

ADMITS ACCOUNT REQUEST FORM

NAVPERS 5350/62 (11-2010)

Supporting Directive OPNAVINST 5350.4D

The purpose of this application is to establish an Alcohol and Drug Management Information Tracking System (ADMITS) account for commands to use in their Drug and Alcohol programs, and for appropriate members of the SARP.

1. NAME OF COMMAND:		2. DATE:	
3. COMMAND DSN PHONE NUMBER:	4. COMMAND COMMERCIAL PHONE NUMBER:	5. COMMAND FAX PHONE NUMBER:	
NAVY PERSONNEL COMMAND ADMITS PROCESSING OFFICE 5720 INTEGRITY DRIVE MILLINGTON, TN 38055-6000	FAX NUMBER DSN: 882-6655 COMM: (901) 874-6655	VOICE CONTACT DSN: 882-4214 COMM: (901) 874-4214	
WEBSITE: https://admits.spawar.navy.mil/ (Be sure you put in the "s" after http)		ADMITS E-MAIL: MILL_ADMITS@navy.mil	

COMPLETE THE FOLLOWING QUESTIONS FOR EACH PERSON NEEDING ACCESS TO ADMITS.

1. NAME (FIRST & LAST):	UIC, RUC OR SARP CODE:	RANK:	LIST PROGRAM TITLE (i.e. DAPA, SACO, UPC, ADCP Counselor, CMC, CO etc.):	ROTATION DATE (PRD) MM YYYY:
STAFF ID NUMBER (First three letters of last name & last 4 of SSN):	CHECK APPLICABLE: <input type="checkbox"/> ADD <input type="checkbox"/> DEL <input type="checkbox"/> UPDATE	E-MAIL:	PHONE NUMBER:	
2. NAME (FIRST & LAST):	UIC, RUC OR SARP CODE:	RANK:	LIST PROGRAM TITLE (i.e. DAPA, SACO, UPC, ADCP Counselor, CMC, CO etc.):	ROTATION DATE (PRD) MM YYYY:
STAFF ID NUMBER (First three letters of last name & last 4 of SSN):	CHECK APPLICABLE: <input type="checkbox"/> ADD <input type="checkbox"/> DEL <input type="checkbox"/> UPDATE	E-MAIL:	PHONE NUMBER:	
3. NAME (FIRST & LAST):	UIC, RUC OR SARP CODE:	RANK:	LIST PROGRAM TITLE (i.e. DAPA, SACO, UPC, ADCP Counselor, CMC, CO etc.):	ROTATION DATE (PRD) MM YYYY:
STAFF ID NUMBER (First three letters of last name & last 4 of SSN):	CHECK APPLICABLE: <input type="checkbox"/> ADD <input type="checkbox"/> DEL <input type="checkbox"/> UPDATE	E-MAIL:	PHONE NUMBER:	
4. NAME (FIRST & LAST):	UIC, RUC OR SARP CODE:	RANK:	LIST PROGRAM TITLE (i.e. DAPA, SACO, UPC, ADCP Counselor, CMC, CO etc.):	ROTATION DATE (PRD) MM YYYY:
STAFF ID NUMBER (First three letters of last name & last 4 of SSN):	CHECK APPLICABLE: <input type="checkbox"/> ADD <input type="checkbox"/> DEL <input type="checkbox"/> UPDATE	E-MAIL:	PHONE NUMBER:	

NOTE 1. **STAFF ID** consists of the first three letters of the last name and the last four digits of the Social Security Number (e.g. ABC1234). **DO NOT LEAVE BLANK.**

NOTE 2. List each UIC/RUC you need access to in the UIC/RUC column. You do not need to list the names on each line. You can attach a list of UICs to this form if the list is too long for this form.

NOTE 3. Submit signed form via fax to COM 901-874-6655/DSN 882-6655.

Authorizing Official Signature	_____	_____
	Print Name of Commander/Commanding Officer/OIC/Director	Rank and Rate
	_____	_____
	Signature of Commander/Commanding Officer/OIC/Director	Date

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