APPLICATION FOR DEFENSE ACQUISITION CORPS

TRAINING AND CAREER DEVELOPMENT		LIST ALL MANDATORY ACQUISITION COURSES DATES, CREDIT HRS, AND OFFEROR	
DOD TRAINING COURSES	DATES	CREDIT HOURS	OFFEROR

ATTACH COMPLETED AND APPROVED DD 2518 & SELF-ASSESSMENT FORMS FOR EACH TRAINING COURSE FULFILLED

EDUCATION (POST HIGH SCHOOL)

NAME COLLEGE/UNIVERSITY	DATES ATTENDED		CREDIT HRS		TYPE	YEAR OF

COLLEGE LEVEL COURSES IN THE FOLLOWING DAWIA DISCIPLINES:

ACCOUNTING, BUSINESS FINANCE, LAW, CONTRACTS, PURCHASING, ECONOMICS, INDUSTRIAL MGMT, MARKETING, QUANTITIVE METHODS, ORGANIZATION AND MANAGEMENT

COURSE TITLES	DATES	#HRS	COURSE TITLES	DATES	#HRS

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION

PRIVACY ACT NOTICE: This notice is provided in accordance with the Privacy Act, 5 U.S.C 5521(E) (3), and concerns the Information in this DLA application for Acquisition Corps.

A. Authority: The requested information is solicited pursuant to one or more of the following: Public Law 101-510, "National Defense Authorization Act for FY 1991, "Title XII, "Defense Acquisition Workforce Improvement Act, " November 5, 1990 (Section 1731-1737, Title 10 U.S.C); 5 U.S.C. 301;

B. Principal purpose: The information collected on this form is used to determine your acceptability for the Defense Acquisition Corps. Your social security number is needed to keep our records accurate, because people may have the same name and Birthdate. Executive Order 9397 also asks federal agencies to use this number to help identify individuals in agency records.

C. Routine Uses: See the notices of systems of records for the Defense Logistics Agency

D. Effect of failure to provide the requested information: Disclosure is voluntary. However, failure to provide the requested Information may slow or prohibit the processing of your application.I understand that any false or fraudulent answer to any question may be grounds for not approving my application for Acquisition Corps Membership or removal after membership has been approved and possible referral to Agency investigators.

SIGNATURE (SIGN IN INK)	DATE SIGNED (MM/DD/YY)