UPL INFORMATION SHEET

UPL Class Dates: _____   UPL Position: Primary_____ Alternate__ ___

UNIT:____ _____ UIC: _____ UNIT STRENGTH: ____

UPL NAME: (Last, First, Middle Initial)   _____ _____

UPL SSN*: _____   UPL DEROS Date: (MO/DAY/YR) _____

UPL DATE OF BIRTH*: (MO/DAY/YR) _____

UPL BIRTH CITY, STATE*: ____ _____,   _____ _____

- **Required for background checks**

UPL Cell Phone:_____ _____ UPL Office Phone:____ _____

UPL Military Email address: UPL AKO User ID

COMMANDERS RANK/FULL NAME: _ Ph:____ _____

Email Primary:__ _____   AKO User ID _ __

DEROS Date: (MO/DAY/YR) _____

1SG's RANK/FULL NAME: _ ____ Ph:___ ____

Email Primary:_____ __AKO User ID ___ _____

DEROS Date: (MO/DAY/YR) _____

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BELOW COMPLETED BY USAGY DRUG TESTING COORDINATOR

*** **Items required to receive certification:**

Unit SOP _____ Appointment Orders from CO _____

CID BGC Completed _____ DAMIS BGC Completed _____

Written Test results   Pass / Fail (<70%)   Date: _____

PE Test results   Pass / Fail (<70%)   Date: _____

Recert Due (Cert Date +18mos): _____