



**US Army**  
**Application for Designated Logistician Program**



Designation Applied For:		ID Number	Date Awarded	Designation (DL, DSL, DML)	Evaluator's Name
<input type="checkbox"/>	Demonstrated Logistician (DL)				
<input type="checkbox"/>	Demonstrated Senior Logistician (DSL)				
<input type="checkbox"/>	Demonstrated Master Logistician (DML)				
		<b>To Be Assigned by SOLE and ALU</b>			

Last Name	First Name	Middle Initial	Suffix

Employee Number/SSAN (Only the last 4 digits of Social Security No.)	Country	Service (Army, Navy, etc.)	Component (Active, USAR, ARNG, DAC, contractor, other)	Rank or Grade, and Branch/MOS/Series (e.g., MAJ, Ord; or GS-11-0346 Log Mgmt Spec.)
xxx-xx-____				

Home Address and Mailing Address for certificate (if other than home address)	E-mail Address	Phone Numbers (work/cell)

Highest Education Level ("x" correct Level) (Attach all appropriate transcript verification)	Training: (Enter all qualifying courses, and attach applicable transcripts or records)										
<table border="1"><tr><td><input type="checkbox"/></td><td>High School</td></tr><tr><td><input type="checkbox"/></td><td>Associates or 2 years</td></tr><tr><td><input type="checkbox"/></td><td>Bachelor's</td></tr><tr><td><input type="checkbox"/></td><td>Master's</td></tr><tr><td><input type="checkbox"/></td><td>Doctorate (e.g., Ph.D., Ed.D.)</td></tr></table>	<input type="checkbox"/>	High School	<input type="checkbox"/>	Associates or 2 years	<input type="checkbox"/>	Bachelor's	<input type="checkbox"/>	Master's	<input type="checkbox"/>	Doctorate (e.g., Ph.D., Ed.D.)	
<input type="checkbox"/>	High School										
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<input type="checkbox"/>	Master's										
<input type="checkbox"/>	Doctorate (e.g., Ph.D., Ed.D.)										

The following Functional and Enabling <u>experiences</u> have been completed. (Attach copies of ERBs, ORBs, EERs, OERs, resumes, or a half-page narrative of experiences, etc., as necessary).	
Functional Skills ( <i>Experience, not training</i> )	Enabling Skills ( <i>Experience, not training</i> )
1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
<b>Supervisor's certification of Skill Experience:</b> Signature:  Title: _____ Date: _____	<b>Applicant's signature validates that all information is true and correct.</b>  Signature: _____ Date: _____

**Submit the completed application along with the required \$50.00\* application fee (money order only made out to SOLE) to:**

**SOLE – The International Society of Logistics  
ATTN: Army DL Program Coordinator  
8100 Professional Place, Suite 111  
Hyattsville, Maryland 20785-2229**

**The fee must be paid by Money Order. SOLE cannot accept checks or credit cards.**

Money Order No.:

Signature:

Date:

*\* No part of this administrative fee will go to the US Army or any US Army organization. Membership in SOLE is not required. The recipient will receive a certificate, letter and lapel pin. SOLE will maintain a permanent database for designation verification.*

#### **Contact Information**

- For questions regarding qualifications or submittals, please contact The Army Logistics University at 804-765-0288.
- For questions regarding status of applications, please call 804-765-4749.

#### **Notes**

- *Applicants from other than the United States must be current students at the US Army Logistics University (ALU) at the time of application. SOLE – The International Society of Logistics (SOLE) can accept only money orders for non-US applications (i.e., no credit/debit cards or personal checks). Non-US awardees will receive the SOLE (rather than the US Army) pin.*
- *Upon award, all US Army designation recipients will receive a letter that explains how to enter the appropriate designation code in Section VI of the Officer Record Brief or Enlisted Record Brief. The individual – not ALU or SOLE – is solely responsible for submission of the award for inclusion in his/her personnel records.*