ACQUILINE USERS REQUEST FORM

NOTE: Form must be completed and returned prior to scheduling training.

USER INFORMATION

CONTACT NAME: _____ **PHONE NUMBER:** _____
(FULL NAME, JOHN J. SMITH) (555-555-5555)

CONTACT TITLE: _____ **FAX NUMBER:** _____
(EX: COR, S4 ASSISTANT) (555-555-5555)

AKO EMAIL ADDRESS: _____
(EX: JOHN.SMITH@US.ARMY.MIL)

REQUEST OFFICE ADDRESS:

EXAMPLE: 13TH COSCOM (LINE 1) _____
64TH CSG (LINE 2) _____
BLDG 90036 (LINE 3) _____
FORT HOOD, TX 76544 (CITY, STATE, ZIP) _____

USER NAME: _____ **VERIFIED DODAAC:** _____
(EX: john.smith (must be lowercase)) (EX: W42CXC)

REQUESTED RIGHTS: (PLEASE CHECK THE OPTIONS THAT YOU REQUIRE)

- ☐ **ADMINISTRATOR** (USED FOR CONTRACTING EMPLOYEES ONLY)
- ☐ **VIEW PRWEB PRS IN STATUS REPORT**
- ☐ **VIEW ALL PRS IN STATUS REPORT**
- ☐ **CREATE PURCHASE REQUEST**
- ☐ **MANAGE FUNDING** (ONLY FOR THOSE WHO CAN CERTIFY FUNDS)

PLEASE SELECT CLASSIFICATION:

- ○ CONTRACTOR (Must have Non-Disclosure Statement)
- ○ MILITARY
- ○ GS CIVILIAN

PROPERTY / IPBO MANAGER: _____
(FULL NAME AND 10 DIGIT PHONE NUMBER)

RESOURCE MANAGER: _____
(FULL NAME AND 10 DIGIT PHONE NUMBER)

HAND RECEIPT NUMBER: _____

Print Form

Following Section to be completed by CCMD Rep.

Account Setup Date: _____ **CCMD Initials:** _____

Training Date: _____ **CCMD Initials:** _____

User Signature: _____