

How to Establish and Maintain a Publications Account with APD

“QUALITY SERVICE IS OUR ONLY PRODUCT”

Complete
DA Form **12-R**
Downloadable
from APD
web site at
<http://www.apd.army.mil>

REQUEST FOR ESTABLISHMENT OF A PUBLICATIONS ACCOUNT		
For use of this form, see DA PAM 25-33; the proponent agency is DDISC4		
1. ACCOUNT NUMBER	2. DATE	3. TYPE OF SUBMISSION a. <input type="checkbox"/> INITIAL b. <input type="checkbox"/> CHANGE c. <input type="checkbox"/> CLOSE
4. FROM (Include nine-digit ZIP Code)	5. THRU (Include nine-digit ZIP Code)	6. TO
SECTION I - GENERAL		
7a. REQUEST AN ACCOUNT BE ESTABLISHED FOR THE FOLLOWING SERVICE: <input type="checkbox"/> PUBLICATIONS <input type="checkbox"/> BLANK FORMS <input type="checkbox"/> TEST MATERIAL (see para 2-5, DA PAM 25-33)		
7b. JUSTIFICATION FOR BLANK FORMS (Use a separate sheet of paper if more space is needed.)		
8. UNIT DESCRIPTION DATA (FAILURE TO COMPLETE THIS BLOCK WILL RESULT IN YOUR REQUEST BEING RETURNED.)		
a. Component (Contractors must complete Block 8e and/or 8f.) <input type="checkbox"/> Active Army <input type="checkbox"/> Army Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> DOD Activity <input type="checkbox"/> Contractor <input type="checkbox"/> Other		
b. TOE Number or TDA Number (Army Only)	e. Commercial and Government Entity (CAGE) Code (Contractors)	
c. Unit Identification Code (UIC) (Army Users)	f. Contract Number (if applicable)	
d. Military Assistance Program Address Code (FMS Users)	g. DOD Activity Address Code (Non-Army Users) or Navy UIC	
9. PUBLICATIONS OFFICER FOR THIS ORGANIZATION WILL BE:		
a. Typed Name, Grade and Title	b. Signature	c. Telephone Number (DSN and Commercial)
SECTION II - ACCOUNT CLASSIFICATION LEVEL		
10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET		
11. THIS ORGANIZATION HAS ADEQUATE EQUIPMENT AND PROPERLY CLEARED PERSONNEL TO RECEIVE AND SAFEGUARD MATERIAL ACCORDING TO THE CLASSIFICATION REQUESTED FOR THIS ACCOUNT. IF CLASSIFIED SERVICE IS APPROVED, THE SECURITY OFFICER WILL BE:		
a. Typed Name, Grade and Title	b. Signature	c. Telephone Number (DSN and Commercial)
SECTION III - CHANGE OF ADDRESS		
12a. OLD ADDRESS (Include 9-digit Zip Code)	b. NEW ADDRESS (Include 9-digit Zip Code)	
Effective Date:		
SECTION IV - AUTHENTICATING OFFICIALS		
13a. Typed Name, Grade and Title of Commander	b. Signature	c. Telephone Number (DSN and Commercial)
14a. Typed Name, Grade and Title of PCO/PSM	b. Signature	c. Telephone Number (DSN and Commercial)

DA FORM 12-R, APR 96

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V2.01

FAX or E-Mail
COMPLETED FORM TO:
DOL-W, MDD
ACCOUNT PROCESSING
314-592-0920 (DSN 693-9620)
usarmy.stlouis.106-sig-bde.mbx.dolwmddcustsrv@mail.mil



Establishing A New Account

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File Edit View Insert Format Tools Data Locate Window Help

Complete ALL blocks appropriate
for your unit/agency and type of account

REQUEST FOR ESTABLISHMENT OF A PUBLICATIONS ACCOUNT

For use of this form, see DA PAM 25-33; the proponent agency is ODISC4

1. ACCOUNT NUMBER

LEAVE BLANK

2. DATE

CURRENT DATE

3. TYPE OF SUBMISSION

a. INITIAL b. CHANGE c. CLOSE

4. FROM (Include nine-digit ZIP Code)

Complete mailing address,
street, building #, room #,
up to 24 characters (abbreviate)
no personal names or P.O. Boxes.

5. THRU (Include nine-digit ZIP Code)

Adhere to local routing &
approval authority (PAM 25-33),
para 2-6 thru 2-9. Installation
PCO, PSM or DOIM

6. TO

DOL-W, MDD
Account Processing

SECTION I - GENERAL

7a. REQUEST AN ACCOUNT BE ESTABLISHED FOR THE FOLLOWING SERVICE:

PUBLICATIONS BLANK FORMS TEST MATERIAL (see para 2-5, DA PAM 25-33)

7b. JUSTIFICATION FOR BLANK FORMS (Use a separate sheet of paper if more space is needed.)

No additional justification required for unclassified, Active Army or Army Reserve accounts EXCEPT those serviced by the Centralized Forms Stockroom in Europe. Others adhere to any locally established routing and approval authority policy. ALL - enter e-mail address here.

8. UNIT DESCRIPTION DATA (FAILURE TO COMPLETE THIS BLOCK WILL RESULT IN YOUR REQUEST BEING RETURNED.)

a. Component (Contractors must complete Block 8e and/or 8f.)

Active Army Army Reserve National Guard Air Force
 Marine Corps Navy DOD Activity Contractor Other

Establishing A New Account, continued

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b. TOE Number or TDA Number <i>(Army Only)</i> Enter TOE or TDA Number	e. Commercial and Government Entity (CAGE) Code <i>(Contractors)</i>
c. Unit Identification Code (UIC) <i>(Army Users)</i> Enter UIC number (supply or personnel office)	f. Contract Number <i>(if applicable)</i>
d. Military Assistance Program Address Code <i>(FMS Users)</i>	g. DOD Activity Address Code <i>(Non-Army Users)</i> or Navy UIC

9. PUBLICATIONS OFFICER FOR THIS ORGANIZATION WILL BE:

a. Typed Name, Grade and Title Person responsible for the management of the account	b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>
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SECTION II - ACCOUNT CLASSIFICATION

10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT:

UNCLASSIFIED CONFIDENTIAL SECRET

Required to order sensitive or accountable forms

11. THIS ORGANIZATION HAS ADEQUATE EQUIPMENT AND PROPERLY CLEARED PERSONNEL TO RECEIVE AND SAFEGUARD MATERIAL ACCORDING TO THE CLASSIFICATION REQUESTED FOR THIS ACCOUNT. IF CLASSIFIED SERVICE IS APPROVED, THE SECURITY OFFICER WILL BE:

a. Typed Name, Grade and Title	b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>
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SECTION III - CHANGE OF ADDRESS

12a. OLD ADDRESS <i>(Include 9-digit Zip Code)</i>	b. NEW ADDRESS <i>(Include 9-digit Zip Code)</i>
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Effective Date:

SECTION IV - AUTHENTICATING OFFICIALS

13a. Typed Name, Grade and Title of Commander	b. Signature	c. Telephone Number
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Establishing A New Account, continued

Account

SECTION II - ACCOUNT CLASSIFICATION LEVEL

10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT:

UNCLASSIFIED CONFIDENTIAL SECRET

11. THIS ORGANIZATION HAS ADEQUATE EQUIPMENT AND PROPERLY CLEARED PERSONNEL TO RECEIVE AND SAFEGUARD MATERIAL ACCORDING TO THE CLASSIFICATION REQUESTED FOR THIS ACCOUNT. IF CLASSIFIED SERVICE IS APPROVED, THE SECURITY OFFICER WILL BE:

a. Typed Name, Grade and Title	b. Signature	c. Telephone Number (DSN and Commercial)
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SECTION III - CHANGE OF ADDRESS

12a. OLD ADDRESS (Include 9-digit Zip Code)	b. NEW ADDRESS (Include 9-digit Zip Code)
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Effective Date:

For Confidential or Secret Accounts your Security Officer is responsible for safeguarding classified material

SECTION IV - AUTHENTICATING OFFICIALS

13a. Typed Name, Grade and Title of Commander Unit Commander, Agency head or Command-level Officer must complete and sign	b. Signature	c. Telephone Number (DSN and Commercial)
14a. Typed Name, Grade and Title of PCO/PSM Your PCO, PSM, or DOIM designate must complete and sign - then forward to Block 6	b. Signature	G. Telephone Number (DSN and Commercial)

Publication Control Officer (PCO), Publication Stockroom Manager (PSM), or DOIM Designate

Requesting Blank Form Authority

- Blank forms authority can be requested at the same time you establish a publications account or you can upgrade to include blank forms at a later date.
- It is not necessary to establish a separate account to obtain blank forms.

Requesting Blank Form Authority

Unclassified Accounts:

- All permanent, unclassified Active Army and Army Reserve accounts **EXCEPT** for those units serviced by the Centralized Forms Stockroom in Europe may request blank form authority with no additional justification (Block 7b).
- Authority procedures for Unclassified accounts other than Active Army and Army Reserve will remain unchanged and all must adhere to their internal unit/agency established policy, (for example NG).

Requesting Blank Form Authority

Classified Accounts:

- Classified accounts must complete all appropriate blocks on DA Form 12-R including Security Officer information in Blocks 11a., b., and c.
- To obtain accountable forms, your authorized classification level must be at least Confidential.

Keep Account Information Current

If any of the following changes occur you should submit an updated **DA Form 12-R**

- Type of service (Block 7a)
- Unit description data (Blocks 8a thru g)
- Publication Officer (Blocks 9a thru c)
- Classification level (Blocks 10 thru 11c)
- Change of address (Blocks 12a and b)

Change In Account Information

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Change of Address

REQUEST FOR ESTABLISHMENT OF A PUBLICATIONS ACCOUNT

For use of this form, see DA PAM 25-33; the proponent agency is ODISC4

1. ACCOUNT NUMBER Your account number	2. DATE	3. TYPE OF SUBMISSION a. <input type="checkbox"/> INITIAL b. <input checked="" type="checkbox"/> CHANGE c. <input type="checkbox"/> CLOSE
4. FROM (Include nine-digit ZIP Code)	5. THRU (Include nine-digit ZIP Code)	6. TO

SECTION I - GENERAL

7a. REQUEST AN ACCOUNT BE ESTABLISHED FOR THE FOLLOWING SERVICE:

PUBLICATIONS BLANK FORMS TEST MATERIAL (see para 2-5, DA PAM 25-33)

7b. JUSTIFICATION FOR BLANK FORMS (Use a separate sheet of paper if more space is needed.)

8. UNIT DESCRIPTION DATA (FAILURE TO COMPLETE THIS BLOCK WILL RESULT IN YOUR REQUEST BEING RETURNED.)

a. Component (Contractors must complete Block 8e and/or 8f.)

Active Army Army Reserve National Guard Air Force
 Marine Corps Navy DOD Activity Contractor Other

b. TOE Number or TDA Number (Army Only)

e. Commercial and Government Entity (CAGE) Code (Contractors)

c. Unit Identification Code (UIC) (Army Users)

f. Contract Number (if applicable)

Change of Address (continued)

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d. Military Assistance Program Address Code <i>(FMS Users)</i>		g. DOD Activity Address Code <i>(Non-Army Users)</i> or Navy UIC	
9. PUBLICATIONS OFFICER FOR THIS ORGANIZATION WILL BE:			
a. Typed Name, Grade and Title Person responsible for the management of the account		b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>
SECTION II - ACCOUNT CLASSIFICATION LEVEL			
10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT:			
<input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET			
11. THIS ORGANIZATION HAS ADEQUATE EQUIPMENT AND PROPERLY CLEARED PERSONNEL TO RECEIVE AND SAFEGUARD MATERIAL ACCORDING TO THE CLASSIFICATION REQUESTED FOR THIS ACCOUNT. IF CLASSIFIED SERVICE IS APPROVED, THE SECURITY OFFICER WILL BE:			
a. Typed Name, Grade and Title		b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>
SECTION III - CHANGE OF ADDRESS			
12a. OLD ADDRESS <i>(Include 9-digit Zip Code)</i> <u>Enter your old Address</u>		b. NEW ADDRESS <i>(Include 9-digit Zip Code)</i> <u>Enter your new Address</u>	
		Effective Date: Enter effective date or mark "immediate"	
SECTION IV - AUTHENTICATING OFFICIALS			
13a. Typed Name, Grade and Title of Commander		b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>
14a. Typed Name, Grade and Title of PCQPSM		b. Signature	c. Telephone Number <i>(DSN and Commercial)</i>

IMPORTANT!!

Any change in address for both **Confidential** and **Secret** level accounts requires the signature of the **Security Officer** (Block 11b) in addition to the Publication Control Officer (Block 9b).

Validation Of Accounts

- Review your account information annually
- Any changes you submit will serve as the validation requirement
- The Point & Click Ordering System allows you to validate your account information online each time you LOG ON

Sub Accounts

- Created by the primary account manager in (Block 9a) as an internal management tool
- Sub accounts make it easier for account managers to sort and distribute stock receipts to their customers
- Sub accounts must never make changes to the account address or 12 series (subscription)

Closing An Account

- Submit at least 30 days prior to effective date
- Enter your account number in (Block 1)
- Mark (Block 3c)
- Additional blocks should be completed in accordance with type of account
- PCO (Block 9) signs, routes for additional signatures in accordance with locally established procedures
- Maintain a copy of the completed DA Form 12-R

Address Format

It is important that the following **4 line address format** be used.

FIRST LINE: Name of office or title of position (Ex: Commander)

SECOND LINE: Attention line, organization name, or building number)

THIRD LINE: Street address (NO acronyms or building numbers)

FOURTH LINE: City, State, Zip Code (9 digit)

- UPS cannot deliver to a P.O. Box.
- Presort software does not recognize acronyms or building numbers.
- Address typed in **ALL CAPITAL LETTERS** with no punctuation is preferred.

Summary

To establish an Army publications account.....

Prescribing directive is **PAM 25-33**, User's Guide for Army Publications and Forms.

Complete **DA Form 12-R**, Request for Establishment of a Publications Account.

Form is available in various formats from APD web site at <http://www.apd.army.mil>.
Select **SEARCH FORMS** from side bar, type in DA 12-R (search by form number) and **GO**.

The individual designated the Publications Control Officer (PCO) (Block 9a), should complete all blocks appropriate for their unit/agency and type of account needed.

Obtain required signatures and adhere to routing and approval requirements contained in paragraphs 2-6 through 2-9 of **PAM 25-33** and your locally established procedures.

FAX completed form to Account Processing Team, **314-592-0920**, **DSN 693-9620**.



**If you have any questions
or need help completing the
DA Form 12-R,
please contact a member
of the Account Processing Team**



**DIRECTORATE OF LOGISTICS-WASHINGTON
MEDIA DISTRIBUTION DIVISION
1655 WOODSON ROAD
ST. LOUIS, MO 63114-6128**

ACCOUNT PROCESSING

Office: (314) 592-0900 or DSN 693-9606

FAX: (314) 592-0920 or DSN 693-9620

E-MAIL: [igUfa m'gh`ci \]g"%\\$* !g\]\[IVXY"a VI "Xolwa XXcustsrv@a U\]`.mil](mailto:igUfa m'gh`ci]g)