

DoDAAC / RIC REQUEST

(Read Additional Instructions, Authority Codes, and Major Command Codes before completing form.)

To request changes to the Department of Defense Activity Address Directory (DoDAAD), complete this form by entering data in the **shaded areas** and forward to the DoDAAD Central Service Point (CSP), via the appropriate MAJCOM DoDAAC Monitor (if applicable).

Note: Section I, II and III are mandatory. Enter information in shaded areas.

SECTION I - TYPE OF REQUEST *(Check one.)*

DEPARTMENT OF DEFENSE ACTIVITY ADDRESS CODE (DoDAAC)

	A. NEW DoDAAC	<i>(If new DoDAAC, it will be assigned by CSP)</i>	
	B. DELETE	<i>(Enter DoDAAC being deleted.)</i>	
	C. UPDATE/CHANGE	<i>(Enter DoDAAC being updated/changed.)</i>	

ROUTING IDENTIFICATION CODE (RIC)

	D. NEW RIC	<i>(Enter DoDAAC to which this RIC will be associated and fill out TAC 1 Information below.)</i>		
	E. UPDATE/CHANGE/DELETE	<i>(Enter RIC being updated/deleted)</i>		<i>(Enter DoDAAC to which this RIC will be associated)</i>

1. REASON FOR THE REQUEST: *(Provide a brief description why this request is being submitted. If new DODAAC, ensure reason justifies authority code requested.)*

SECTION II - DODAAC IDENTITY INFORMATION

2. UNIT IDENTIFICATION CODE (UIC): <i>(Enter the UIC of this DoDAAC (if required))</i>	
3. ORGANIZATION TYPE CODE:	
4. AUTHORITY CODE: <i>(Enter requested Authority Code. TAC 1 is always required and TACs 2 and 3 are required in most cases. Refer to the follow for Authority Code rules: http://www.dla.mil/Portals/104/Documents/DLMS/Committees/DoDAAD/DoDAAC_Authority_Codes.pdf)</i>	
5. MAJOR COMMAND (MAJCOM) CODE: <i>(Enter MAJCOM)</i> <i>Refer to the DoDAAD Committee page for rules: http://www.dla.mil/does/DLMS-DoDAAD</i>	
6a. PROCUREMENT AUTHORITY FLAG:	
6b. GRANT AUTHORITY FLAG:	
6c. FUNDING FLAG:	
7a. CONTRACTOR:	
7b. CONTRACT ADMIN OFFICE:	
8. SUB TIER:	9. CGAC:
10. DP COMMRI:	11. BILLING COMMRI:

SECTION III - TAC 1 INFORMATION*(Owner Address)***12. LINE 1:** *(Enter first line of unit's official mailing address; normally unit/activity commander's title.)***13. LINE 2:** *(Enter second line of unit's official mailing address; normally name of the unit/activity.)***14. LINE 3:** *(Enter third line of unit's official mailing address; normally the street address or post office box of the unit/activity.)***15. LINE 4:** *(Enter fourth line information of the unit's official mailing address in the following fields.)***15a. COUNTRY (Name)****15b. STATE/APO/Province:****15c. CITY:****15d. ZIP Code:****15e. International Postal Code:****16a. POC NAME:** *(Enter POC of person primarily associated with this DoDAAC; Last, First, Middle Initial. - For Contractor DODAACs, enter POC of Government representative.)***16b. POC E-MAIL:****16c. POC PHONE NUMBER:** *(10 digit commercial/DSN)***SECTION IV - TAC 2 INFORMATION***(Shipping Address)***17. LINE 1:** *(Enter first line of the unit's official shipping address; normally the supporting Shipping Activity.)***18. LINE 2:** *(Enter second line of unit's official shipping address; normally the building number of the Shipping Activity.)***19. LINE 3:** *(Enter third line of unit's official shipping address; normally the street address or post office box of the Shipping Activity.)***20. LINE 4:** *(Enter fourth line information of the unit's official shipping address in the following fields -- normally the supporting Shipping Activity.)***20a. COUNTRY (Name)****20b. STATE/Province:****20c. CITY:****20d. ZIP Code:****20e. International Postal Code:****21a. POC NAME:** *(Enter POC of designated shipment receiver associated with this DoDAAC; Last, First, Middle Initial.)***21b. POC E-MAIL:****21c. POC PHONE NUMBER:** *(10 digit commercial/DSN)*

SECTION V - TAC 3 INFORMATION*(Billing Address)***22. LINE 1:** *(Enter first line of unit's official billing address.)***23. LINE 2:** *(Enter second line of unit's billing mailing address.)***24. LINE 3:** *(Enter third line of unit's official billing address; normally the street address or post office box of the unit/activity.)***25. LINE 4:** *(Enter fourth line information of the unit's billing address in the following fields.)***25a. COUNTRY (Name)****25b. STATE/APO/Province:****25c. CITY:****25d. ZIP Code:****25e. International Postal Code:****26. ADSN/FSN:****27a. POC NAME:** *(Enter POC of the billing person.)***27b. POC E-MAIL:****27c. POC PHONE NUMBER:** *(10 digit commercial/DSN)***SECTION VI - TRANSPORTATION INFORMATION****28. CONSOLIDATION AND CONTAINERIZATION POINT (CCP):****29. BREAK BULK POINT:** *(Enter DODAAC of supporting Shipping Activity or any subsequent BBP.)***30. AERIAL PORT OF DEBARKATION (APOD):** *(Enter the applicable APOD.)***31. WATER PORT OF DEBARKATION (WPOD):** *(Enter the applicable WPOD.)***SECTION VII - CONTRACTOR INFORMATION***(Enter the following information if DODAAC is for a Contractor.)***32. CONTRACT NUMBER:****33. CAGE CODE:****34. ORDER NUMBER:****35. ISSUING OFFICE DODAAC:****36. CONTRACT PERIOD OF PERFORMANCE END DATE (MM/DD/YYYY):****37. CONTRACT CLOSE DATE (MM/DD/YYYY):**

SECTION VIII - APPROVAL AUTHORITY INFORMATION

(The following signature blocks document the accountable officer's authority for this DoDAAC and ties the responsibility for any business processes using this DoDAAC to this accountable officer)

38. ACCOUNTABLE OFFICER: (Enter rank/grade and full name of this DoDAAC's/RIC's authority.)

39. AO SIGNATURE

40. DATE SIGNED (MM/DD/YYYY)

FOUO - Privacy sensitive when filled

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