

JALIS USER ACCESS REQUEST FORM

Navy Air Logistics Office

400 Russel Avenue, New Orleans, LA 70143

DSN: 678-7207 COMM: 504-678-7207

Fax DSN: 678-5826 COMM: 504-678-5826

E-Mail: m_nwor_nalo_training@navy.mil

PRIVACY ACT OF 1974 AS AMENDED. FOR OFFICIAL USE ONLY-PRIVACY SENSITIVE. ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES.

PART A: APPLICANTS INFORMATION

1. Name (Last, First, MI):		2. Rank/Rate/Grade:	3. EDIPI / DoD ID:
4. PRD / EAOS:		5. E-Mail Address (.mil, .gov, or .edu ONLY):	
6. Command Name:		7. Command Phone Numbers:	
8. Command UIC:		9. Job Title:	
		DSN:	
		COMM:	
10. JALIS Course Completed:		Yes	No
If "Yes", then Location:		Date:	
11. Has the applicant previously been designated a JALIS User for this or another command?			
Yes		No	
If "Yes", annotate UIC:			

*****APPLICANT UNDERSTANDS THAT JALIS IS AN OFFICIAL DOD PROGRAM. ANY MISUSE OF A GOVERNMENT PROGRAM CAN RESULT IN ADMINISTRATIVE ACTION AND/OR LOSS OF JALIS PRIVILEGES.*****

PART B: PRIVILEGES.

Database Requesting Access To: NALO CFAF CTF-53 CTF-63 Dashboard	Applicant's Signature:	Date:
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PART C: COMMAND APPROVAL

I AUTHORIZE THIS INDIVIDUAL TO BE A JALIS USER FOR THIS COMMAND.	Date:
Commanding Officer's Signature	

PART D: ACCESS REQUIRED (For NALO use only)

Scheduling Agency: NALO CTF-63 (NEPO) CTF-53 (NALCC) CFAF (CFWP) OTHER _____	User Permissions: Requestor Squadron Scheduler Validator Verifier	Dashboard (READ ONLY) : Dashboard_Requestor Dashboard_Sched_Mods Dashboard_Squadron
NALO Training Rep. (Print):	NALO Training Rep. (Signature):	Date:

**** Access to JALIS will be considered after receipt of this form and verification completed. ****