

*Example, MUST BE e-mailed only in a fillable PDF Format*

**REQUEST FOR ESTABLISHMENT OF A PUBLICATIONS ACCOUNT**

For use of this form, see DA PAM 25-40, the proponent agency is OAASA.

1. ACCOUNT NUMBER R1234	2. DATE 20160406	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) 1-45 YZ Battalion ATTN: PUBLICATIONS CLERK 1203 Tank Battalion AVE Fort Hood, Texas 76544-0000	5. THRU (Include nine-digit ZIP Code) DHR/ASD ATTN: PCO 285 761st Tank Battalion Ave. Fort Hood, TX 76544-5016	6. TO USAPD ATTN: New Accounts 1655 Woodson Road St. Louis, MO 63114-6181

**SECTION I - GENERAL**

7a. REQUEST AN ACCOUNT BE ESTABLISHED FOR THE FOLLOWING SERVICE:  
 PUBLICATIONS     BLANK FORMS     TEST MATERIAL

7b. JUSTIFICATION FOR BLANK FORMS (Use a separate sheet of paper if more space is needed.)  
 James.snuffy.mil@mail.mil    *At least 1 e-mail address for POC*

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)  
056789CDE12

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

d. Military Assistance Program Address Code (FMS Users)

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

f. Contract Number (if applicable)

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 James P. Snuffy SFC, SI OIC	b. Signature	c. Telephone Number (DSN and Commercial) 733-123/254-287-123
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**SECTION II - ACCOUNT CLASSIFICATION LEVEL**

10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT:  
 UNCLASSIFIED     CONFIDENTIAL     SECRET    *most accounts are unclassified*

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 <i>Only if Confidential or Secret</i>	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) <i>Only if they have recently moved</i>	b. NEW ADDRESS (Include 9-digit Zip Code)
Effective Date:	

**SECTION IV - AUTHENTICATING OFFICIALS**

13a. Typed Name, Grade and Title of Commander Kevin Q. Doe LTC, <i>Commanding</i>	b. Signature	c. Telephone Number (DSN and Commercial) 733-6789/254-287-6789
14a. Typed Name, Grade and Title of PCO/PSM Tobbie M. Lumzy, GS-05, PCO	b. Signature	c. Telephone Number (DSN and Commercial) 566-5137 / 254-286-5137

*Complete packet minus training certs.*

# EXAMPLE

OFFICE SYMBOL

6 April 2016:

MEMORANDUM FOR, DHR ADMIN SVC DIV

SUBJECT: Duty Appointment

*Date must be within 3 days of each other on DA 12, DA 1687, FH 25-207 Appt. orders*

1. Effective: 6 April 2016 the following personnel are appointed as the Publication Officer/Publication Clerk(s) for 1-45 YZ Battlion
  - a. Publication Officer: CPT Kattie. M. Smith
  - b. Primary Clerk: SGT Delna F. Jones
  - c. Alternate Clerk: SPC Linda R. Williams
2. Authority : DA Pam 25-40
3. Purpose: To ensure that the unit will maintain an active publication account to support all publication requirements.
4. Period: Until officially released from appointment or assignment.
5. POC for this memorandum is the undersigned, (254) 287-1234

*Signature must be the*

*Same on DA 12, DA 1687, FH Form 25-207 \* Appt. orders*

Signature Block (O5 or above)  
Rank/ Branch  
Title

\*Please note for Dept of Army Civilian or Contractor accounts, the signature should include the Div Chief or higher and the COR for contractor accounts.

*Have 90 Days from date at top to bring in Training Certs.*

# EXAMPLE

OFFICE SYMBOL

6 April 2016:

MEMORANDUM FOR, DHR ADMIN SVC DIV

SUBJECT: Duty Appointment

*PATE must be the same within 3 days of each other on DA 13, DA 1687, FH Form 25-20, Appt. orders*

1. Effective: 6 April 2016 the following personnel are appointed as the Book Control Officer for 1-45 YZ Battalion

a. Primary CPT Kattie. M. Smith

2. Authority : AR 600-38

3. Purpose: To ensure that the unit will maintain an active meal card book to support all publication requirements.

4. Period: Until officially released from appointment or assignment.

5. POC for this memorandum is the undersigned, (254) 287-1234

*Signature must be the same on DA 13, DA 1687, FH Form 25-20, & Appt. orders.*

Signature Block (O5 or above)  
Rank/ Branch  
Title

\*Please note for Dept of Army Civilian or Contractor accounts, the signature should include the Div Chief or higher and the COR for contractor accounts.

*EXAMPLE. ANSWERS W. '11 ~~not~~ vary*

**PUBLICATIONS ACCOUNT CERTIFICATION PROGRAM**

(DA PAM 25-30. THE PROPONENT ORGANIZATION IS DHR)

1. PUBLICATIONS ACCOUNT NUMBER: R1234	2. UNIT/ACTIVITY: 1-45 YZ BATTALION
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	YES	NO
3. Are appointment orders for unit publications control officer, primary publications clerk and alternate publication clerk(s) on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is DA Form 12-R on file and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is DA Form 12-R signed by the current unit commander and publications control officer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have publications clerks and supervisors attended an installation-level publications training class?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is copy of your current 12-series on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Has your 12-series been reviewed and updated within the past 6 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is your 12-series being submitted to add, delete, increase, or decrease publications requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is a unit publication SOP on file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Has the unit established sub-accounts for companies, branches, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Does the unit have access to the APD home-page "Point/Click Ordering System" to order publications from the US Army Publications Distribution Center?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Does the publications clerk(s) have access to computers to submit requisitions in a timely manner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Does the unit maintain a file copy of requisitions submitted for publications and blank forms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Does the unit have a system in place to receive, track, and determine correct distribution and delivery of incoming publication and blank forms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Does the unit have a 30-day supply of blank forms on-hand?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are accountable and sensitive forms stored as prescribed for CONFIDENTIAL material? (AR 380-25)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Are accountable and sensitive forms controlled through use of DA Form 410? (AR 25-30)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Are required reference publications on-hand throughout the unit and are references current?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Are publications and blank forms indexes on file and current? (DA Pam 25-30, Fort Hood Pam 25-30)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Has the unit met all requirements for certifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

22. REMARKS:

23a. TYPED OR PRINTED NAME (UNIT CDR/DIRECTOR) Kevin Q. Doe, LTC Commanding	23b. SIGNATURE: 	23c. DATE SIGNED (YYYYMMDD) 20160406
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24a. UNIT CERTIFIED BY: <i>Who ever reviews needs</i>	24b. SIGNATURE: <i>to sign</i>	24c. DATE SIGNED (YYYYMMDD) <i># date</i>
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*AID*

*EXAMPLES*  
*MUST CAC Sign & Hand (write) Sign*

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES					DATE	
For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.					20160406	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES			LOCATION			
I-45 Battalion			1203 Tank Battalion AVE, Fort Hood TX 76544-0000			
LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS	
			REQ	REC		
Kattie M. Smith, CPT			YES	YES	CAC Sign / Hand sign	
Delan F. Jones, SGT			YES	YES	CAC Sign / Hand sign	
Linda R. Williams, SPC			YES	YES	CAC Sign / HAND sign	
NOTHING FOLLOWS						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE						
THE AUTHORITY TO: Request and Receive Blank, Sensitive, and Accountable Forms						
REMARKS						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER			
ZYQMP			R1234			
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
Doe, Kevin Q.	05	254-287-1234	20170406	CAC Sign / Hand sign		

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC V1.00ES

*Good for 1 year from date at the top.*