Unit Deterrence Leader Application Form

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 295-1; E.0. 9397 dated November 22, 1943 (SSN)
PRINCIPAL PURPOSE: To provide commanders and Ft Campbell Army Substance Abuse officials with a means by which information may be accurately Identified. ROUTINE USE: T h e social security number is used as a means of enrolling the student in ATRRS. DISCLOSURE: Disclosure of your social security number is necessary for ATARRS enrollment.

Last Name	First Name and MI.	Requested Class Date
Rank	Duty Phone	ETS date
Unit UIC	Military Email Address	SSN
Company	Battalion	Brigade

Applicant Agreement: By signing below I verify that I have had no drug or alcohol related incidents within the past three years. Upon successful completion of. the UDL course, I understand that as a UDL, I will be expected to model responsible use of legal drugs and abstinence from illegal drugs. I will be considered the primary trainer for ensuring my unit meets ASAP training requirements outlined in AR 600-85. I understand that should I be involved in a drug or alcohol related incident, I will be immediately relieved from my UDL position. I understand that I must not make any appointments that would cause me to miss any portion of the UDL course or I may be terminated from the course by the instructor.

Applicant Signature (digital or Wet)

Commander's Information:

Last Name	First Name M.I.	
Rank	Duty Phone	Military Email address

Commander: By signing below, you are affirming that you are aware of, and have complied with the unit Deterrence Qualification standards outlined in AR 600-85, paragraph 9-6, page 60 (see below):

(1) Be an officer, warrant officer or noncommissioned officer (E-5 or above for UDL - recommend E-7 or above at all levels).

(2) Be designated on appointment orders by the unit commander.

(3) Successfully complete the Department of Army Directorate of Preventions, Resilience and Readiness (DPRR) standardized Unit Deterrence Leader-Certification Training Program prior to collecting any drug testing specimens.

(4) Not currently enrolled in Substance Use Disorder (SUD) treatment.

(5) Not be under investigation for legal, administrative, or abuse of substances (illegal drug, controlled drug, alcohol or other) related offenses or incident within the last 3 years. Soldiers that have previously been enrolled in SUD treatment or completion of Army Drug and Alcohol Prevention Training (ADAPT) should not be considered as potential UDLs for at least 36 months after release from counseling or completion of ADAPT.

(6) Commanders should request (strongly encouraged IOT obtain the holistic view of the candidate) a local review of the UDL candidate's medical, personnel, and criminal records check (see Criminal Request Record) and a background check by the local ASAP Office for past drug positive urinalysis tests and by the Medical Treatment Facility Behavioral Health Clinic for past enrollment in mandatory alcohol or drug treatment. The commander will make the final decision to appoint the candidate based on all the information received except that the requirements in paragraphs 9-6a (1) through 9-6 (5), above, are not waiverable.

Commanding Officer Signature (digital or wet)	Date

Upon completion, email this digitally or wet signed form and all applicable documents encrypted to FTCKYASAP@Army.mil or deliver to ASAP, located at Bldg. 2551, Room 121, 23d & Kentucky Ave, Fort Campbell. For additional information contact the ASAP Installation Drug Testing Coordinator at (270) 461-2727, or 798-7270.