

# FORT HOOD SECURITY MANAGERS TRAINING COURSE (SMTC) REGISTRATION

(For use of this form, see AR 380-5. The proponent is DPTMS.)

## PRIVACY ACT STATEMENT

**AUTHORITY:** EO9397; EO10450; EO10865; EO12968; EO12333

**PRINCIPAL PURPOSE(S):** The requested information is for the purpose of registering individuals to attend the Security Managers Training Course (SMTC) and to verify required access for the course.

**ROUTINE USES:** Used for registering student to attend the SMTC.

**DISCLOSURE:** Voluntary, including DOD ID number. However, attendance may not be granted if all requested information is not provided.

## SECTION I - USER INFORMATION

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:
4. DOD ID NUMBER:	5. GRADE / RANK:	
6. ORGANIZATION NAME:		
7. JOB TITLE:		
8. DUTY TELEPHONE NUMBER:	9. DUTY E-MAIL:	

## SECTION II - COURSE REQUIREMENTS

10. REQUIREMENTS (COPIES OF CERTIFICATES REQUIRED):

- PERSONALLY IDENTIFIABLE INFORMATION (PII) TRAINING COMPLETED ON: \_\_\_\_\_
- SECURITY POLICIES, PRINCIPLES AND PROGRAMS GS140-16 COMPLETED ON: \_\_\_\_\_
- STORAGE CONTAINERS AND FACILITIES PY 105-16 COMPLETED ON: \_\_\_\_\_
- DEVELOPING A SECURITY EDUCATION AND TRAINING PROGRAM GS104.16 COMPLETED ON: \_\_\_\_\_
- MARKING CLASSIFIED INFORMATION IF 105-16 COMPLETED ON: \_\_\_\_\_
- APPOINTMENT ORDERS SIGNED ON (PROVIDE A COPY): \_\_\_\_\_

11. REGISTER FOR COURSE:

## SECTION III - NOMINATING OFFICIAL

12. NOMINATING OFFICIAL'S CERTIFICATION:

I CERTIFY THE ABOVE NAMED INDIVIDUAL MEETS REQUIREMENTS FOR ATTENDING THE SECURITY MANAGERS TRAINING COURSE (SMTC). THIS INDIVIDUAL HAS COMPLETED REQUIRED TRAINING BY THE METHOD AND ON THE DATE INDICATED ABOVE. I CERTIFY THE NAMED USER REQUIRES THIS COURSE IN ORDER TO PERFORM ASSIGNED DUTIES.

\_\_\_\_\_  
12a. NOMINATING OFFICIAL'S PRINTED NAME

\_\_\_\_\_  
12b. NOMINATING OFFICIAL'S TELEPHONE NUMBER

\_\_\_\_\_  
12c. NOMINATING OFFICIAL'S TITLE

\_\_\_\_\_  
12d. NOMINATING OFFICIAL'S SIGNATURE

\_\_\_\_\_  
DATE

## SECTION IV - STUDENT

13. STUDENT AGREEMENT:

I UNDERSTAND I AM RESPONSIBLE FOR COMPLETING THE SMTC (40-HOUR COURSE) TO OBTAIN A CERTIFICATE OF COMPLETION.

\_\_\_\_\_  
13a. USER'S PRINTED NAME

\_\_\_\_\_  
13b. USER SIGNATURE

\_\_\_\_\_  
DATE

## SECTION V - INSTALLATION SECURITY DIVISION ONLY

14. VALIDATING OFFICIAL:

I VERIFIED THE JPAS AND THE INDIVIDUAL MEETS MINIMUM INVESTIGATIVE AND CLEARANCE ELIGIBILITY REQUIREMENTS TO ATTEND THE SMTC.

\_\_\_\_\_  
14a. PRINTED NAME OF  
INSTALLATION SECURITY DIVISION REPRESENTATIVE

\_\_\_\_\_  
14b. INSTALLATION SECURITY DIVISION  
REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE