



**UNITED STATES MARINE CORPS**  
MARINE CORPS DETACHMENT  
MOTOR TRANSPORT INSTRUCTION COMPANY  
1789 MICHIGAN AVE  
FORT LEONARD WOOD, MISSOURI 65473-8963

## VEHICLE RECOVERY COURSE COMMAND SCREENING CHECKLIST

**PURPOSE:** To ensure Marines selected to attend the Vehicle Recovery Course are fully qualified and have met the prerequisites.

**INFORMATION:** MOS schools are not screening institutions. In order to prevent Marines from being turned away upon arrival, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites set forth in MCO 1200.17\_, TM 11240-15/3\_ and this checklist. A failure to satisfy any of the prerequisites listed on the checklist disqualifies a Marine from attending the course. If there are any questions not covered in the MCTIMS Course Description, contact the Vehicle Recovery Course section at 573-596-1561 or 573-596-8628.

**ACTION:** One copy of the completed checklist will be attached with orders prior to TAD assignment. The checklist will be destroyed upon completion of TAD.

NAME: _____	RANK: _____
EDIPI: _____	UNIT: _____

  

	PREREQUISITES	Yes/No	REMARKS
1	Does the Marine have an MOS of 353X and have at least one year remaining on current contract?	Yes/No	
2	Does the Marine have an OF-346 with MTRV and MKR18 endorsement?	Yes/No	
3	Does the Marine possess an Air Brake Endorsement (Air Brakes) on his/her OF-346? TM 11240-15/3G Pg. 24 Table 2-1.	Yes/No	
4	Does the Marine have Driver Improvement entered in MCTFS if under age 26 or Drivers Improvement Program card?	Yes/No	
5	Does the Marine possess a valid state driver's license? Proof of extension/waiver?	Yes/No	
6	Is the Marine on full duty and able to complete a full PFT/CFT?	Yes/No	
7	Is the Marine within height and weight standards ( IAW MCO 6110.3A). HT:_____ WT:_____ BF%:_____	Yes/No	Verified by S-3 Rank/ L. Name: _____ Signature: _____
8	Does the Marine possess a Medical Examiner's Certificate OPNAV 8020/6 that is valid for the duration of the course?	Yes/No	

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9	Does the Marine possess an activated Government Travel Charge Card or receive full amount of Per Diem for meals, lodging and travel ? Did the Marine utilize Defense Travel System (DTS) to reserve lodging, flights, and rental? <b>Ensure departure flight is after 1600 on graduation day.</b>	Yes/No	
10	Has the unit provided expense for a rental? <b>Rentals are required for Marines attending this course as FLW does not provide transportation options.</b>	Yes/No	
11	Does the Marine possess appropriate uniforms for the course? A. Service Alpha B. Service Charlie/Bravo (seasonal) C. Utilities, Woodland MarPat x2 D. Safety Boots (Steel Toe) If Marine shows up without Safety Boots, the Marine will be instructed to purchase them locally with their GTCC utilizing home unit funds E. Coveralls F. P.T. Gear (Running Suit Included/Sweat top/bottoms) G. Eye-Pro, Ear-Pro, and Gloves.	Yes/No	
12	Does the Marine have their DTS orders and received appropriate JEPES marking or FITREP OCC?	Yes/No	
13	Has the Marine been informed that he/she must hand carry this checklist to the SNCOIC of the Vehicle Recovery Course?	Yes/No	MTO/MTC Signature: _____
14	MTIC has deemed the Days Inn by Wyndham in Saint Robert, MO off limits to all students. I certify that this hotel will not be selected in DTS		

Agency Program Coordinator (APC): \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Report: \_\_\_\_\_ Graduation: \_\_\_\_\_ Class: \_\_\_\_\_

Unit Motor T Chief/MTO: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company First Sergeant: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Commander: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTICE:** Please check this box to acknowledge requirement. I have instructed my unit SAPR/VA to reach out to the Marine Corps Detachment Fort Leonard Wood SAPR/VA at 573-596-5076 to conduct a warm handover in an existing case is open on this Marine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit S-3 Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Current as of 20250303**