



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS**  
**3<sup>RD</sup> BRIGADE COMBAT TEAM, 4<sup>TH</sup> 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. **3<sup>rd</sup> Armored Brigade Combat Team, 4<sup>th</sup> 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 07 February 2020, 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 07 February 2020, and to facilitate **3-4 ID**, EIB testing from **25 January 2016 thru 29 January 2016.**

<b>Position</b>	<b>Name</b>	<b>Rank</b>
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 ESB Testing concurrently.

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

**X**  
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**FIRST NAME MI, LAST NAME**  
**COL, USA**  
**BDE COMMANDER**