

WLC PACKET COVER SHEET

Soldier's Rank / Name:		Unit: Company, Battalion, Brigade
Soldier's Initials	1SG's Initials	Packet Requirements
		WLC Packet Cover Sheet
		WLC School Application
		DD Form 1610 (No travel is involved. Remarks should read "No cost TDY due to location.")
		The Army School System (TASS) Unit Pre-Execution Checklist (TRADOC Form 350-18-2-R-E)
		Students require an active PLWN Account
		Request for Profile Review (Permanent profiles except for shaving, hearing or vision must be submitted)
		Physical Profile (DA Form 3349) if applicable
		Request for POV Travel Memo (Only required for FWA and FGA Soldiers if their Command has authorized the Soldier to travel back to home station by POV)
		Effective 1 April 2013 , Structured Self Development 1 (SSD-1) is a prerequisite to attend WLC. Soldiers attending WLC are required to present a copy of their SSD-1 completion certificates during in-processing.

Leadership Contact Information

First line Supervisor: _____	Platoon Sergeant: _____
Office Phone: _____	Office Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
First Sergeant: _____	BN CSM: _____
Office Phone: _____	Office Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

I have reviewed the contents of this packet. To the best of my knowledge all information is correct and true.	
Company Commander: _____	Phone: _____
Signature: _____	Date: _____

WARRIOR LEADER COURSE SCHOOL APPLICATION

PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C., SECTION 3013
 PRINCIPLE PURPOSES: THE SOCIAL SECURITY NUMBER IS NECESSARY FOR PROPER IDENTIFICATION OF THE APPLICANT
 ROUTINE USES: NONE
 DISCLOSURE: DISCLOSURE OF INFORMATION IS VOLUNTARY. However, failure to provide the social security number
 May result in an invalid application which will not be processed.

SCHOOL (Name, Location)

SFC CHRISTOPHER R. BREVARD NCO ACADEMY, JBER, ALASKA 99505

NAME (Last, First, MI)	RANK	SSN	MOS	M/F
UNIT (Co, BN, BDE)	DEROS (YYYYMMDD)	ETS (YYYYMMDD)	CLASS DATE REQUESTED	

COURSE PRE-REQUISITES

SSD 1 COMPLETE ^{1,2} Y N

ELIGIBLE FOR REENLISTMENT Y N

CURRENT PHA WITH IN THE
LAST 12 MONTHS Y N

PROFILE ² Y N REVIEW REQUEST ² Y N

THE ARMY SCHOOL SYSTEM (TASS)
UNIT PRE-EXECUTION CHECKLIST Y N

DD 1610 ² Y N

Note 1: Effective 1 April 2013, Structured Self Development 1 (SSD1) is a prerequisite to attend the Warrior Leader Course (WLC), IAW ALARACT 216/2012 – Structured Self Development (SSD) Prerequisite for NCOES. Soldiers attending WLC are required to present a copy of their SSD1 completion certificate during in-processing. Soldiers must show proof of SSD1 completion by following one of these Methods below:

- A. Soldier has a "G" code on his/her ATRRS record.
- B. Soldier has a copy of his/her DA Form 87 (Certificate of Training) or can pull it up in ALMS under their completed course records and verify the end of course certificate.
- C. Soldier can log into the Army Career Tracker to show proof of completion. Soldiers who report to WLC without proof of SSD1 completion will be given 72 hours to show proof of their SSD1 completion or will be administratively Disenrolled

Note 2: UPLOAD THIS DOCUMENT WHEN "Y" IS CHECKED.



I CERTIFY THAT ALL TRAINING REQUIRED FOR THIS COURSE IS COMPLETE AND THIS SOLDIER MEETS ALL PRE-REQUISITES.

SOLDIERS FIRST LINE SUPERVISOR	Name:
Signature:	Date:
SOLDIERS FIRST SERGEANT	Name:
Signature:	Date:
SOLDIERS COMPANY COMMANDER	Name:
Signature:	Date:
SOLDIERS BATTALION CSM OR OPERATIONS SGM	Name:
Signature:	Date:

THE ARMY SCHOOL SYSTEM (TASS)

UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD)

Please print or type.

1. NAME:

2. UNIT:

3. DOR:

4. COURSE TITLE:

5. REPORT DATE:

First line leader's initials	Soldier's initials	PART I - UNIT PRE-EXECUTION (D-90 to D-1)
		Coordination between customer unit and TASS unit to identify the Soldier by name?
		Soldier in receipt of school/course information?
		Read ahead packets/prerequisite testing complete? (If applicable.)
		All required clothing/equipment IAW school/course information packet?
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school? (As required.)
		Soldier meets standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash/traveler checks/Government Credit Card?
		Individual orders received?
		Individual has current periodic physical (within 5 years)?
		Individual meets remaining TIS requirements? _____
		School mailing address/telephone numbers received? (For family.)
		Ten (10) copies of orders?
		Transportation verified/approved (ticket picked up)?
		Current/valid identification card?
		ID tags (1 pair)?
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts?
		Notify soldier of requirement to take APFT and be weighed, as required?

Unit POC List:

CDR: B: () H: ()

1SG: B: () H: ()

FTM: B: () H: ()

Unit POC FAX: ()

Unit POC E-mail:

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA						
	CO	CL	FA	GM	MM	CO	CL	FA	GM	MM		
Minimum Aptitude Score (ASVAB) (if applicable)												
	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES) *See Part III for P/T profiles	P	U	L	H	E	S	P	U	L	H	E	S

Prerequisite phase/course attendance (if applicable):	School code	Course completed
	Date of completion	Phase completed
Military and civilian vehicle operator license(s) (if applicable):		
Military license number:	Expiration date:	
Civilian license number:	Expiration date:	State:

PART III - REQUIRED DOCUMENTS

Security clearance (if applicable, attach as required)

*Permanent profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsmen must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

All required waivers (if applicable)

Other requirements (if applicable)

OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED:

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature: _____ **Date:** _____

I have reviewed the above soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

Commanding Officer (typed name): _____ **Date:** _____

Signature: _____