

**INSTRUCTION AND INFORMATION SHEET FOR  
TEST FORM 06-01, eMILRECS OMPF USER ACCOUNT REQUEST FORM**

**Section 1: Action.** Check appropriate box – Create New User, Modify Existing User or Delete User. For modifications please include reason for modification; if office transfer please note previous office.

**Section 2: Agency.** Provide ALL Agency address information requested.

**Section 3: User.** Provide ALL User information requested including e-mail address.

**Are you discharged or retired from Military Service?** If you are a veteran and you are requesting access to OMPF's you will be asked to complete NA Form 13108, Military Service Data of Employees and Relatives in addition to the eMilRecs OMPF User Account Request Form.

**User Signature & Date:** The user must sign and date the form. By signing, the user accepts the Terms of Use.

**Section 4: Type of Account Requested.** If requesting record ordering check the type of record ordering account needed (Manager or Non-Manager). If record ordering is not needed, check the box for "OMPF Record Look-Up & Tracking."

**OMPF's authorized to Receive:** To obtain a record ordering account you must be authorized to receive OMPF's for the specific branch of service requested. Permission must be obtained through authorized officials at each service department. Refer to the chart on Page 2 to determine if you must seek additional authorizations to order records. If additional authorizations are needed an official request for access along with the eMilRecs OMPF User Account Request Form must be routed to the authorized official shown on Page 2.

**Section 5: Approvals.** The user must obtain their immediate supervisor's dated signature. The immediate supervisor must obtain the dated signature of the next management level. Provide position titles and phone numbers.

**Service Department Authorization when applicable:** The approval of the designated Service Department official is required if seeking record ordering access. Refer to page 2 to determine if this authorization is needed or contact [milrecs@nara.gov](mailto:milrecs@nara.gov) for assistance.

**Note about Archival Records:** An archival record is one that was transferred to the legal custody of the National Archives and Records Administration (NARA) 62 years after the subject of the record was discharged, retired, or died in service. Original Archival OMPF's will not be furnished. Off-site agencies will receive record copies if appropriate. Onsite agencies will be contacted for onsite record review.

**SUBMIT COMPLETED FORMS TO NPRC BY EITHER:**

**e-mail:** scan signed form and e-mail to: [milrecs@nara.gov](mailto:milrecs@nara.gov)

**Fax:** 314-801-0605  
Attn: CMRS Application Administrator

**Mail:** National Personnel Records Center  
Attn: CMRS Application Administrator, NRPS, Room 2076  
9700 Page Ave.  
St. Louis, MO 63132-5100

**TERMS OF USE:** eMilRecs is an online record ordering system for Official Military Personnel Files (OMPF's). Information and records accessed through the use of eMilRecs may be subject to Privacy Act restrictions. Only those designated as authorized users should access the eMilRecs system in accordance with their official duties. Information or records obtained through eMilRecs should not be shared, transferred or provided to unauthorized personnel. Unauthorized system access or improper use may subject user to disciplinary action or prosecution under applicable Federal laws. Your userid and password must be protected at all times and not shared with others. Sharing your account information with others is a violation of NARA security policy and may result in system access being revoked.

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**OMPF Authorization.** You must be **authorized** to order Official Military Personnel Files (OMPF's). Permission must be obtained through authorized officials at each service department. Refer to the chart below to determine if you must seek additional authorizations to order records and where to obtain that authorization. An official request for access along with the eMilRecs OMPF User Account Request Form should be routed to the authorized official shown below. The National Personnel Records Center (NPRC) must be notified by the authorized Service Department in order to permit record ordering of OMPF's via eMilRecs.

Record Orders for:	From	Contact the following to obtain continuing authorization	Authorization Documentation
<b>Army OMPFs</b>	New user at 9700 Page or 1 Reserve Way, St. Louis, MO	N/A – Blanket authorization	NPRC received blanket authorization from Army HRC, Alexandria, VA
	Any other new agency user	Commander, HRC-Alexandria Attn: AHRC-MSR 200 Stovall St. Alexandria, VA 22332-0444 queen.mitchell@us.army.mil	NPRC receives a listing with the names of authorized users.
<b>Air Force OMPFs</b>	Any new agency user	HQ AFPC/DPSSRP (Master Personnel Records) 550 C St., West Ste 19 Randolph AFB, TX 78150-4721 210-565-2450 or 2451 fernando.leos@randolph.af.mil	NPRC receives a listing with the names of authorized users.
<b>Coast Guard OMPFs</b>	Any new agency user	Commander, Personnel Command CGPC-ADM-3, MS 7200 United States Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 20598-7200 john.d.evans@uscg.mil	NPRC receives a listing with the names of authorized users.
<b>Navy OMPFs</b>	New user at 9700 Page or 1 Reserve Way, St. Louis, MO	N/A if your agency is included on the Authorization Letter issued by the Navy Liaison Office at 9700 Page, St. Louis, MO. <b>If not</b> , contact the Navy Liaison Office at: dena.martin@navy.mil	NPRC receives periodic updates of the Authorization Letter from Navy Liaison Office.
	Any other new agency user	Navy Liaison Office 9700 Page Ave., St. Louis, MO 63132 dena.martin@navy.mil	NPRC will receive notification of approval.
<b>Marine Corps OMPFs</b>	New user at 9700 Page or 1 Reserve Way, St. Louis, MO	N/A if your agency is included on the Authorization Letter issued by the Marine Corps Liaison Office at 9700 Page, St. Louis, MO. <b>If not</b> , contact the Marine Corps Liaison Office at: robin.dombroski@usmc.mil	NPRC receives periodic updates of the Authorization Letter from Marine Corps Liaison Office.
	Any other new agency user	Marine Corps Liaison Office 9700 Page Ave., St. Louis, MO 63132. robin.dombroski@usmc.mil	NPRC will receive notification of approval.



# eMilRecs OMPF USER ACCOUNT REQUEST FORM

## SECTION 1: ACTION

Action Requested:  Create New User  Modify/Transfer Existing User  Delete User

## SECTION 2: AGENCY

Agency Name:	
Office Name & Symbol:	
Room/Suite #:	
Street Address:	
City, State & Zip Code:	

If office transfer provide previous office name/symbol:

## SECTION 3: USER

Name:	Last	First	Middle Initial
Email Address:			
Job Title:			
Office Phone/Fax:	Commercial Phone:	Commercial Fax:	
Employment Status:	<input type="checkbox"/> Federal Employee	<input type="checkbox"/> Contractor	
If Contractor:	Employer Name:	Date Contract Expires:	
Are you discharged or retired from Military Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

User Signature & Date: \_\_\_\_\_

*By signing, you agree to the TERMS OF USE. You further agree to safeguard the information obtained through the eMilRecs system and the records sent to you in accordance with Privacy Act guidelines. Authorized access is granted for official duties. Information and records should not be shared, transferred or provided to unauthorized personnel.*

## SECTION 4: ACCOUNT (Refer to instruction sheet before completing)

<b>Type of Account Requested:</b> <input type="checkbox"/> OMPF Record Ordering – Manager (Submit queries, order/track records and view all requests created by staff)  <input type="checkbox"/> OMPF Record Ordering – Non-Manager (Submit queries, order/track records and view only requests created by user)  <input type="checkbox"/> OMPF Record Look-up & Tracking (Submit queries & record tracking)	<b>OMPF's authorized to Receive:</b> <input type="checkbox"/> Air Force OMPF <input type="checkbox"/> Army OMPF <input type="checkbox"/> Coast Guard OMPF <input type="checkbox"/> Marine Corps OMPF <input type="checkbox"/> Navy OMPF
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## SECTION 5: APPROVALS

Immediate Supervisor (Signature/Date): \_\_\_\_\_

Printed Name/Title/Office Phone: \_\_\_\_\_

2<sup>nd</sup> Level Supervisor (Signature/Date): \_\_\_\_\_

Printed Name/Title/Office Phone: \_\_\_\_\_

\*\*\*\* Service Department Authorization when applicable. -- DO NOT TYPE OR WRITE BELOW THIS LINE \*\*\*\*

Service Department Authorization (Signature/Date): \_\_\_\_\_

Printed Name/Title/Office Phone: \_\_\_\_\_

This line for NPRC Use only: