) from the Battalion Commander for missed training. Second notice of No-Shows will result in a MFR from the Brigade Commander.

### **IAW AR 381-12**

- a. All DA personnel will undergo threat-awareness training at least annually.
- b. Only INSCOM T3 certified personnel can conduct TARP training.
- c. Commanders may authorize online TARP training for forward deployed Soldiers with no supported CI assets.

## **REPORTING PROCEDURES**



CONUS Call the 1-800 CALL SPY (1-800-225-5779)

OCONUS Call +49 (0) 611 143 537 2176 / DSN 314-537-2176 [EUROPE]  
0505-723-3299/DSN 723-3299 [KOREA]



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 TRAINING REQUEST FORM**

Unit Information							
Unit:					Address:		
Bldg:		Rm:		City:		State:	Zipcode:
Training Information							
Unit equipment requirements				Projector & Speakers are Mandatory			
Date of Training:		Time of Training:		Number of Soldiers:			
Location of Training							
Unit Point of Contacts							
Primary				Alternate			
Name:				Name:			
Rank:				Rank:			
Position:				Position:			
Email:				Email:			
Office:				Office:			
Cell:				Cell:			
Signature:				Signature:			