## PLTCE Nomination / Registration Form

Regional Center: GCMC Language:			Course:			
	Current Date:					
Privacy Act Statement AUTHORITY: 10 U.S.C. Sectio PRINCIPAL PURPOSE (s): To p ROUTINE USE(S): To make cl beginning of the Army's Com DISCLOSURE: Voluntary. How	provide a means for making ass enrollments and track s apilation of Systems of Reco	a class enrollment tudent training histo ord Notices also app	ory at the Marshall lies to this system.	Center. The "Blanket Routin		
Last Name:	First Name:			Middle Name:		
Rank (Mil): i.e. SFC, PO	Title (Civ): Grade (E-6/GS12/MAJ):		AJ):	DOB DD-MMM-YY	Gender: <b>F</b> M	
Service Org:	PMOS/NEC/Spec:					
Reservist: YES NO	Reservist (YES): IRR/IN	MA TPU	ARNG			
Unit / Organization Nam	e Company=Co; Battalion=Bn; Bi	rigade=Bde; Infantry=Inf;	Regiment=Rgmt; Troop	=Trp; Intelligence=Intel; Squadron=	=Sqdn; Group=Grp,	
Organization Name:						
Org Mailing or Street (Phy	vsical) Address:					
City:	State:		Zip Code	Country:		
Organization Phone:						
Work Email:	Personal email:					
Duty Location (City & State	US/Overseas Country):					
<b>Language Training</b> DLPT Language (Primary)	):	How Lang	Obtained:			
Last DLPT Date:	DLPT date or equivalent (if Foreign Mil):					
Reading Score:	Listening Score:	R	eading Score:	Listening Score:		
1SG / POC / Supv Name:	1SG / Supv Phone:					
CLPM / Language Manag	er:		CLPM	CLPM / LM Phone		
CLPM / LM Email:						
*Payment Method: Course	-	nts are due on or bef	ore the first day of	f class. MIPR payments mus	st be coordinated	
in advance. Other information	n available at PLICE.org.	Pay.C	Gov MI	PR EFT		
Finance POC:	Ι	Email:		Phone Number:		