



Army Demonstrated Logistician Program Application for Designation



Designation applied for:	ID Number FLLL-L4SSN	Date Awarded	Designation (DL, DSL, DML)
Demonstrated Logistician (DL)			
Demonstrated Senior Logistician (DSL)			
Demonstrated Master Logistician (DML)	To Be Assigned by SOLE and ALMC		

Last Name	First Name	Middle Initial	Suffix

Employee Number/SSAN (Last 4 digits for administrative use)	Service (Army, Navy, etc.)	Component (Active, Reserve, NG)	Branch, MOS, Series

Home Address	E-mail Address	Phone Number

Education Level ("x" correct Level) (Attach all appropriate transcript verification)	Training/Learning: The following courses have been completed and transcripts attached																						
<table><tr><td></td><td>High School</td></tr><tr><td></td><td>Associates or 2 years</td></tr><tr><td></td><td>Bachelor's</td></tr><tr><td></td><td>Masters'</td></tr><tr><td></td><td>Doctorate (e.g., Ph. D., Ed.D)</td></tr></table>		High School		Associates or 2 years		Bachelor's		Masters'		Doctorate (e.g., Ph. D., Ed.D)	<table><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr><tr><td>4.</td><td></td></tr><tr><td>5.</td><td></td></tr><tr><td>6.</td><td></td></tr></table>	1.		2.		3.		4.		5.		6.	
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The following Functional and Enabling training courses have been completed and certificates or other forms of documentation attached (attach additional sheets, as necessary)																											
Functional Training Skills		Enabling Training Skills																									
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Supervisor certification of Functional Skill Experience: Signature:		Supervisor certification of Enabling Skill Experience: Signature:																									
Title:	Date:	Title:	Date:																								

Applicant Validation:

"I certify that the information contained in this application is true and correct"

Signature:

Date:

Submit the PRINTED completed application along with the required \$50.00* application fee in check/money order (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

Check No.:
Money Order No.:

Credit Card No.:
Expiration Date (mm/yy):
Name on Card:

Signature:

Date:

** No part of the fee will go to the US Army or any US Army organization. Membership in SOLE is not required.*

Contacts:

For any further questions regarding qualifications or submittals, please contact Mr. Matt MacLaughlin
(matt.maclaughlin@lee.army.mil; 804-765-0285) at ALMC.

Evaluator's Comments

Applicants please do not write below this line