



AUTHORIZATION FORM FOR PERSONNEL TO ORDER CAD/PADS

Non-Virtual Fleet Support (VFS) Activities

This Form must be Faxed - DSN 354-6699 or 301-744-6699

- YES NO - I am a United States Citizen.
 YES NO - This is a NEW Request
 YES NO - This is a Request to DELETE Authorized Personnel
 YES NO - This is a Request to UPDATE / CHANGE Orderer information

UNIT / ACTIVITY NAME: _____

LOCATION (Military Station / Ship): _____ **UIC:** _____ **Org. Code:** _____

ADDRESS (Contractors or non-Station/Ship locations):

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

SUBMITTED BY: _____ **Date:** _____

Title: _____ **Code:** _____

E-mail: _____ **DSN:** _____ **COM:** () _____

NOTES:

- *New Submission / Deletions / Updates/Changes* require submission of this form by FAX.
 - This form must be submitted to request authorization of a person to replace a previously Authorized Orderer. Who has transferred. Concurrently, a separate form must be submitted to delete the transferring individual. All individuals that transfer must submit a new form and be re-authorized by their new activity.
 - This form is to be used to update/change any information originally submitted.
- User IDs and Passwords are valid for 180 days. ALL Registered Authorized Personnel without VFS access MUST request a PASSWORD CHANGE EVERY 180 DAYS to stay registered to order CAD/PADS.
- Call: (1-877-4CADPAD / DSN 354-6155); E-mail: (18774CADPAD@ih.navy.mil); or FAX (1-301-744-6699, DSN 354-6699). A Password will be a combination of eight Alpha/Numeric characters.

Requesting the following individuals be authorized to order CAD/PADs for this Unit. These names are submitted prior to placement of an order with the understanding that each individual will be given their PASSWORD at the time of placement of their first order.

Number Of Personnel To Be Authorized: _____

Important: If individual e-mail address is unavailable, please provide an e-mail address within unit where an Order Confirmation Report can be received.

NAME	RANK	SSN#	CONTACT	E-MAIL ADDRESS
			DSN: COM: DSN FAX: COM FAX:	
			DSN: COM: DSN FAX: COM FAX:	
			DSN: COM: DSN FAX: COM FAX:	