



DEPARTMENT OF THE ARMY
HEADQUARTERS
3RD BRIGADE COMBAT TEAM, 4TH INFANTRY DIVISION
FORT CARSON, CO 80913

AFYB-FCC-OPS

Date

MEMORANDUM FOR: Commandant, USAIS ATTN: ATSH-IP 1 Karker Street, Suite 6100 Fort Benning, GA 31905-5593

SUBJECT: Authorization to conduct Expert Infantryman Badge Training and Testing

1. **3rd Armored Brigade Combat Team, 4th Infantry Division** requests to conduct Expert Infantryman Badge Training and Testing for **Fort Carson, CO** from **11 through 29 January 2016 on Fort Carson, CO.**
2. The EIB Testing will be conducted IAW USAIS Pamphlet 350-6 19 March 2021, and additional guidance from the EIB Program Manager. No Candidate will be allowed to train or test if they do not meet the requirements or if they have been flagged. All Candidates will be volunteers who have a reasonable expectation of passing all events.

3. The following is a schedule for the events:
 1. Unit Internal Validation **1-3 January 2016**
 2. FT. Benning Validation **4-8 January 2016**
 3. Candidate Training **11-24 January 2016**
 4. EIB Testing **25-29 January 2016**
 5. Awards Ceremony **29 January 2016**

4. The following personnel are assigned to the Expert Infantryman Badge Board to execute responsibilities outlined in USAIS Pamphlet 350-6 dated 19 March 2021, and to facilitate 3-4 ID, EIB testing from 25 January 2016 thru 29 January 2016.

Position	Name	Rank
President of the Board	Last name, First Name	CSM or MAJ and Higher (CMF-11 or 18)
Board Member	Last name, First Name	SFC-CSM (CMF-11 or 18)
Board Member	Last name, First Name	SFC-CSM (CMF-11 or 18)

5. We do not require any waivers at this time. Or. We require _____ waivers; see attached. We will be using the Standard or Cradle to Grave Concept. We will be/will not be executing Expert Soldier Badge Testing and/or Expert Field Medical Badge Testing concurrently.

6. POC for this memorandum is **RANK Last name, First name, Middle, email address and phone number.**

X

FIRST NAME MI, LAST NAME
COL, USA
BDE COMMANDER