DoD Defense Support of Civil Authorities Course

****FOR OFFICIAL USE ONLY. PRIVACY ACT OF 1974 APPLIES****

Privacy Act Statement

1. AUTHORITY: 5 USC 301, 302,4103, and Executive Order 9397
2. PRINCIPAL PURPOSE(S): To report attendance and completion of formal courses (orientation and resident)
3. ROUTINE USES: To report entrance and change of status of students in special training courses
4. DISCLOSURE: Applicants are not required to divulge the personal information requested on this form; however, failure to do so may render applicant ineligible to participate in the training program, or may result in non-receipt of credit for requested training.

INSTRUCTIONS

Complete this form to apply for the DOD Defense Support of Civil Authorities Course. Once completed, email the form to the DOD DSCA Registrar at usarmy.jbsa.arnorth.mbx.dsca-registrar@mail.mil. For application questions, contact the DOD DCSA Registrar at (210) 221-1735 or DSN 471-1735. This form must be received at least 45 working days prior to class start date.

You must complete DSCA Phase II Prerequisites prior to class start date. The prerequisites are completion of DSCA Phase I and DSCA Phase II enrollment request (DSCA Course Form 2).

This application **does not guarantee** a seat into the requested DSCA Course. Seats are filled based on priority and availability.

Attach your DSCA Phase I Certificate to the email when submitting your request

COURSE NUMBER: __ **CLASS LOCATION (city):**_____ **START DATE(mm/dd/yy):** _____**END DATE (mm/dd/yy):** _____

ARE YOU: _____ **GENDER:**

LAST NAME: _____ **FIRST NAME:** _____**(PROPER NAME ONLY)**

JKO USER NAME: _____

1. MILITARY:

FULL SSN: _____ **RANK:** _____ **SERVICE:** **COMPO:** _____ **ARMY ENLISTED MOS:** _____ **ARMY OFFICER/WARRANT:** _____

SUPERVISOR INFO: LAST NAME: _____ **FIRST NAME:** _____ **PHONE NUMBER:** _____

SUPERVISOR'S EMAIL: _____ **ORG:** _____

2. FEDERAL CIVILIAN EMPLOYEES:

FULL SSN: _____ **CIV GS/NSPS GRADE/PAYBAND:** _____ **(i.e. GS-11/YA-02) SERIES:** _____

GOVERNMENT AGENCY (DoD Civilian Component or Federal Civilian Agency): _____ **(i.e. DAFC= AF Civ)**

SUPERVISOR INFO: LAST NAME: _____ **FIRST NAME:** _____ **PHONE NUMBER:** _____

SUPERVISOR'S EMAIL: _____ **ORG:** _____

3. CONTRACTORS:

CONTRACT MANAGER INFO: LAST NAME: _____ **FIRST NAME:** _____ **PHONE NUMBER:** _____

CONTRACT MANAGER'S EMAIL: _____ **ORG:** _____

STAFF JUDGE ADVOCATE'S LAST NAME: _____ **FIRST NAME:** _____ **PHONE NUMBER:** _____

STAFF JUDGE ADVOCATE'S EMAIL ADDRESS: _____ **APPROVED TO ATTEND:** ____

4. ALL APPLICANTS:

MAJOR COMMAND (name, city & state): _____

PLACE OF DUTY (name, city & state): _____

DUTY TITLE & SECTION: _____

DSCA FUNCTION (i.e. DCO/E, EPLO):_____

WORK EMAIL ADDRESS (i.e. .mil): _____**PERSONAL EMAIL (if needed):** _____

WORK COMM NUMBER: _____ **DSN NUMBER:** _____

DATE COMPLETED PHASE I: _____

ATTACH PHASE I CERTIFICATE WHEN SUBMITTING YOUR APPLICATION

{Attach your DSCA Phase I Certificate to the email when submitting your request}

INCOMPLETE FORMS MISSING NAME, PHONE #, DUTY TITLE, EMAIL, & COMMAND INFO WILL BE RETURNED TO SENDER

SAVE FORM **SUBMIT FORM**