

BASIC UNIT PREVENTION LEADER (BUPL) WORKSHOP TRAINING REQUEST

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

DO NOT SUBMIT THIS REQUEST FORM UNTIL 30 CALENDAR DAYS PRIOR TO CLASS CONVENING DATE

Section 1: Applicant Section		
Last Name:	First Name:	Rank/Grade:
DEROS:	ETS:	DOD ID#:
Unit:	UIC:	Work Phone:
Class Date Requested:		Email:
<p>Applicant Agreement: By signing below and successful completion of the BUPL course, I understand that as a Unit Prevention Leader (UPL) I will be expected to model responsible use of legal drugs and abstinence from the use of illegal drugs. I also understand that should I be involved in a drug or alcohol related incident I must immediately resign my position as the UPL. I also agree that I will not make any appointments that will take me out of the BUPL course of instruction for more than 15 minutes or I could be terminated from the course by the instructor. I also certify that I have at least one year remaining on Island.</p>		
Applicant Signature:		
Section 2: Commanding Officer Section		
Last Name:	First Name:	Rank/Grade:
Email:		Work Phone:
<p>To provide background clearance information regarding prospective Unit Prevention Leader pursuant to Title 10, United States Code, Section 3013, I verify that background checks on the above applicant have been completed through the following systems and the applicant has a clear record (no alcohol and/or drug related incidents) for the last 36 months as of the date listed below: (please mark all that have been conducted – at least one must be selected)</p>		
<input type="checkbox"/> Provost Marshall Office MPRS name check Vehicle Registration MPRS Barring System	<input type="checkbox"/> CID/DCII AC12 DCII	<input type="checkbox"/> Civilian Law Enforcement It has been verified that the aforementioned has not been convicted of any misdemeanors, criminal offenses and/or traffic violations committed within the surrounding community.
<p>I have vetted and conducted an interview with the above listed applicant and feel confident that they will be able to carry out the duties and responsibilities of a UPL in accordance with AR600-85. Upon successful completion of the BUPL course, I hereby appoint the above listed applicant as a UPL for my Unit until officially released from appointment or reassigned. The UPL is expected to be the Commander's subject matter expert and liaison on all areas within the Army Substance Abuse Program, conduct flawless urinalysis collections, provide at least three hours of alcohol and other illicit drug training to the unit annually, and assist the Commander in running unit drug testing and prevention programs. Furthermore, I hereby authorize ASAP to conduct unannounced urinalysis on the applicant listed above either as a potential UPL candidate or as a certified UPL in accordance with AR600-85.</p>		
Commanding Officer Signature:		Date:

Note: This form must be filled out in its entirety and the Alco-Sensor Breathalyzer certificate must accompany this form. ASAP will conduct a DAMIS check on the above listed applicant. Applicants must have a clean ASAP record for the past 36 months. Commanding Officers will be notified if the applicant does not meet this requirement.