*Use this form if you are a civilian federal employee or are an employee from a sister Service (e.g.; US Air Force, US Navy, US Marine Corps).*

**ATRRS Course Title: Army Knowledge Management Qualification Course**

**ATRRS Course Number: 9E/920-SI/ASI1E (MC)**

**LAST Name:** [LASTName]

**First Name:** [FIRSTName] **Middle Initial:** [MiddleInitial]

**Class Requested:**

|  |  |
| --- | --- |
| **Primary Class Request** | **Alternate Class Request** |
| Class #: Select a Class | Class #: Select a Class |
| Report Date: Click here to enter a date. | Report Date: Click here to enter a date. |

**Gender:** Choose your gender.

**Pay Grade/Rank:** [PayGrade] **Occupational Series:** [Series]

**MOS/Branch:**

**Duty Position:** Click here to enter your duty position

**Security Clearance:** Choose your security clearance.

**Organization/Unit:** Click here to enter your organization/unit.

**Organizational Mailing Address:**

Click here to enter organization mailing address.

**Commercial Phone:** Format: XXX-XXX-XXXX **DSN Phone:** Format: XXX-XXX-XXXX

**Mobile Phone:** Format: XXX-XXX-XXXX

**Email address:** [Email]

**Please return this form encrypted to protect PII via enterprise email to:**

[**usarmy.jble.tradoc.mbx.hq-tradoc-cko-kmtraining@army.mil**](mailto:usarmy.jble.tradoc.mbx.hq-tradoc-cko-kmtraining@army.mil)