

Unit Prevention Leader (UPL) Certification Checklist

Prior to ASAP certification of a new UPL, the following actions must be completed and verified by the unit Commander.

Actions required prior to class attendance:

Date Completed/CDR's Initials

I have ensured that the individual meets the UPL standards IAW AR600-85.

_____/_____

I have submitted the Records Check to PMO, MPD and ASAP.

_____/_____

I have signed appointment orders, which includes background check completion statement.

_____/_____

A slot for the UPL Certification Course has been requested for: _____.

_____/_____

As Commander of _____, I certify that as of _____
(Unit Name) (Date)

all required actions for _____, _____
(Rank, Last Name, First Name) (EDI-PI/DOD-ID number)

have been completed, reviewed and approved.

Printed Name of Commander

Signature of Commander

----- ASAP Use Only -----

Background Check Received: _____ Appointment Orders Provided: _____ UPL Class Date: _____

Certification Date: _____
(Printed Name and Signature of ASAP Staff)