Print Form

CYBERSECURITY WORKFORCE CERTIFICATION VOUCHER REQUEST
Date updated: 17 Feb 16

Send form and CompTIA preassessment test to your ATCTS manager to upload in the voucher request/preassessment area in your profile

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404-427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol.9, and E.O. 9397
PRINCIPAL PURPOSE (S): This record is used for reviewing, approving, accounting, and disbursing certification exam vouchers submitted by Department of the Army personnel.
ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.
DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in denial of voucher request.

PART 1: EMPLOYEE INFORMATION

NAME (FULL)

EE address

Office phone

Major Command and sub unit

MOS/job series

IA Category

Grade

Signature

Date/Time Field

PART 2: Type of Certification requested: CCNA/ Win7 vouchers are very limited; Individuals must be in an appointed IAT position for CCNA/Win7 vouchers.

Voucher

Voucher Category

1st voucher status

Voucher

date 1st exam pass/fail

PART 3: Supervisor approval

I certify that this individual is ready to take the commercial certification exam above. Individual has completed the following: All on-line Army e-learning minimum training per IA training and certification BBP; Scored at least 80% on the CompTIA preassessment test (CompTIA vouchers only); Will schedule the certification exam within 30 days of receipt of voucher and schedule the ISACA exam during the upcoming testing cycle; Will release their certification when complete with a passing score in the DoD DMDC system; Will send an email to usarmy.belvoir.hqda-cio-g-6.mbx.training-and-certification if additional time is needed to take the exam.

Full Name

Date/Time Field

Signature

PART 4: Organization Information Assurance Manager/ISSO/ISSM (IAMII or IAMIII/Commander/Director/ on appointment letter or assumption of command letter. Approval and signature. I certify that the applicant was counseled and determined eligible for the stated certification exam. The applicant meets prerequisites and regulatory requirements

☐ Approve ☐ Disapprove

Full Name/Grade

Phone number

EE address

Date/Time Field

Signature

Position