

**Logistics Service Bulletin**

**THE BILLBOARD**

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**DA Form 1687**

**Notice of Delegation of Authority – Receipt for Supplies**

1. Customer Procedures for using DA Form 1687. Unit Commanders / Contractors will designate in writing, memorandum or by DA Form 1687, the name and rank/title of those individuals authorized to be the responsible person for issuing DA Form 1687. If in memorandum format, the designation will also include the signature of that responsible individual to complete Supply and Maintenance transactions.
2. Submit completed DA Form 1687 and a copy of Assumption of Command Orders (unless GS-13 or above) to:  
**Supply transactions to LRC / Primus Supply, Building 2243, Fort Sill. POC: Primus Supply Manager 442-4613 / 442-6710**

**Maintenance transactions to LRC / Primus Production Control, Building 2258W, Fort Sill. POC: Primus Production Control Manager 442-5321 / 442-3698**

3. DA Pam 710-2-1 is the governing manual for completing DA Form 1687. Be aware that Paragraph 2-32 and Figure 2-14 do apply to the current form version dated Nov 2015.
4. Per Memorandum, Deputy Chief of Staff, G-4 (DALO-SUP), 20 Mar 2015, DA Form 1687 will require both hand written and digital signatures for the identified authorized representatives and the responsible supply officer (commander or accountable officer). Contractor personnel not issued a government Common Access Card (CAC) will be exempt from the dual signature requirement. The DA Form 1687 will be annotated with“(Contractor)” in the Authorized Representative(s) block following their name. (See Figure 1)  
Note: Figure 1 is to illustrate the signing procedure for contractors with no CAC and is not an example of a fully completed DA Form 1687.

**Figure 1: DA Form 1687 for Contractor with no CAC**

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>				DATE	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES Your Unit Name			LOCATION Fort Sill, Ok		
LAST, FIRST, MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS		
	REQ	REC			
Andrews, William B. (Contractor)			<i>William B Andrews WBA</i>		
Tell, Dana S. (Contractor)			<i>Dana S Tell DST</i>		
"Not Used"					
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER					
THE UNDERSIGNED HEREBY <input type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO:					
REMARKS					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	

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5. When operating in an expeditionary or contingency environment where digital signature capabilities are unavailable, commands will revert to manual procedures outlined in DA PAM 710-2-1 until digital capabilities become available.
6. Legible photocopies of originally prepared, dual signed, DA Form 1687 are valid for the issue and turn-in of equipment and supplies by the responsible issuing authority, once the authorized representatives' identities have been verified by comparing their current U.S. Government identification CAC card with the dual signed DA Form 1687.
7. Administrative changes to any DA Form 1687 are no longer authorized unless written permission is received by the responsible supply officer.
8. Each submitted DA Form 1687 may indicate if it is in addition to previous DA Forms 1687 or if it supersedes all previous DA Forms 1687. Caution should be used when submitting a "supersedes all" DA Form 1687 to Maintenance as it will replace all DA Forms 1687 on file with Maintenance to include Small Arms DA Forms 1687. If only one DA Form 1687 needs removing you may submit a DA Form 1687 "withdrawing from" the designated personnel the rights they once held. Normally a "supersedes all" should only be submitted by a new commander to pull all DA Forms 1687 currently on file for the unit.
9. Maintenance Example DA Forms 1687

DA Forms 1687 issued for Small Arms must contain the authority to sign a Priority Designator (Block 23 of DA Form 2407) for Priority Designator 01 to 10 work orders and specify 'Small Arms' in the remarks. (See Figure 2). In this example the Responsible Authority has given these individuals the authority to assign Priority Designator 01 to 10 as well as submit and pick up work order requests and equipment.

**FIGURE 2:**

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE
20160707					
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES Your Unit Name			LOCATION Fort Sill, Ok		
LAST, FIRST, MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS		
	REQ	REC			
Carson, John M	YES	YES	 <small>Digitally signed by John M. Carson DN: cn=John M. Carson, o=DCS, ou=DCS, email=jcarson@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>		
Douglas, Patrick A	YES	YES	 <small>Digitally signed by Patrick A. Douglas DN: cn=Patrick A. Douglas, o=DCS, ou=DCS, email=pdouglas@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>		
NOT USED					
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: Sign Priority Designator 01 to 10 / Submit and Pick up Work Order Requests and Equipment					
REMARKS Fort Sill LRC Maintenance, Small Arms Bldg 2243					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE Your Unit's UIC			DODAAC/ACCOUNT NUMBER Your Unit's DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Davis, Bradley R	CPT	(580)442-XXXX	20171031	 <small>Digitally signed by Bradley R. Davis DN: cn=Bradley R. Davis, o=DCS, ou=DCS, email=brdavis@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>	

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Figure 3 shows a DA Form 1687 that allows personnel to sign the Priority Designator (Block 23 of DA Form 2407) for priority 01to10 work orders and that this DA Form 1687 is in addition to previous DA Forms 1687 from that unit. In this example the Responsible Authority does not allow the listed personnel to submit or pick up work orders or Equipment; only to assign the Priority Designator and sign Block 23 of DA Form 2407.

**Figure 3:**

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE
20160707					
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES Your Unit Name			LOCATION Fort Sill, Ok		
LAST, FIRST, MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS		
	REQ	REC			
Adams, Michael B	YES	YES	 <small>Digitally signed by Michael B. Adams DN: cn=Michael B. Adams, o=DCS, ou=DCS, email=madams@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>		
Robertson, James F	YES	YES	 <small>Digitally signed by James F. Robertson DN: cn=James F. Robertson, o=DCS, ou=DCS, email=jrobertson@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>		
NOT USED					
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: Sign Priority Designator 01 to 10					
REMARKS Fort Sill LRC Maintenance This DA Form 1687 is in addition to previous DA Form 1687					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE Your Unit's UIC			DODAAC/ACCOUNT NUMBER Your Unit's DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Agee, Stephen M	CPT	(580)442-XXXX	20171231	 <small>Digitally signed by Stephen M. Agee DN: cn=Stephen M. Agee, o=DCS, ou=DCS, email=sagee@dcsc.com, c=US Date: 2016.07.07 13:28:42Z</small>	

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Figure 4 shows a DA Form 1687 that allows personnel to sign the Priority Designator (Block 23 of DA Form 2407) for priority 01 to 10 work orders and to submit and pick up work order requests and equipment. Moreover this DA Form 1687 supersedes all previous DA Forms 1687 from that unit.

**Figure 4:**

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>				DATE	
20160707					
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES Your Unit Name			LOCATION Fort Sill, Ok		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
Finley, David C		YES	YES	<i>David C Finley</i> <small>Digitally signed by David C Finley            DN: cn=David C Finley, o=DA, ou=DCS, ou=USDA, email=David_C_Finley@dcscs.dau.mil, c=US</small>	
Porter, Oscar M		YES	YES	<i>Oscar M. Porter</i> <small>Digitally signed by Oscar M. Porter            DN: cn=Oscar M. Porter, o=DA, ou=DCS, ou=USDA, email=Oscar_M_Porter@dcscs.dau.mil, c=US</small>	
NOT USED					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: Sign Priority Designator 01 to 10 / Submit and Pick up Work Requests and Equipment					
REMARKS Fort Sill LRC Maintenance This DA Form 1687 supersedes all previous DA Form 1687					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Your Unit's UIC			DODAAC/ACCOUNT NUMBER Your Unit's DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
Pearce, Charles D	CPT	(580)442-XXXX	20170914	<i>Charles D Pearce</i> <small>Digitally signed by Charles D Pearce            DN: cn=Charles D Pearce, o=DA, ou=DCS, ou=USDA, email=Charles_D_Pearce@dcscs.dau.mil, c=US</small>	

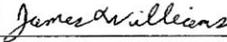
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Figure 6:

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE 20160412	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES YOUR UNIT			LOCATION FT. SILL, OK			
LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS	
			REQ	REC		
SMITH, ROBERT L.			YES	YES	 <small>Digitally signed by Robert L. Smith, 1.001231776 DN: cn=US, o=Department of Defense, ou=OSD, email=robert.l.smith@osd.mil, c=US</small>	
WILLIAMS, JAMES P.			YES	YES	 <small>Digitally signed by James P. Williams, 1.001231776 DN: cn=US, o=Department of Defense, ou=OSD, email=james.p.williams@osd.mil, c=US</small>	
NOT USED						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE						
THE AUTHORITY TO: Turn-in and pick up class 2, 3, 4, & 9 Parts at Fort Sill LRC BLDG 2243						
REMARKS						
This DA Form 1687 supersedes previous DA Forms 1687						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE UNIT's UIC			DODAAC/ACCOUNT NUMBER UNIT's DODAAC			
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
Davis, John B.	CPT	xxx-xxx-xxxx	20180412	 <small>Digitally signed by John B. Davis, 1.001231776 DN: cn=US, o=Department of Defense, ou=OSD, email=john.b.davis@osd.mil, c=US</small>		

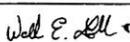
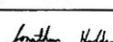
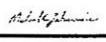
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Figure 7 and Figure 8 are examples of DA Forms 1687 for the Ammunition Supply Point. In the Remarks section it must state that: "The individuals listed above have been screened IAW AR 190-11".

Figure 7:

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE 20160330	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES ANNISTON ARMY DEPOT			LOCATION AMMUNITION SUPPLY ACTIVITY			
LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS	
			REQ	REC		
MCGRAW, KASEY D DOD ID Expiration 08 DEC 2016			YES	YES	 <small>Digitally signed by KASEY D. MCGRAW, 1.255382701 Date: 2016.03.30 06:41:39 -0500</small>	
SHAW, KRISTOPHER D DOD ID Expiration 30 MAR 2018			YES	YES	 <small>Digitally signed by SHAW, KRISTOPHER D, 1.281199031 Date: 2016.03.30 06:39:02 -0500</small>	
LEWALLEN, WALLE E DOD ID Expiration 25 JAN 2018			YES	YES	 <small>Digitally signed by LEWALLEN, WALLE E, 1.1111813058 Date: 2016.03.30 07:00:42 -0500</small>	
HOLDEN, JONATHAN L DOD ID Expiration 12 NOV 2016			YES	YES	 <small>Digitally signed by HOLDEN, JONATHAN L, 1.1282154206 Date: 2016.03.30 07:05:07 -0500</small>	
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE						
THE AUTHORITY TO: Request/receive ammunition items from the supporting ammunition supply activity.						
REMARKS						
The individuals listed above have been screened IAW AR 190-11.						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE WOLXAA			DODAAC/ACCOUNT NUMBER W812Y1			
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
ZAHURANIC, MICHAEL R	LTC	586-282-5760	20161112	 <small>Digitally signed by ZAHURANIC, MICHAEL, ROBERT, 1.00113624 Date: 2016.04.09 08:25:15 -0400</small>		

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Figure 8:

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE
20160128					
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES ANNISTON ARMY DEPOT			LOCATION AMMUNITION SUPPLY ACTIVITY		
CARD 2 OF 2					
LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
NOELL, JASON H DOD ID Expiration 19 JAN 2019			YES	YES	 <small>Digitally signed by NOELL, JASON H 1.1282358847 Date: 2016.03.30 07:12:05 -0500</small>
////////////////////NOT USED////////////////////					
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: Request/receive ammunition items from the supporting ammunition supply activity.					
REMARKS					
The individuals listed above have been screened IAW AR 190-11.					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE W0LXAA			DODAAC/ACCOUNT NUMBER W812Y1		
LAST, FIRST, MIDDLE INITIAL		GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE
ZAHURANIC, MICHAEL R		LTC	586-282-5760	20161112	 <small>Digitally signed by ZAHURANIC, MICHAEL, ROBERT 1.090145614 Date: 2016.04.05 06:26:37 -0400</small>

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/signed/  
Director of Logistics Readiness Center

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