

DEFENSE LOGISTICS AGENCY

DEFENSE ACQUISITION CORPS MEMBERSHIP REQUEST

PART A - EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)

Date Submitted

Organizational Code (Activity, Directorate, Division, Branch, etc.)

Date Level III Certified

PART B - CAREER FIELD

Indicate Career Field

Title, Series, and Grade:

PART C - CERTIFICATION ANALYSIS

Applicable Standard
(Please Check)

How Met & Verified

Experience

(SF50s or Resume & Level III Cert)

Education

(College Transcripts)

Training

(DAU Transcript and/or
Course Completion Certificates)

PART D - REQUESTING OFFICIAL

1. Supervisor Name:
Org Code:

Supervisor Signature:
Date:

2. Division Chief Name:
Org Code:

Division Chief Signature:
Date:

3. CBU Director Name:
Org Code:

CBU Director Signature:
Date:

PART E - APPROVAL/DISAPPROVAL RECOMMENDATION

CCO Recommendation:

Approved

Disapproved

Name:

Signature:

Date:

HCA Recommendation:

Approved

Disapproved

Name:

Signature:

Date: