REQUEST FOR INDIVIDUAL MOBILIZATION AUGMENTEE (IMA)

1. REQUESTING COMMAND	2. REQUESTING ORGANIZATION	3. LOCATION
4. PAS	5. OSC	6. FAC

7. IMAs REQUESTED

a. GRADE	b. AFSC	c. PARA/LINE (Unified Commands)	d. PEC	e. IDT (24 or 48)	e. QUANTITY

8. CURRENT ACTIVE DUTY, CIVILIAN, AND IMA IN WORK CENTER

a. GRADE	b. AFSC	c. QUANTITY	d. IDT (For IMA)

9. REQUIREMENT CRITERIA		WARTIME AUGMENTATION		CONTINGENCY/OOTW		SPECIALIZED, TECHNICAL, SCIENTIFIC		ECONOMIC

10. JUSTIFICATION

11. MAJCOM/FOA/DRU XPM - VALIDATED REQUIREMENT

a. NAME/GRADE	b. DATE	c. ORG/OFF SYMBOL	d. DSN/FAX	e. E-MAIL ADDRESS

12. SOURCE OF FUNDING		a. COMMAND OFFSET		b. IMA PROGRAM OFFSET

13. COMMAND/IMA PROGRAM OFFSET

a. MAC ID	b. PAS	c. OSC	d. POSITION NO.	e. AFSC	f. GRADE	g. IDT (24 or 48)	h. PEC

14. IMA PROGRAM MANAGER COORD	☐ CONCUR	☐ NON-CONCUR	15. CENTRAL/SINGLE MANAGER COORD	☐ CONCUR	☐ NON-CONCUR
a. NAME/GRADE	b. DATE	c. DSN	a. NAME/GRADE	b. DATE	c. DSN

16. HQ ARPC/XPM COORDINATION	☐ CONCUR	☐ NON-CONCUR	17. HQ USAF/REX COORDINATION	☐ CONCUR	☐ NON-CONCUR
a. NAME/GRADE	b. DATE	c. CONTROL NUMBER	a. NAME/GRADE	b. DATE	c. DSN

18. APPROVAL AUTHORITY	☐ APPROVED	☐ DISAPPROVED
a. NAME		b. GRADE
SIGNATURE		DATE

ARPC FORM O-9, 15NOV2000 ***(EF)***