

NETSAFA
TMASL REQUEST FORM

[Help](#)

FOR NETSAFA USE:
MASL #: _____

Type of Training (i.e. OBS, OJT, Contractor, Team, Course):

Anticipated dates of first convene:

Title of Course (50 char limit):

Course Short Title (if needed):

Course ID # (CIN [NETC only], or provider-identified course designations):

Location (SAN code or official name and address of Training Provider):

Click [here](#) if this a NEW Location.

Physical Location of Training: (Where the students will be taught – building address *if different than above*):

EXA: ("Executive Agency," who receives reimbursement for cost of training? Ex: NAVAIR, NAVSEA, NETC, Fleet Forces, etc.)

Training Support (NETSAFA use):

Learning Center (NETSAFA use):

Security Classification (leave only what applies): Unclass, Confidential, Secret, Top Secret, TS/SBI, Submarine Training

Facility Clearance: Yes or No

Leave only what applies: Unclass, Confidential, Secret, Top Secret, TS/SBI

Analysis Code (NETSAFA use):

Team Type (NETSAFA use):

Waiver Type (NETSAFA use):

Financial UIC:

Host Code (NETSAFA use):

Quota Bearing: Yes or No

Quota Control (INTL Only, Navy, Coast Guard, Marine Corps):

ECL:

SET = Specialized English Training (Required = R; Advised = A, Blank = N/A):

OPI = Oral Proficiency Interview Score:

(<http://www.dlielc.edu>)

Prerequisite Courses/Experience (Include plain language material / occupational knowledge base, rate/rank/civ equivalents and CIN or MASL, if applicable):

Duration (indicate either calendar or training days):

Course Description:

Special Uniform / Equipment Requirements:

International Notes (Specific to this training):

Requestor Name:

Title:

Address:

Phone:

E-Mail:

Submit Request to your Country Program Manager or NETSAFA MASL Desk, N836:

Annmarie Fitzsimmons

annmarie.fitzsimmons@navy.mil

COM: 850-452-8827

DSN: 459-8827

Note(s) to Annmarie at the MASL desk – not for publication:

LOCATION/ACTIVITY INFORMATION

For **new locations** or to **update** an existing location.

Not necessary if Location already exists with no changes to activity information or published Living Allowances. [Click here](#) to return to MASL Form.

Official Activity Name:

Physical Mailing Address:

Is this a detachment? Y / N

Executive Agency (chain of command, who receives reimbursement for cost of training):

UIC:

DODAAC:

Other Official Mailing Address (if detachment):

IMSO/Point of Contact:

Name(s):

Phone #:

DSN:

Fax No:

Email Address:

Physical Location:

Financial or Comptroller Point of Contact:

Name(s):

Phone #:

DSN:

Fax No:

Email Address:

Physical Location:

[Click here](#) to complete Financial Agreement.

BILLETING AND MESSING ALLOWANCES

Other than DTS rates, please provide known government billeting and messing amounts at your training location. Use this area to provide barracks rates and / or partial meal rates. Otherwise, DTS non-government and Military Inns & Suites rates will be assumed, as well as DTS and government messing allowances.

Billeting	OFFICER	ENLISTED	CIVILIAN
Government Facility	\$	\$	\$
No Gov't Facility	\$	\$	\$

Messing	OFFICER	ENLISTED	CIVILIAN
Government Facility	\$	\$	\$
No Gov't Facility	\$	\$	\$

FINANCIAL AGREEMENT FOR NEW T-MASLS/TRAINING PROVIDERS

For new Locations: This short agreement requires the activity comptroller to agree to accept funding documents prior to NETSAFA establishing the T-MASL requested above. If your command is currently a participant in the online- priced, the requester can sign this Agreement.

In conjunction with the above requested T-MASL, [Click here to enter agency name](#) agrees to accept funding documents and/or collections processed on this agency's behalf from the Naval Education and Training Security Assistance Field Activity (NETSAFA), for the training provided under this T-MASL. This is in accordance with the Financial Management Regulation (DoD 7000.14-R) as cited in Volume 15, Chapters 1, 7 & 8, and Volume 11A Chapters 2 & 3, as well as the Arms Export Control Act and the Foreign Assistance Act as codified under Title 22.

Instructions:

Right click next to "X" to accept agreement. Select "Sign," click OK and follow instructions in Dialogue Box.

X

Name
Title

Signature of Requesting Agency's Comptroller

Mm/dd/yyyy

Date of Signature