Visit Our Website: www.register-now.cms.navy.mil

| DON ACQUISITION TRA | AINING REGISTR | | | 2) | | |
|---|--|---|--------------------------------------|-----------------------|--|--|
| 1. DAU Course Number | | | RENCE (check all that apply): | | | |
| | | | | | | |
| DAU Course Name: TRAINING MODE: (check one): | | I am available for any session Only/prefer location (a) below Avoid: to | | | | |
| Classroom (resident and onsite) | | | Itiple course requests. Preference | es shown will not | | |
| Classroom Module for Distance Learning (Web-based | d) | conflict with other of | courses requested. | | | |
| Equivalency Exam | | Preferred or C | Only Location | Start Date | | |
| Correspondence Course | | (a) | | | | |
| 3. ACQUISITION ORGANIZATION: | | (b) | | | | |
| (see reverse) | | | | | | |
| | | (c) | | | | |
| 4. EMPLOYING COMMAND: | | 5. NAME: (Last, First | st, MI) | | | |
| Full mailing address: | | | | | | |
| | | 6. SSN: | D | OOB: | | |
| | | | | F | | |
| ACTIVITY UIC: SUB UIC: | | 7. GENDER: | MALE FEMAL | ٤ | | |
| | | 8. HOME ADDRESS | S (include zip code): | | | |
| If APO/FPO, name of country: | | | | | | |
| | | | | | | |
| 9. PHONE NUMBERS (include area code): | | 10. CIVILIAN | 11. MILITARY | 12. Level of Security | | |
| a. OFFICE: DS | N: | | II. MILIIAKI | 12. Level of Security | | |
| | | Pay Plan: | Rank: | Clearance | | |
| b. FAX: DS | N: | | 100 | | | |
| c. FAX for travel authorization if different: | | Series: | MOS: | | | |
| c. PAX for traver autionization if unrefent. | | Grade: | Designator: | | | |
| DS | N: | | 6 | | | |
| | | | | | | |
| EMAIL ADDRESS: 13. ACCOMMODATION needed for handicap or disab | ility. | 14. Are vou in a desig | nated acquisition position? | | | |
| | 13. AccommodArion needed for handicap of disability. | | | | | |
| | | yes no | | | | |
| | | Are you an ABC member? | | | | |
| | | Are you an APC member? yes no | | | | |
| | CAREER FIELD CODE: (see reverse) | | | | | |
| 15. PRIORITY LEVEL: indicate priority based on curr | | | r): | | | |
| 1 a. Course is mandatory for my designated caree b. Course will provide prerequisite knowledge | er field and current certifi | cation level. | | | | |
| c. Course is mandatory to meet warrant require | ments | Jii level. | | | | |
| 2 a. Course is mandatory for my designated caree | er field at the next higher | | | | | |
| b. Course is designated as assignment – specific | | | | | | |
| 3 a. Course is listed as desired for designated care | | cation level. | | | | |
| b. Course is required in a subsidiary (other than designated) career field c. Course is required to satisfy Continuous Learning requirements | | | | | | |
| 4 Course is requested for a non-acquisition workforce member. | | | | | | |
| 16. STUDENT CERTIFICATION: I understand that once registered and notified for a class, I am expected to attend. If exceptional circumstances preclude my | | | | | | |
| attendance, I must forward an approved request for ca | incellation (see general in | istruction #6). | | | | |
| STUDENT SIGNATURE: | | | DATE SIGNED: | | | |
| 17. SUPERVISOR CERTIFICATION: I certify that the | 18. Training Representative (or designee) USE ONLY: | | | | | |
| provided above is true and complete to the best of my | Approved registration request | | | | | |
| understand that acquisition training is provided to me regulatory requirements for the above student, as appl | Substitute for (Name): | | | | | |
| training time is appropriately prioritized. If exception | (SSN): | | | | | |
| preclude the above student's attendance, I will ensure | () | Cancellation form must be attac | hed. | | | |
| notification is processed as soon as possible. | | | | | | |
| Typed Name: (Last/First/Middle Initial) | Phone # | | | | | |
| | | | | | | |
| Signature: | Date: | Signature: | | Date: | | |
| Signature. | Date. | Signature. | | Date. | | |
| Email: | | | | | | |
| DACM2 | | | | | | |

| D, | <u>A(</u> | V | 2 |
|----|-----------|---|---|
| | | | |

GENERAL INSTRUCTIONS

1. If you have access to Internet, and have not been instructed otherwise by your command, you should register for acquisition training at the electronic registration web site: www.register-now.cms.navy.mil

2. This application is for those who do not have Internet access. It is to be used by civilian and military members of the Department of the navy (including Marine Corps) to register for acquisition training required by the Defense Acquisition Workforce Improvement Act (DAWIA).

3. Registration forms should be typed or printed and must be signed by your supervisor and your designated Acquisition Training Representative. FAX machine transmittal is recommended and acceptable.

4. Registration forms are accepted throughout the fiscal year, but must be received at least 60 days prior to the start date of the class you are requesting. Priority is given to processing student requests for training that fall into category level 1 as described in block 15. These requests will be processed upon receipt. Registration request in categories 2, 3 and 4 will be processed 60 days prior to class start dates.

5. Students who have been seated will be notified by mail; registration status is also available at the web site. 6. Students are expected to attend as When exceptional scheduled. circumstances preclude attendance, a cancellation request (DACM3 form) must be processed via the supervisor at the earliest possible time so as to permit registration of a substitute. Students who fail to attend a scheduled class without processing a DACM3 form will be prohibited from additional registrations for the subsequent six months.

7. Workforce members who are registered for mandatory training are eligible for travel and per diem funding. A funding request form is available for printout at the web siteor by FAX from NCAT/CMS. Or you may request travel on-line at the web site. Travel requests should be

submitted not later than 30 days prior to the class start date.

REGISTRATION INSTRUCTIONS <u>block #</u>

1. Enter course number and name from the current Defense Acquisition University (DAU) catalog, as well as your preferred (or designated) training mode.

2. Carefully review the DAU schedule (available on-line or from your Training Rep); consider the mandatory prerequisites and course sequencing. Indicate your preferred session and/or location and date preferences. Do not request course dates that conflict with previous or planned requests for other courses.

3. Enter your Acquisition Organization name & code from the following entries:

| U | | | | |
|------------------------------|----|-----------|----|--|
| NAVAIR, | 01 | CNO, MSC, | 12 | |
| NAVSEA, | 02 | NCTC, | 13 | |
| NAVFAC, | 03 | CNET, | 14 | |
| NAVSUP, | 04 | OSP, | 16 | |
| SPAWAR, | 05 | NAVRESF, | 23 | |
| MCORPS, | 06 | NAVIPO, | 24 | |
| ONR, | 09 | NCCA, | 28 | |
| BUMED, | 10 | | 34 | |
| SSP, | 11 | | | |
| ILS Mil Inter | 35 | | | |
| NACO/BFM' | 36 | | | |
| DON AIP, | 38 | | | |
| NAVAUDSV | 40 | | | |
| ALL OTHERS: identify and use | | | | |
| | | | | |

4. Self-explanatory

5. Enter your duty station. UIC and SubUICs are available from your Training Rep and are mandatory fields

6. Foreign nationals must be assigned a 9-digit number to register. Numbers are assigned on-line. If no internet access, contact NCAT/CMS.
7-12. Self-explanatory. "Levels' refers to Acquisition Workforce levels and is dependent upon your

grade or rank. **13.** If you need accommodation due

13. If you need accommodation due to a handicap or disability, enter the accommodation needed, e.g., sign interpreter.

14. a, **b**, **c**, **d**. Enter only information that is contained in your official record or military orders. You may have to forward a copy of your career

brief if the AWF data file is incorrect/not current.

Career Fields:

| Α |
|---|
| С |
| D |
| E |
| G |
| Κ |
| L |
| R |
| S |
| Т |
| |

15. Priority Level. A student's priority level is determined by the specific course requested, the student's designated career field, and the career field certification requirements. Incorrectly marked priority levels will be rejected. **16-18.** Self explanatory.

PRIVACY ACT STATEMENT

Authority: Authority to request this information is contained in title 5, USC 4103, Establishment of Training Programs, Title 5, USC 4115, Collection of Training Information Agreement between the Dept of the Navy and the Dept of Labor, Bureau of Apprenticeship and Training, Registration of the Navy Apprentice Program – June 1968. Principal Purpose: The purpose of this application is to permit an individual to register for a DAU training course. The information is used to evaluate the individual's eligibility for a course and to notify the individual of approval or disapproval of the request. Routine Uses: The information is used to notify the training facility of assignments to classes. The information is also used and for cost analysis, budget estimates, and financial planning. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Completion of this application is required. Failure to provide information may result in an inability to process the request for training.

DON Registrar, Acquisition Training NCAT/Career Management Site P.O. Box 2033 Mechanicsburg, PA 17055-0784

(717) 605-5471/3852/2388 DSN: 430 FAX x4675 Registrar eMail: Sandra mccaw@fmso.navy.mil