FY26 - UNIT/BATTALION DETERRENCE LEADER (UDL/BDL) CERTIFICATION TRAINING REQUEST

The proponent for this form is the Army Substance Abuse Program (ASAP) Hawaii

SUBMIT THIS REQUEST NO MORE THAN 60 CALENDAR DAYS PRIOR TO CLASS START

Section 1: Applicant Section (Please Print Legibly)		
Last Name:	First Name:	Rank/Grade:
DEROS:	ETS:	DOD ID#:
Unit:	CO UIC:	BN UIC
Contact Phone Number	Requested Class Date:	Government Email:

Applicant Agreement (**PLEASE READ BEFORE SIGNING**):
By signing below, I acknowledge and agree that:

- As a Unit/Battalion Deterrence Leader (UDL/BDL), I will be expected to model responsible use of alcohol and abstinence from unauthorized and/or illegal drugs.
- If I am involved in a drug or alcohol-related incident, I must immediately notify my Commander and may be suspended or removed from my position as the UDL/BDL.
- Missing more than 15 minutes of instruction may result in my removal from the course by the instructor.

Applicant Signature:

Section 2: Commanding Officer Section		
Last Name:	First Name:	Rank/Grade:
Contact Email: Contact Phone:		Active CRRT Account:

I verify that background checks on the above applicant have been completed through the following systems and the applicant has had no alcohol and/or drug related incidents during the last 36 months as of the date listed below:
(Select all that apply – at least one must be selected)

☐ Provost Marshal Office MPRS name check Vehicle Registration MPRS Barring System	☐ CID/DCII AC12 DCII	☐ Civilian Law Enforcement The aforementioned individual has not been convicted of any misdemeanors, criminal offenses and/or traffic violations committed within the surrounding community.

I have vetted the above listed applicant and feel confident that they will successfully execute the duties and responsibilities of a UDL/BDL in accordance with AR 600-85. I will appoint the above listed applicant as a UDL/BDL for my unit until officially released from appointment or reassigned. The UDL/BDL is expected to be the Commander's subject matter expert and liaison on the Army Substance Abuse Program, conduct urinalysis collections with accuracy and fidelity, provide alcohol and drug misuse prevention training to the unit annually, and assist the Commander with meeting all requirements of unit drug testing and preventions programs. I authorized ASAP to conduct unannounced urinalysis on the on the applicant listed above either as a UDL/BDL candidate, or as a certified UDL/BDL, in accordance with AR 600-85.

Commanding Officer's Signature:	Date:

Note: Submission of this request does not constitute or guarantee enrollment in the course. This form must be filled out in its entirety. This form is only valid for 60 days past the Commander's signature date. ASAP will conduct a DAMIS check on the above listed applicant and may not have any drug or alcohol related incidents, record of positive urinalysis result, or enrollment in Substance Use treatment or mandatory ADAPT for the past 36 months. Commanding Officers will be notified if the applicant does not meet this requirement.

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Enrollment. To enroll Soldiers in this course, submit a completed packet, no earlier than 60 calendar days prior to the class convening date below. Forms are to be dropped off at the ASAP Drug Testing Section, Building 556, 344 Heard Rd, across the from the Martinez Fitness Center tennis courts. Always include point of contact, phone number and email address on completed packet. The following form constitutes a completed packet:

This completed ASAP UDL/BDL Training Request Form.

The class schedule for the UDL/BDL Certification Course is as follows:

CLASS SCHEDULE

Class #	Start Date	Grad Date
001-26	07 Oct 25	09 Oct 25
002-26	04 Nov 25	06 Nov 25
003-26	02 Dec 25	04 Dec 25
004-26	06 Jan 26	08 Jan 26
005-26	03 Feb 26	05 Feb 26
006-26	03 Mar 26	05 Mar 26
007-26	07 Apr 26	09 Apr 26
008-26	05 May 26	07 May 26
009-26	02 Jun 26	04 Jun 26
010-26	07 Jul 26	09 Jul 26
011-26	04 Aug 26	06 Aug 26
012-26	01 Sep 26	03 Sep 26

*** Student(s) will receive an email notification of their enrollment and reporting instructions.**

*** After completing the training the student(s) must have one year retainability.**