

DISAM INFORMATION TECHNOLOGY MISSION SYSTEM (DISM) PUBLIC COLLECTION

OMB CONTROL NUMBER: XXXX-XXXX
OMB EXPIRATION DATE: XXXX/XXXX

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 134, Under Secretary of Defense for Policy; DoD Directive 5105.65, Defense Security Cooperation Agency (DSCA); DoD Directive 5105.38-M, Security Assistance Management Manual, Chapter 10; DoD Directive 5132.03, DoD Policy and Responsibilities Relating to Security Cooperation; Army Regulation 12-15, SECNAVINST 4950.4B, AFI 16-105, Joint Security Cooperation Education and Training; Public Law 97-195, Foreign Assistance and Arms Export Act of 1961, as amended; E. O. 9397, SSN, as amended.

Purpose: The primary use of this information is purposes of efficient administration of U.S. and international students, and the effective management of DISAM personnel and guest lecturers.

Routine Use: Contents shall not be disclosed, discussed or shared with individuals unless they have a direct need-to-know in the performance of their official duties. The information is collected in connection with OSD Privacy Act System Notice DSCA-05, Defense Institute of Security Assistance Management Information System Mission (DISM).

Disclosure: Providing the personal information is voluntary. However, failure to provide the requested information may result in ineligibility of certain program opportunities and prevent access to US installation.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB CONTROL NUMBER: XXXX-XXXX.

Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS

Responses should be sent to:

Defense Institute of Security Assistance Management (DISAM)

ATTN: Thomas Dop

2475 K Street

Wright-Patterson AFB, OH 45433-7803

[Continue to Registration Page](#)

DISAM REGISTRATION FORM FIELDS

(21-Oct-15)

NOTE: Red asterisks (*) indicate required fields. Hover your mouse cursor over any field for additional help.

DESIRED CLASS & DATE

SCM-A T: 01-2016 (06/20/2016 thru 06/24/2016)

STUDENT INFORMATION

* First:

Middle Initial:

* Last:

Suffix:

* Official Email Address:

* Confirm Email Address:

Gender: Male Female

* Student Type:

* Service:

ELECTRONIC DATA INTERCHANGE PERSONAL IDENTIFIER (EDIPI) NUMBER

Enter your 10-digit EDIPI number below. The EDIPI number is the 10-digit number shown on the back of most Common Access Cards (CAC). If your CAC does not have this number, please click the Help tab above for alternate instructions for finding it. If you do not have a CAC, please enter exactly TEN (10) zeros instead.

* EDIPI Number:

JOB INFORMATION (RELATED TO THIS TRAINING REQUEST)

Title:

Area:

Duties:

Country:

Combatant Command:

ORGANIZATION/BUSINESS

Name:

Office Symbol:

Address (Line 1):

Address (Line 2):

City:

Country:

Commercial Phone:

SUPERVISOR CONTACT INFO

Title:

First:

Last:

Official Email Address:

ADDITIONAL INFORMATION

If you have any special requirements due to a physical limitation, please explain below:

Previous DISAM courses taken, including month and year:

Months in Present Position:

Months Remaining in Present Position:

Months Spent in Security Cooperation:

Percentage of Time Currently Spent/Anticipate Spending in Security Cooperation:

 %