

DATE KIT SIGNED (YYYYMMDD)		NTAG NAME		DIVISION	
NRS NAME		STATION ID		NRS FAX #	
STREET ADDRESS		CITY		STATE	ZIP
RECRUITER NAME		RECRUITER DODID#		PAYGRADE	RATE
RECRUITER PHONE		LPO / WITNESS			

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
SEX	GENDER	HT	WT	MAX WT	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
SOCIAL SECURITY NUMBER	SELECTIVE SERVICE #	BIRTHDAY (YYYYMMDD)	PARENTAL CONSENT?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

PLACE OF BIRTH

CITY	STATE	COUNTY	COUNTRY

CITIZENSHIP

US AT BIRTH	NATIVE BORN	BORN ABROAD	NATURALIZED	IMMIGRANT	COUNTRY	ALIEN REGISTRATION #

VALID DRIVER'S LICENSE

RELIGION	YES NO	STATE	NUMBER	EXPIRATION
MARITAL STATUS	DEPENDENTS	ETHNIC CATEGORY		
		<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO		

RACIAL CATEGORY

<input type="checkbox"/> AMERICAN INDIAN/ALASKAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	<input type="checkbox"/> WHITE
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CURRENT ADDRESS

STREET ADDRESS	CITY	COUNTY	STATE	COUNTRY	ZIP

HOME OF RECORD ADDRESS (IF SAME AS CURRENT PLACE "SAME AS BLOCK 3" IN STREET BLOCK)

STREET ADDRESS	CITY	COUNTY	STATE	COUNTRY	ZIP

PROCESSING INFORMATION

ACTIVE	RESERVE	DNR / DNV	ED CODE	AFQT	EST	PROCESSING DATE	TIME OF ARRIVAL	LODGING NEEDED?
<input type="checkbox"/> NIGHT TEST	<input type="checkbox"/> SAME DAY PROCESSING	<input type="checkbox"/> HS PULL REQUIRED	<input type="checkbox"/> PHYSICAL ONLY	<input type="checkbox"/> NAVET	<input type="checkbox"/> OSVET			

ASVAB INFORMATION

ASVAB REQUIRED TO ENLIST?		USE STUDENT SCORES?		TEST TYPE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INITIAL	<input type="checkbox"/> SPECIAL <input type="checkbox"/> CONFIRMATION
RETEST TYPE		PREVIOUS TEST VERSIONS		PREVIOUS TEST DATES	
<input type="checkbox"/> 1ST RETEST	<input type="checkbox"/> 6 MONTH RETEST	1.		1.	
<input type="checkbox"/> 2ND RETEST	<input type="checkbox"/> IMMED RETEST AUTHORIZED	2.		2.	
MOST RECENT TEST DATE:		LOCATION:	CITY:	STATE:	

MEPS MEDICAL EXAM REQUIRED?

☐ YES ☐ NO

TYPE OF MEDICAL EXAM

☐ FULL ☐ INSPECT ☐ SPECIAL ☐ CONSULT ☐ RE-EXAM ☐ OTHER**FOREIGN LANGUAGE** (LANGUAGE CODES STARTING ON PAGE 4-71 OF COMNAVCUITCOMINST 1130.8)☐ YES ☐ NO LANGUAGE 1: CODE: LANGUAGE 2: CODE: **DOCUMENT VERIFICATIONS**

NAME		AGE		CITIZENSHIP		SSN DOCUMENT ISSUED BY: <input type="text"/>
<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> OTHER	<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> OTHER	<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> OTHER	
SPECIFY: <input type="text"/>		SPECIFY: <input type="text"/>		SPECIFY: <input type="text"/>		
SOCIAL SECURITY NUMBER		EDUCATION		BIRTH VERIFICATION DOCUMENT ISSUED BY: <input type="text"/>		
<input type="checkbox"/> SSN CARD	<input type="checkbox"/> OTHER	<input type="checkbox"/> HS DIPLOMA	<input type="checkbox"/> OTHER			H.S. DIPLOMA/EDUCATION DOC ISSUED BY: <input type="text"/>
SPECIFY: <input type="text"/>		SPECIFY: <input type="text"/>				

NAME DIFFERENT?

NAME ON:

☐ YESBIRTH VER DOC: PREFERRED NAME: ☐ NOSSN CARD:

COLLEGE:

DOCUMENT TYPE:

DIPLOMA/TRANSCRIPTS ISSUED BY:

☐ YES☐ NO☐ TRANSCRIPTS☐ DIPLOMA**680/1966 / EDVER / OTHER INFORMATION (FILL OUT EVEN IF NO EDVER)**

HIGH SCHOOL NAME	HIGH SCHOOL ADDRESS	PHONE NUMBER	COUNTRY IF FOREIGN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHOOLS				GRADUATE	
FROM	TO	NAME OF SCHOOL	CITY, STATE	YES	NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DD-93 & OTHER DOCUMENT INFORMATION

LAST, FIRST MI	FULL ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	RELATIONSHIP	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DD-93 CHILDREN

NAME (Last, First MI)	RELATIONSHIP	BIRTHDAY	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WAIVER INFORMATION

NONE	CIVIL	DRUG	DEPENDENCY	OTHER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPLAIN BELOW

WAIVER LEVEL

☐ NAVCRUITDIST
☐ NAVCRUITREG
☐ COMNAVCUITCOM
APPLICANT CONTACT INFORMATION

PHONE NUMBER

EMAIL

PROCESSING DATA WORKSHEET

SSN:				DEP	DER
NAME:				MALE	FEMALE
RACE:	CAUCASIAN	BLACK	NATIVE AMERICAN	ASIAN	PACIFIC ISLANDER
ED LVL	LODGING:			AFQT:	
PROCESSING DATE:			TIME OF ARRIVAL:		
STATION ID:			RECRUITER:		
ASVAB INFORMATION:	INITIAL		RETEST	CONFIRMATION	
MEDICAL:	FULL EXAM		INSPECT	CONSULT	
WAIVER REQUIRED	NONE	CIVIL	DRUG	DEPENDENCY	OTHER
WAIVER LEVEL:	N/A		NAVTALACQGRU	COMNAVCRUITCOM	
OTHER INFORMATION:	NIGHT TEST		SAME DAY PROCESSING		PHYSICAL ONLY
	NAVET		OSVET		HS PULL REQUIRED
REMARKS:					

Applicant's Name	SSN	Age	AFQT	Recruiter's SSN
NRS	Station ID	Education	Date to Process	

Circle, (X) or Indicate (N/A) as appropriate NOTE: More than one entry per item may apply

DD Form 1966 <input type="checkbox"/> Page 1 <input type="checkbox"/> Page 2 <input type="checkbox"/> Page 3 <input type="checkbox"/> Page 4 <input type="checkbox"/> Page 5			Waiver Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Waiver <input type="checkbox"/> Civil <input type="checkbox"/> Drug <input type="checkbox"/> PGM <input type="checkbox"/> Other	Waiver Authority <input type="checkbox"/> NRD <input type="checkbox"/> CNRA <input type="checkbox"/> CNRC <input type="checkbox"/> BUMED	Waiver Conducted Date: _____ Waiver Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Forms and Documents Required	WCS	MEPS					
NASIS SF-86 Printed /Sign Copy							
DD Form 2807-2 (All 6 Pages)			DD Form 369's (PRC's) Sent To		Date Out	Date In	
MEPCOM 680-3A-E							
Name Verification							
Age Verification							
Citizenship Verification							
Education Verification			Other Documents			WCS	MEPS
NAVCruit FORM 1133/97 Parent/Applicant Declaration of Desertion			Classifier Input				
NAVCruit FORM 1130/120 USN Aberrant Behavior Screening			References				
OPNAV 5350/1 Drug and Alcohol Abuse Statement of Understanding			High School / College Transcripts				
Marriage Certificate			Handwritten Statements #				
Divorce/Seperation Decree			DD Form 368				
DD Form 214			(Write In)				
Financial Statement			DD- 93, FRATERNIZATION PAGE				
SIGN and Date entries below as appropriate			Recruiter Enlistment - Reenlistment Checkoff Sheet				

WCS**

Dep In Processor**

EPDS Review/Date**

Classifier**

Dep In MLPO**

Quality Control Residual

ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413
OMB Approval Expires:
20241031

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dodinformationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680-3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

PURPOSE: To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): The Routine Uses are listed in the system of records notice found at: <https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records>

DISCLOSURE: Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge.

SECTION I – APPLICANT INFORMATION

1. LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)	2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER	4.b. DoD ID NUMBER (<i>If applicable</i>)
5. (<i>X each item</i>) a. SEX (<i>at birth</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female		b. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		6.a. SERVICE PROCESSING FOR (<i>X as applicable</i>) <input type="checkbox"/> Army <input type="checkbox"/> Space Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other: _____
7. PURPOSE OF EXAMINATION (<i>X as applicable</i>) <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Other: _____		6.b. COMPONENT (<i>X as applicable</i>) <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		
8. POSITION (<i>If current Federal Employee</i>) (<i>Job Title, Grade, Component</i>)				

SECTION II - APPLICANT (OR PARENT/GUARDIAN) AUTHORIZATION STATEMENT

- I Have read and understand the warning and penalties that are associated with providing a false statement.
- I Agree that all protected health information and personally identifiable information (PHI/PII) or data disclosed by myself or others on my behalf with my consent during the accession process is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and may be further disseminated as needed.
- I Authorize release of medical records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA), United States Military Entrance Processing Command (USMEPCOM)/Department of Defense Medical Examination Review Board (DoDMERB) is authorized to receive all of my education/disciplinary records for evaluation of my suitability for Military Service.
- I Understand that a medical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), or DoDMERB contracted medical center. I may have blood work and/or other medical tests, procedures such as cerumen removal, and/or specialty consultations performed as part of my processing.
- I Understand that the results of the examination, tests, and consults are not performed as part of an individual healthcare treatment plan, but will be reviewed and considered as part of my accession application file.
- I Understand that the MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal result of a test or a consultation, I am not to assume that the result is normal. Furthermore, if any test or consultation results are abnormal, then I am responsible for obtaining those results from the MEPS/DoDMERB contracted medical center. I am also responsible for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB contracted medical center.
- I Understand that neither USMEPCOM nor DoDMERB are financially responsible for costs associated with any necessary follow-up evaluations and/or treatment based on my screening evaluation.
- I Understand that any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- I Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.
- I Authorize a MEPS/DoDMERB contracted medical center to perform my accession medical evaluation.
- I Understand that I have the right to refuse to sign this authorization, however I also understand that failure to do so will prevent my further processing.
- I Understand that this authorization will expire four years from the date of the signature below, or sooner if written request is received by the USMEPCOM/DoDMERB Privacy Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

1. APPLICANT AUTHORIZATION AND CERTIFICATION

I Certify that the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my medical and mental/behavioral health history.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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2. PARENT OR GUARDIAN AUTHORIZATION (*Signature is mandatory if applicant is a minor*)

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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3. RECRUITING REPRESENTATIVE CERTIFICATION: (*If applicable*) I certify that all applicant information above is complete and true to the best of my knowledge.

a. NAME (<i>Last, First, Middle Initial</i>)	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)		SOCIAL SECURITY NUMBER		DoD ID NUMBER (<i>If applicable</i>)	
SECTION III - MEDICAL HISTORY					
1. Medications: any prescription or over the counter medication(s) taken regularly or as needed (<i>list each and explain in SECTION IV</i>)			2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances (<i>list each and explain in SECTION IV</i>)		
Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history.					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	
YES		NO	YES		NO
EYES/VISION:			UPPER EXTREMITIES: (Continued)		
3. Double vision			60. Dislocated shoulder, elbow, or wrist		
4. Detached retina or surgery to repair a detached retina			LOWER EXTREMITIES:		
5. Keratoconus, glaucoma, cataracts or surgery for cataracts			61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions		
6. Vision correction procedure such as Lasik, PRK, or lens implant			62. Knee injury resulting in ligament/cartilage tear, instability, or locking		
7. Night blindness			63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes		
8. Any other eye condition, injury, or surgery/procedure			64. Dislocated hip, knee, ankle, or foot		
EARS/HEARING:			MISCELLANEOUS CONDITIONS OF THE EXTREMITIES:		
9. Cholesteatoma			65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling		
10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months			66. Impaired use of arms, hands, fingers, legs, feet, or toes (<i>any reason</i>)		
11. Any other ear surgery or procedure including mastoidectomy			67. Joint swelling/inflammation such as arthritis, gout, or bursitis		
12. Loss of balance or vertigo			68. Compartment syndrome, shin splints, or stress reaction/fracture		
13. Hearing loss or use of hearing aid(s)			69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graft or arthroscopy		
NOSE, SINUSES, MOUTH, AND LARYNX:			70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts		
14. Ear, nose, or throat conditions such as vocal cord dysfunction			VASCULAR:		
15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery			71. Abnormal (<i>high or low</i>) blood pressure		
16. Absence of, or disturbance of sense of smell			72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/ disease		
17. Any surgery of the face, throat, or jaw			73. Kawasaki disease		
DENTAL: (If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty)			SKIN:		
18. Braces or aligners			74. Acne that required prescription medication(s)		
19. Any tooth or gum problems			75. Skin rash such as atopic dermatitis, eczema, or psoriasis		
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM:			76. Any other skin condition such as recurrent hives, abscesses (<i>hidradenitis</i>), pilonidal cyst, or cancer (<i>melanoma</i>)		
20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc.			BLOOD AND BLOOD FORMING SYSTEM:		
21. Prescription for an inhaler, steroids, or any other medication for breathing problem			77. Anemia such as iron deficiency, sickle cell, or thalassemia		
22. Pneumonia			78. Blood clot(s), a clotting disorder, or history of taking a blood thinner		
23. Chronic cough or frequent coughing at night			79. Absence or removal of the spleen		
24. Collapsed lung or other lung condition(s)			80. Prolonged bleeding such as after an injury or dental procedure		
25. History of chest, chest wall, or breast surgery			81. Any other blood or circulation condition		
HEART:			SYSTEMIC:		
26. Heart murmur or valve problem(s)			82. Severe allergic reaction to any substance requiring emergency care		
27. Palpitations, skipped/abnormal heartbeats, or pounding heart			83. Tested positive for tuberculosis (<i>skin or blood test</i>), or lived with someone who had it		
28. Chest pain/pressure or an abnormal electrocardiogram (EKG)			84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS		
29. Heart surgery			85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV		
30. Any other heart condition			86. Rhabdomyolysis		
ABDOMEN AND GASTROINTESTINAL SYSTEM:			ENDOCRINE AND METABOLIC:		
31. Problems of the stomach, esophagus, or intestine such as ulcer(s)			87. Thyroid conditions such as goiter or hypo/hyperthyroidism		
32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis			88. Diabetes or hypoglycemia (<i>low blood sugar</i>)		
33. Gallbladder disease or gallstones			89. Any other endocrine (<i>hormone</i>) condition such as growth hormone deficiency, adrenal insufficiency, or hypo/hyperparathyroidism		
34. Hepatitis or jaundice (<i>except neonatal jaundice</i>)			NEUROLOGIC:		
35. Hernia			90. Stroke, aneurysm, or bleeding in or around the brain		
36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy			91. Frequent or severe headaches such as migraines, cluster, or tension		
37. Weight loss surgery such as gastric bypass or lap banding			92. A head injury, concussion, or skull fracture		
38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease			93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis		
39. Anorectal disease, blood from the rectum, or hemorrhoids			94. Seizures, epilepsy, or convulsions		
FEMALES ONLY:			95. Syncope or fainting spells		
40. First day of the last menstrual period (YYYYMMDD)			96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss		
41. A change in menstrual pattern (<i>other than pregnancy</i>)			SLEEP:		
42. Pregnancy			97. Sleep apnea		
43. Any abnormal PAP test			98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep		
44. Endometriosis, uterine fibroid, or ovarian cyst			LEARNING, PSYCHIATRIC, AND BEHAVIORAL:		
45. Any other gynecological disorder that required evaluation, treatment, or surgery			99. Attention Deficit or Hyperactivity disorder (<i>ADD/ADHD</i>), dyslexia, autism spectrum, or other learning disorder		
MALES ONLY:			100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol		
46. Undescended/absent testicle(s), or testicular implant			101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition		
47. Any scrotal mass, swelling, or pain			102. Eating disorder such as anorexia or bulimia		
48. Prostate problems			103. Self-inflicted injury such as cutting or burning		
URINARY SYSTEM:			104. Suicidal thoughts, gesture, or attempt		
49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney			105. Admission to a hospital for any behavioral/mental health condition		
50. Blood or protein in urine			TUMORS AND MALIGNANCIES:		
51. Painful or difficult urination			106. Any cancer, malignancy, tumor, or cyst		
52. Kidney stone			MISCELLANEOUS:		
53. Kidney or urinary tract disease, surgery, or infection			107. Cold/heat intolerance or injury such as frostbite or heatstroke		
54. Bedwetting or treatment for bedwetting in the past 12 months			SUPPLEMENTAL QUESTIONS:		
SPINE AND SACROILIAC JOINTS:			108. Prosthetic body part or joint		
55. Back or neck pain, or herniated disc			109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care		
56. Abnormal curvature of any part of the spine			110. Previous medical disqualification for Military Service		
57. Vertebral fracture or stress injury of the spine such as spondylolysis			111. Discharge from Military Service for any reason (<i>provide reason, date, and type of discharge</i>)		
58. Back or neck surgery			112. Disability award or compensation for an injury or other medical condition		
UPPER EXTREMITIES:					
59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers					

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION IV – APPLICANT COMMENTS

Explain all "YES" answers to questions above. Write the item number and provide details to include the following: description of the problem/condition, date of onset of the problem/condition, date of treatment, name of health care provider, clinic, center, hospital along with City and State. Comment on the current status of the problem/condition. Attach additional sheet(s) if necessary, and sign and date each additional sheet. Attach copies of all applicable medical records.

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION V – MEDICAL PROVIDER SUMMARY

The medical provider will review all applicant comments on "YES" answers, and all submitted supporting medical documentation. The provider will comment below on each "YES" answer. Attach additional sheets if necessary.

CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>				SOCIAL SECURITY NUMBER		DoD ID NUMBER <i>(If applicable)</i>	
SECTION VI - PRESCREEN PROCESSING DETERMINATION							
1.a. MEDICAL PROCESSING STATUS				1.b. REVIEWER INITIALS		1.c. DATE (YYYYMMDD)	
PA	PH	RJ	METR				
KEY: PA = Processing Authorized; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records							
2. AUTHORIZING MEDICAL PROVIDER							
a. NAME <i>(Last, First, Middle Initial)</i>				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	
						d. NUMBER OF ADDITIONAL SHEETS ATTACHED	
SECTION VII – INTERVIEWING MEDICAL PROVIDER COMMENTS							
3. INTERVIEWING MEDICAL PROVIDER							
a. NAME <i>(Last, First, Middle Initial)</i>				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

OMB No. 0704-0173
OMB approval expires
20241130

The public reporting burden for this collection of information, 0704-0173, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR	B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NO.
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SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER		2.A. NAME (Last, First, Middle Initial (and Maiden, if any), Jr., Sr., etc.)									
2.B. DoD ID NUMBER				2.C. PHONE NUMBER				2.D. EMAIL ADDRESS			
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)				4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)							
5. CITIZENSHIP (X one) <input type="checkbox"/> A. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/> B. U.S. NATURALIZED ALIEN REGISTRATION NUMBER (If issued) <input type="checkbox"/> C. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> D. IMMIGRANT ALIEN (Specify) <input type="checkbox"/> E. NON-IMMIGRANT FOREIGN NATIONAL (Specify)				6. SEX (X one) <input type="checkbox"/> A. MALE <input type="checkbox"/> B. FEMALE		7. A. ETHNICITY (X one) <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		7. B. RACE <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (5) WHITE			
10. DATE OF BIRTH (YYYYMMDD)				11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed Gr Completed)		13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)			
14. VALID DRIVER'S LICENSE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date)				15. PLACE OF BIRTH (City, State and Country)							

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS

A. TEST ID	B. TEST SCORES	AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE
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17. DEP ENLISTMENT DATA

A. DATE OF ENLISTMENT-DEP (YYYYMMDD)	B. PROJ ACTIVE DUTY DATE (YYYYMMDD)	C. ES	D. RECRUITER IDENTIFICATION	E. STN ID	F. PEF
G. T-E MOS/AFS	H. WAIVER (1)	(2)	(3)	(4)	(5)
(6)	I. PAY GRADE	J. SVC ANNEX CODES	K. MSO (YYWW)	L. AD OBLIGATION (YYWW)	

18. ACCESSION DATA

A. DATE OF ENLISTMENT (YYYYMMDD)	B. ACTIVE DUTY SERVICE DATE (YYYYMMDD)	C. PAY ENTRY DATE (YYYYMMDD)	D. MSO (YYWW)	E. AD/RC OBLIGATION (YYYYMMDD)
F. WAIVER (1)	(2)	(3)	(4)	(5)
(6)	G. PAY GRADE	H. DATE OF GRADE (YYYYMMDD)	I. ES	J. YRS/HIGHEST ED GR COMPLETED
K. RECRUITER IDENTIFICATION	L. STN ID	M. PEF	N. T-E MOS/AFS	O. PMOS/AFS
P. YOUTH	Q. OA			
R. STATE GUARD	S. SVC ANNEX CODES	T. REPLACES ANNEXES	U. TRANSFER TO (UIC)	

19. SERVICE REQUIRED CODES					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
51	52	53	54	55	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680 -3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

PURPOSE(S): Military recruiters use the information provided on this form to collect additional information from the individuals, schools, and employers you list to aid in determining if you meet recruitment standards. If you meet the standards and enlist, the information you provide on this form begins your Official Military Personnel File. During the recruiting process, the information you provide on this form will also be used to verify your identity.

ROUTINE USE(S): To the Selective Service System (SSS) to update the SSS registrant database; to local and state Government Agencies for compliance with laws and regulations governing control of communicable diseases. Additional routine uses are listed in the applicable system of records notices listed below.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information you might not be able to enlist. Your Social Security Number is used during the recruiting process to conduct background screening (e.g., law enforcement, medical, or educational record checks, former employer checks, work status, etc.).

Applicable system of records notices:

Accession:

U.S. Military Entrance Processing Command:

<https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records>

Army (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/>)

Navy (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-view/Article/570316/n01131-1/>; <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/>)

Marine Corps (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/>)

Air Force (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aet-c-r/>)

Coast Guard (<http://edocket.access.gpo.gov/2008/E8-29845.htm>)

Official Military Personnel Files:

Army (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>; <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/>)

Navy (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>)

Marine Corps (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>)

Air Force (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/>)

Coast Guard (<https://www.govinfo.gov/app/details/FR-2008-12-19/E8-29793>)

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable", so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2014 is written 20140601.

20. NAME (Last, First, Middle Initial)				21. SOCIAL SECURITY NUMBER	
SECTION III - OTHER PERSONAL DATA					
22. EDUCATION					
A. LIST ALL HIGH SCHOOLS AND COLLEGES ATTENDED. (List dates in YYYYMM format.)					(5) GRADUATE
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
B. HAVE YOU EVER BEEN ENROLLED IN ROTC, JUNIOR ROTC, SEA CADET PROGRAM OR CIVIL AIR PATROL?				YES	NO
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")					
A. IS ANYONE DEPENDENT UPON YOU FOR SUPPORT?					
B. IS THERE ANY COURT ORDER OR JUDGMENT IN EFFECT THAT DIRECTS YOU TO PROVIDE ALIMONY OR SUPPORT FOR CHILDREN?					
C. DO YOU HAVE AN IMMEDIATE RELATIVE (FATHER, MOTHER, BROTHER, OR SISTER) WHO: (1) IS NOW A PRISONER OF WAR OR IS MISSING IN ACTION (MIA); OR (2) DIED OR BECAME 100% PERMANENTLY DISABLED WHILE SERVING IN THE ARMED SERVICES?					
D. ARE YOU THE ONLY LIVING CHILD IN YOUR IMMEDIATE FAMILY?					
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")					
A. ARE YOU NOW OR HAVE YOU EVER BEEN IN ANY REGULAR OR RESERVE BRANCH OF THE ARMED FORCES OR IN THE ARMY NATIONAL GUARD OR AIR NATIONAL GUARD?					
B. HAVE YOU EVER BEEN REJECTED FOR ENLISTMENT, REENLISTMENT, OR INDUCTION BY ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES?					
C. ARE YOU NOW OR HAVE YOU EVER BEEN A DESERTER FROM ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES?					
D. HAVE YOU EVER BEEN EMPLOYED BY THE UNITED STATES GOVERNMENT?					
E. ARE YOU NOW DRAWING, OR DO YOU HAVE AN APPLICATION PENDING, OR APPROVAL FOR: RETIRED PAY, DISABILITY ALLOWANCE, SEVERANCE PAY, OR A PENSION FROM ANY AGENCY OF THE GOVERNMENT OF THE UNITED STATES?					
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")					
A. ARE YOU NOW OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? (THAT IS, DO YOU HAVE, OR HAVE YOU EVER HAD, A FIRM, FIXED, AND SINCERE OBJECTION TO PARTICIPATION IN WAR IN ANY FORM OR TO THE BEARING OF ARMS BECAUSE OF RELIGIOUS BELIEF OR TRAINING?)					
B. HAVE YOU EVER BEEN DISCHARGED BY ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES FOR REASONS PERTAINING TO BEING A CONSCIENTIOUS OBJECTOR?					
C. IS THERE ANYTHING WHICH WOULD PRECLUDE YOU FROM PERFORMING MILITARY DUTIES OR PARTICIPATING IN MILITARY ACTIVITIES WHENEVER NECESSARY (I.E., DO YOU HAVE ANY PERSONAL RESTRICTIONS OR RELIGIOUS PRACTICES WHICH WOULD RESTRICT YOUR AVAILABILITY)?					
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") HAVE YOU EVER TRIED, USED, SOLD, SUPPLIED, OR POSSESSED ANY NARCOTIC (TO INCLUDE HEROIN OR COCAINE), DEPRESSANT (TO INCLUDE QUAAALUDES), STIMULANT, HALLUCINOGEN (TO INCLUDE LSD OR PCP), OR CANNABIS (TO INCLUDE MARIJUANA OR HASHISH), OR ANY MIND-ALTERING SUBSTANCE (TO INCLUDE GLUE OR PAINT), OR ANABOLIC STEROID, EXCEPT AS PRESCRIBED BY A LICENSED PHYSICIAN?					

27. NAME (Last, First, Middle Initial)				28. SOCIAL SECURITY NUMBER	
SECTION IV - CERTIFICATION					
29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.) A. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.					
B. TYPED OR PRINTED NAME (Last, First, Middle Initial)		C. SIGNATURE		D. DATE SIGNED (YYYYMMDD)	
30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)					
A. NAME (X one)		B. AGE (X one)		C. CITIZENSHIP (X one)	
(1) BIRTH CERTIFICATE		(1) BIRTH CERTIFICATE		(1) BIRTH CERTIFICATE	
(2) OTHER (Explain)		(2) OTHER (Explain)		(2) OTHER (Explain)	
D. SOCIAL SECURITY NUMBER (SSN) (X one)		E. EDUCATION (X one)		F. OTHER DOCUMENTS USED	
(1) SSN CARD		(1) DIPLOMA			
(2) OTHER (Explain)		(2) OTHER (Explain)			
31. CERTIFICATION OF WITNESS A. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.					
B. TYPED OR PRINTED NAME (Last, First, Middle Initial)		C. PAY GRADE	D. RECRUITER I.D.	E. SIGNATURE	F. DATE SIGNED (YYYYMMDD)
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES A. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.)					
B. I FULLY UNDERSTAND THAT I WILL NOT BE GUARANTEED ANY SPECIFIC MILITARY SKILL OR ASSIGNMENT TO A GEOGRAPHIC AREA EXCEPT AS SHOWN IN ITEM 32.A. ABOVE AND ANNEXES ATTACHED TO MY ENLISTMENT/REENLISTMENT DOCUMENT (DD FORM 4).					C. APPLICANTS INITIALS
33. CERTIFICATION OF RECRUITER OR ACCEPTOR A. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) _____ and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.					
B. TYPED OR PRINTED NAME (Last, First, Middle Initial)		C. PAY GRADE	D. RECRUITER I.D.	E. SIGNATURE	F. DATE SIGNED (YYYYMMDD)
SECTION V - RECERTIFICATION					
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY A. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.					
B. ITEM NUMBER		C. CHANGE REQUIRED			
D. APPLICANT		E. WITNESS			
(1) SIGNATURE		(2) DATE SIGNED (YYYYMMDD)	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) RANK/ GRADE	(3) SIGNATURE

35. NAME (Last, First, Middle Initial)

36. SOCIAL SECURITY NUMBER

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

DD FORM 1966/5 ATTACHED? (X one)

☐ YES☐ NO**SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS****37. NAME CHANGE**

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

A. NAME AS SHOWN ON BIRTH CERTIFICATE

B. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

C. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

D. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED
(YYYYMMDD)

E. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) PAY GRADE

(3) SIGNATURE

35. NAME (Last, First, Middle Initial)

36. SOCIAL SECURITY NUMBER

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

DD FORM 1966/5 ATTACHED? (X one)

☐

YES

☐

NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS**37. NAME CHANGE**

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

A. NAME AS SHOWN ON BIRTH CERTIFICATE

B. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

C. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

D. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED
(YYYYMMDD)

E. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) PAY GRADE

(3) SIGNATURE

38. NAME (Last, First, Middle Initial)	39. SOCIAL SECURITY NUMBER
USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.	
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT	
40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)	
<p>A. I/we certify that (Enter name of applicant) _____</p> <p>has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service)</p> <p>_____</p> <p>I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that <u>no promises of any kind</u> have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment <u>as an inducement</u> to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.</p>	
<p>B. FOR ENLISTMENT IN A RESERVE COMPONENT.</p> <p>I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.</p>	
C. PARENT/GUARDIAN	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;">(2) SIGNATURE</div> <div style="width: 45%; padding: 5px;">(3) DATE SIGNED (YYYYMMDD)</div> </div>
D. WITNESS	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;">(2) SIGNATURE</div> <div style="width: 45%; padding: 5px;">(3) DATE SIGNED (YYYYMMDD)</div> </div>
E. PARENT/GUARDIAN	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;">(2) SIGNATURE</div> <div style="width: 45%; padding: 5px;">(3) DATE SIGNED (YYYYMMDD)</div> </div>
F. WITNESS	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;">(2) SIGNATURE</div> <div style="width: 45%; padding: 5px;">(3) DATE SIGNED (YYYYMMDD)</div> </div>
41. VERIFICATION OF SINGLE SIGNATURE CONSENT	

RECORD OF EMERGENCY DATA

OMB No. 0704-0649
Expires 02/28/2026

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 655, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity: death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity: death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity: eligible survivors; 10 U.S.C. 1478, Death gratuity: amount; 10 U.S.C. 1479, Death gratuity: delegation of determinations, payments; 10 U.S.C. 1480, Death gratuity: miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains: decedents covered, 10 U.S.C. 1482, Expenses incident to death; 10 U.S.C. 2771, Final settlement of accounts: deceased members; 38 U.S.C. 1970, Beneficiaries; payment of insurance; DoDI 1304.02, Accession Processing Data Collection Forms; and DoDI 1300.18, DoD Personnel Casualty Matters, Policies, and Procedures.

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, mission or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To federal, state, local, and foreign (within Status of Forces agreements) law enforcement agencies or their authorized representatives in connection with litigation, law enforcement, or other matters under the jurisdiction of such agencies. Additional Routine uses are listed in the following applicable system of records notices:

Army: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>; <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/>

Navy: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>

Marine Corp: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>

Air Force: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/569821/f036-af-pc-c/>

Coast Guard: <https://www.federalregister.gov/documents/2008/12/19/E8-29793/privacy-act-of-1974-united-states-coast-guard-014-military-pay-and-personnel-system-of-records>

DoD-wide: <https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records>

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)		2. DOD IDENTIFICATION NUMBER or SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE		b. REPORTING UNIT CODE/DUTY STATION	
3c. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
c. PHONE NUMBERS (Home, Mobile, Other)		d. PREFERRED LANGUAGE	e. DoD AFFILIATION
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. PARENT ONE NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)		
7a. PARENT TWO NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)		
8a. STEP PARENT ONE (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)		

CUI (when filled in)

9a. STEP PARENT TWO (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	
10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH		b. NOTIFY INSTEAD	
11a. DESIGNATED PERSON(S) (Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
12. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			
SECTION 2 - BENEFITS RELATED INFORMATION			
13a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
16. CONTINUATION/REMARKS			
17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. DATE SIGNED (YYYYMMDD)	

POLICE RECORD CHECK				1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires March 31, 2021		
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>								
SECTION I - (To be completed by Recruiting Service)								
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)			3. SEX		4. PLACE OF BIRTH			
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		A. CITY B. COUNTY C. STATE			
5. DATE OF BIRTH (YYYYMMDD)		6. A. ETHNICITY		6. B. RACE (Select one or more)			7. SOCIAL SECURITY NUMBER	
		<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN			<input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)						9. DATES RESIDED AT THIS ADDRESS		
A. NUMBER AND STREET (include apartment no.)		B. CITY		C. STATE		D. ZIPCODE		
						A. FROM (YYYYMMDD) B. TO (YYYYMMDD)		
10. PERSON MAKING THIS REQUEST								
A. NAME (Last, First, Middle Name(s))			B. RANK		C. SIGNATURE		D. TITLE	
SECTION II - (To be completed by Applicant)								
PRIVACY ACT STATEMENT								
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): The routine uses are found in the associated system of records notices listed below: DoDM 1145.02, Military Entrance Processing Station (MEPS); https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/114502m.pdf?ver=2018-07-23-121425-917 A0601-210c TRADOC, Army Recruiting Prospect System; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570073/a0601-210c-tradoc/ F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/ M01133-3, Marine Corps Recruiting Information Support System (MCRISS); http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/ N01133-2, Recruiting Enlisted Selection System; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/ DHS/USCG-027, Recruiting Files System of Records; http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p>								
11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.					SIGNATURE			
SECTION III - (To be completed by Police or Juvenile Agency)								
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>								
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
(if YES, what was the offense or charge, date, disposition and sentence?)								
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
(if YES, give details.)								
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.								
14. DATE (YYYYMMDD)		15. TITLE			16. VERIFIED BY (Signature)			
LAW ENFORCEMENT AGENCY MAIL TO:					RECRUITING AGENCY MAIL FROM:			

POLICE RECORD CHECK				1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires March 31, 2021		
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>								
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			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		A. CITY B. COUNTY C. STATE			
5. DATE OF BIRTH (YYYYMMDD)		6. A. ETHNICITY		6. B. RACE (Select one or more)			7. SOCIAL SECURITY NUMBER	
		<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN			<input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)						9. DATES RESIDED AT THIS ADDRESS		
A. NUMBER AND STREET (include apartment no.)		B. CITY		C. STATE		D. ZIPCODE		
						A. FROM (YYYYMMDD) B. TO (YYYYMMDD)		
10. PERSON MAKING THIS REQUEST								
A. NAME (Last, First, Middle Name(s))			B. RANK		C. SIGNATURE		D. TITLE	
SECTION II - (To be completed by Applicant)								
PRIVACY ACT STATEMENT								
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): The routine uses are found in the associated system of records notices listed below: DoDM 1145.02, Military Entrance Processing Station (MEPS); https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/114502m.pdf?ver=2018-07-23-121425-917 A0601-210c TRADOC, Army Recruiting Prospect System; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570073/a0601-210c-tradoc/ F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/ M01133-3, Marine Corps Recruiting Information Support System (MCRISS); http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/ N01133-2, Recruiting Enlisted Selection System; http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/ DHS/USCG-027, Recruiting Files System of Records; http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p>								
11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.					SIGNATURE			
SECTION III - (To be completed by Police or Juvenile Agency)								
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>								
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
(if YES, what was the offense or charge, date, disposition and sentence?)								
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
(if YES, give details.)								
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.								
14. DATE (YYYYMMDD)		15. TITLE			16. VERIFIED BY (Signature)			
LAW ENFORCEMENT AGENCY MAIL TO:					RECRUITING AGENCY MAIL FROM:			

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

☐ PERMANENT☐ TEMPORARY

FRATERNIZATION POLICY ACKNOWLEDGEMENT

AUTHORITY (IF PERMANENT):

COMNAVCRUITCOMINST 1131.2 Chapter 4

I hereby acknowledge the following information concerning the Navy's fraternization policy (Initial each line item):

() I understand Navy Recruiting Command's Fraternization Policy promulgated in Commander Navy Recruiting Command Instruction 5370.1F (COMNAVCRUITCOMINST 5370.1F) as reflected in the following requirements:

() I understand that I (or my family members) cannot fraternize with my Navy Recruiter or any other personnel associated with Navy Recruiting. I understand that there is a zero tolerance policy on fraternization because an unduly familiar relationship between Recruiters and me undermines the recruiting mission and may have an adverse impact on my Navy career.

() I understand that I may not form, or attempt to form, a dating or private social relationship including recruiter attendance at graduation parties, family picnics/events, etc. Mutual attendance at previously planned, command authorized DEP functions or similar recruiting environment events is not prohibited.

() I understand that I may not be in any recruiting office except for official business only.

() I understand that I may not ride in any government vehicle except for official purposes. Recruiting personnel shall not ride in my personal vehicle (POV) nor will I ride in their POV.

() I understand that I may not engage in a consensual sexual act or have any physical contact with recruiting personnel. Prohibited physical contact includes, but is not limited to, caressing, massaging, hugging, kissing, fondling, and holding hands. Authorized physical contact includes, but is not limited to, shaking hands or performing required body fat measurements on a member of the same gender.

() I understand that I may not enter into a private financial/business contract to provide any benefit, financial or otherwise, for myself or recruiting personnel.

() I understand that I may not gamble with recruiting personnel including playing any game of skill with money or other things of value at stake.

() I understand that I may not borrow/lend money from/to recruiting personnel.

() I understand that I may not provide my photograph/digital images of myself to recruiting personnel except as required for official purposes.

() I understand that I may not spend the night in the same home, apartment, or hotel room with recruiting personnel.

() I understand that I shall maintain a professional relationship and professional communications with recruiting personnel regardless of the means of communications, including government/personal cell phones, Facebook, other social media, etc.

() I acknowledge that recruiting personnel are prohibited from coercing/compelling me to participate in any activity (or other similar activity) listed above. I have the right to refuse any of the listed activities without any impact on my enlistment/commissioning in the Navy. I acknowledge that I have the responsibility to report any request to fraternize by recruiting personnel to Navy Recruiting Command (901) 874-9003. I acknowledge that all allegations of fraternization will be investigated.

TRAINING CONDUCTED AT TIME OF CONTRACT (ENLISTED) / ENLISTMENT (COLLEGIATE)

(Signature of Member/Date)

(Signature of MEPS Representative for Future Sailor)

(Signature of Division Officer or Officer Recruiter)

TRAINING CONDUCTED AT TIME OF 72 HOUR INDOCTRINATION

(Signature of Member/Date)

Parents Initial (if
17 years old)(Signature of NRS LCPO/LPO for Future Sailor) or
(Signature of Division Officer or Officer Recruiter if Officer
Applicant)

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

CONTROLLED
When filled in

UNITED STATES NAVY ABERRANT BEHAVIOR SCREENING CERTIFICATE

Type/Print Name of Applicant (Last, First, Middle):

Social Security Number

Section I - Privacy Act Statement

AUTHORITY: The authority to request this information is contained in Sections 504, 505, 510, 511, and 802 of Title 10, U.S. Code as amended..

PRINCIPLE PURPOSE: The information in this document is used to determine your present enlistment eligibility..

ROUTINE USES: The information provided by you will become a part of your SERVICE RECORD residual file. This information constitutes the minimum required to determine your present enlistment eligibility. The information provided by you on this document is FOR OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal Law and Regulations..

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The information requested is of personal and confidential nature, and you do not have to provide such information unless you voluntarily wish to enlist in the United States Navy. Failure to answer completely any of the questions or to provide the information requested may result in an inability to fairly evaluate your enlistment eligibility and may result in a subsequent denial for enlistment.

Section II - Definitions

Aberrant Behavior. Involvement with groups or organizations advocating violence or illegal activities. Participation in such activities, whether with such groups or individually.

Racially Biased Group. A group or organization, which exhibits a negative disposition and prejudicial attitudes against an entire class of persons based solely on racial differences.

Gang Related Violence. Violent activity or behavior stemming from involvement in an association with an organized group which advocates or engages in criminal activity.

Hate Crimes. Criminal behavior or activities, which illegally discriminate on the bases or race, creed, gender or national origin.

Initiation/Acceptance Activities. Behaviors or activities undertaken with the purposes of gaining membership into a group or organization, which advocates violence or illegal activities.

Electronic Communications: Content that has been published on all personal and public Internet domains, including but not limited to emails, text message, social media sites, blogs, websites, and applications.

Section III - Aberrant Behavior

Applicant Initial
YES

Applicant Initial
NO

1. Have you ever participated, either in person or via electronic communications, in an act of treason, terrorism or sedition against the United States, regardless of whether the action resulted in a citation, arrest, or conviction?

2. Have you ever associated with, either in person or via electronic communications, persons who are attempting to commit or who are committing an act of treason, terrorism, or sedition against the United States?

3. Have you ever associated with, either in person or via electronic communications, persons or organizations that advocate, threaten, or use force or violence, or use any other illegal or unconstitutional means in an effort to:

- a. Overthrow or influence the U.S. Government or any state or local government?
- b. Prevent Federal, state, or local government personnel from performing their official duties?
- c. Gain retribution for perceived wrongs caused by the Federal, state, or local government?
- d. Prevent others from exercising their rights under the Constitution or laws of the United State or of any state?

4. Have you ever, either in person or via electronic communications, ever advocated for the denial of civil rights based on the supremacy of one race, color, religion, national origin, sexual orientation, gender, gender identity or disability over another race, color, religion, national origin, sexual orientation, gender, gender identity or disability?.

5. Have you ever, either in person or via electronic communications, ever committed or conspired to commit a crime motivated by bias against race, color, religion, national origin, sexual orientation, gender, gender identity, or disability?.

6. Have you ever been cited, charged or arrested for a hate crime..

7. I certify that I have completed this certificate honestly of my own free will, without concealing any information.

Applicant Signature

Date

Section IV - Recruiter Certification

I certify that the above applicant signed this certificate of their own free will after telling me that their answers are complete and true.

Type/Print Name of Recruiter (Last, First, Middle)

Recruiter Signature

Date

PARTICIPATION IN GANGS, EXTREMIST ORGANIZATIONS OR ACTIVITIES

I _____ by my signature below, acknowledge that I have been informed and understand the Navy policy regarding participation in any criminal gang, extremist group, organization or activity.

Purpose: The purpose of this document is to ensure that every Sailor completely understand the Navy policy regarding participation in criminal gangs, extremist groups, organizations, or activities.

General Information: Any participation in criminal gangs, extremist groups, activities or organizations is inconsistent with Navy core values and equal opportunity regarding race, color, religion, sex, or national origin.

Policy: It is U.S. Navy policy to provide equal opportunity to all members of the Navy (active or reserve) regardless of race, color, religious affiliation, gender, or country of origin. This is vital in order for unit commanders to maintain high moral standards of the Navy, maintain good order and discipline, instill unit cohesion and high morale, and is essential in order to accomplish its mission.

(1) **Participation.** Navy personnel are prohibited from participating in criminal gangs, extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.

(2) **Prohibitions.** Sailors are prohibited from the following actions in support of criminal gangs, extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.

- (a) Participation in a public demonstration or rally.
- (b) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause.
- (c) Fund-raising, recruiting or training members (including encouraging other Sailors to join).
- (d) Creating, organizing, or taking a visible leadership role in such an organization or activity.
- (e) Distributing literature on or off a military installation for the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities.

Acknowledge: I have read and fully understand the Navy policy regarding participation in criminal gangs, extremist groups, organizations or activities.

Signature of Applicant and Date

Navy Representative Witness Signature and Date

DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

Privacy Act Statement

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in drug and alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 U.S.C. 301 and Executive Order No. 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in denial of your application.

I, _____ understand that: <div style="text-align: center; font-style: italic;">(Full name - first, middle, last)</div>	INITIALS
1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.	
2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.	
3. The illegal or improper use of alcohol, marijuana and other controlled substances endangers my health and the safety of other Navy men and woman.	
4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an Other Than Honorable discharge. Conviction by a court-martial of drug related offense may lead to punitive separation. This can result in a denial of education benefits, home loan assistance, and other benefits administered by the Department of Veteran of Affairs (DoVA). Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge received from the Armed Forces may have a bearing.	
5. a. (Officers Pre-Commissioning Programs) I understand the U.S. Navy's "Zero Tolerance" policy toward drug and alcohol abuse and that I will be screened by urinalysis testing for the presence of marijuana or other illegal drugs within 30 days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and processing for separation from the Navy.	
b. (Enlisted) I understand the U.S. Navy's "Zero Tolerance" policy toward drug or alcohol abuse by its members and that the Navy will take disciplinary action against those who promote or engage in drug abuse. Pertaining to my enlistment into the Navy, I further understand that:	
-- The Navy drug urinalysis test can detect the use of illegal drugs,	
-- The Navy drug urinalysis test is given to all personnel within 72 hours of arrival at the Recruit Training Command and at other follow-on times necessary.	

DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

b. (Enlisted (cont'd))

-- I also understand that :

(a) If I am a NAVET/OSVET and am found to have positive test indications of marijuana or other illegal drug use, I shall be normally processed for separation from the Navy.

(b) An entrance urinalysis test showing positive indication of any illegal drug use, including marijuana, shall normally be cause for my being processed for separation from the Navy.

-- Detection of drug abuse may disqualify me from certain occupations or programs for which I enlisted and I may either be reassigned to another program or processed for separation from the Navy at the option of the Navy.

-- My recruiter has advised me that if I am found to have positive test indications of marijuana or other illegal drug use, I shall normally be processed for separation per enclosure (7) to OPNAVINST 5350.4 (series).

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name *(last, first, middle)*

Grade/Rank *(if applicable)*

SSN

Signature

Date

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature

Date

Typed/Printed Name and Title of Witness

Signature

Date

Remarks:

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:



PERMANENT



TEMPORARY

COMPETITIVENESS OF OFFICER PROGRAMS

AUTHORITY (IF PERMANENT):

COMNAVCRUITCOMINST 1130.8J VOL II

_____: I have been informed of the availability and competitiveness of officer programs. I elect to pursue the following Navy processing option (initial only).

1. Process for enlistment without submitting an officer program application for consideration and possible selection. _____
2. Process for officer program selection without committing to enlistment should I fail to be selected for an officer. _____
3. Process for enlistment and concurrently submit an officer program application for consideration and possible selection. I fully understand the competitiveness of officer programs and agree to active duty enlistment should I not be selected for an officer program. I understand that I shall not be accessed onto active duty until a decision has been made regarding my selection or non-selection for an officer program. _____

PRIVACY ACT NOTIFICATION

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ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

OFFICER PROGRAMS REFERRAL

Requiring Directive: COMNAVCRUITCOMINST 1130.8

PRIVACY ACT NOTIFICATION

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Note: This form is to be initiated by the LCPO/LPO and completed by the OPO and returned to and retained by the EPO.

DATE REFERRED:

RECRUITER NAME:

OFFICER RECRUITER RECEIVING REFERRAL :

REFERRAL'S NAME

LAST

FIRST

MIDDLE

REFERRAL'S PERSONAL DATA

PHONE NUMBER (AREA) XXX-XXXX

DEGREE (TYPE)

GPA

OAR

DATE OF BIRTH

LOCAL ADDRESS

EMAIL ADDRESS

OFFICER INTERVIEW

INTERVIEWER'S NAME:

DATE OF INTERVIEW:

RESULTS OF REFERRAL INTERVIEW

WAS REFERRAL OFFICER PROGRAMS ELIGIBLE?

☐ YES☐ NO

WAS THE REFERRAL ACCESSED?

☐ YES☐ NO**OFFICER RECRUITER AND OR R-OPS COMMENTS**

OFFICER RECRUITER OR R-OPS SIGNATURE

DATE REFERRED:

SHIP OR STATION:

SUBJECT: Accommodation of Religious Practices	<input checked="" type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	AUTHORITY (IF PERMANENT) BUPERSINST 1730.11, COMNAVCUITCOMINST 1131.2 and 1130.8 Series	

_____: I understand that Department of the Navy policy is to accommodate religious practices whenever possible, unless doing so would have an adverse impact on mission accomplishment, including military readiness, unit cohesion, good order, discipline or health and safety.

I understand accommodation of my religious practices cannot be guaranteed at all times. I understand that determination of military necessity rests entirely with my Navy chain of command, and that I will be expected to comply with the Navy's policy, practice or duty from which I am requesting accommodation unless and until approved by the designated authority.

I do NOT desire to request a religious accommodation at this time _____
(Applicant Signature)

I DO desire to request a religious accommodation for _____
Type of Request (Applicant Signature)

Applicants requesting religious accommodation may not enlist or commission until they receive a final approval in writing. Accession commands must immediately process the request in line with BUPERSINST 1730.11 (Standards and Procedures Governing the Accommodation of Religious Practices).

(Typed or Printed Name of Witnessing Recruiting Representative)

(Signature of Witnessing Recruiting Representative)

PRIVACY ACT NOTIFICATION

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For Official Use Only When Filled In

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

SIGNATURE OF VERIFYING OFFICIAL:	DATE:	VERIFYING OFFICIAL RANK OR GRADE/TITLE	
NAME (LAST, FIRST MIDDLE):		SOCIAL SECURITY NUMBER:	BRANCH AND CLASS: USN/DEP

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.

ROUTINE USE(S): The DoD Blanket Routine Uses found at <http://dpco.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. RECRUIT/TRAINEE NAME (Last, First, Middle)	2. PAY GRADE	3. RECRUITING OFFICE/TRAINING COMMAND
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)	5. DATE SIGNED (YYYYMMDD)	6. SIGNATURE

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

(Initial)	a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
_____	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
_____	c. Consume alcohol with a recruiter/trainer on a personal social basis.
_____	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
_____	e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
_____	f. Gamble with a recruiter/trainer.
_____	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
_____	h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

DESCRIPTION OF EXCEPTION(S):

(Initial)	9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.
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10. APPROVED BY

a. NAME (Last, First, Middle Initial)	b. TITLE	c. DATE SIGNED (YYYYMMDD)	d. SIGNATURE/RANK
---------------------------------------	----------	---------------------------	-------------------

CONTROLLED
When filled in

OMB Control Number: 0703-0029
OMB Expiration Date: 10/31/2025

UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

Privacy Act Statement

AUTHORITY: 5 U.S.C. 301, Departmental Regulations, 10 U.S.C. Sections governing authority to appoint officers; 10 U.S.C. 591, 600, 716, 2107, 2122, 5579, 5600; Merchant Marine Act of 1939 (as amended); and E.O.s 9397, 10450, and 11652.

PRINCIPAL PURPOSE: To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

To the Department of Transportation in the performance of their official duties relating to the recruitment of Merchant Marine personnel, to the Veterans Administration and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register..

DISCLOSURE: Disclosure is voluntary, however, without this information, your entry into the Navy Reserve Officer-Special Duty Public Affairs (1655) program may not be accomplished. A social security number is necessary to make positive identification of the individual and to permit this service agreement to become part of the official service record.

PRIVACY ACT NOTIFICATION

The public reporting burden for this collection of information, OMB 0703-0029 is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

NAME (Last, First MI)	DATE OF REQUEST
	Yes No N/A
1. Does the applicant or candidate have any tattoos, body art, or branding?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Does the applicant or candidate have any tattoo, body art, or brand visible behind the ears or on the neck?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Has the applicant or candidate ever had any tattoo, body art, or brand removed or covered?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Any "Yes" response above requires an enlistment eligibility determination by the NAVTALACQGRU CO (May be delegated to the XO, EPO, CMC, CR, or EPDS when authorized "by direction" authority by the CO).

	Yes No N/A
4. Are any of the tattoos, body art, or brands on the face (excluding cosmetic tattoos) or scalp?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Is there one or more tattoos larger than one inch on the neck or behind the ears, visible above the collar of a properly fitted crew neck t-shirt? (Excluding cosmetic tattoos)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. If applicable, are cosmetic tattoos applied in good taste with natural color enhancement and of a conservative nature?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Are any of the tattoos, body art, or branding representative of gang membership, advocate racial, ethnic, racial discrimination, sexism (including expressions of nudity), drug related, obscene, or are prejudicial to good order, discipline, and morale, or are of a nature to bring discredit upon the Navy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Are any of the tattoos a result of a specific activity? (i.e., specifically an illegal activity or as a result of any violation of law(s)).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Any "Yes" response to items 4, 5, 7, or 8 above is disqualifying, not authorized for enlistment. Any "No" response to item 6 is disqualifying, not authorized for enlistment.

NOTE: All questionable body markings, due to content, size, number, or location, will be forwarded to NAVCRUITCOM for eligibility determination.

Applicant Signature	Date	Recruiter Signature	Date

CONTROLLED

When filled in

OMB Control Number: 0703-0029

OMB Expiration Date: 10/31/2025

UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

Describe all tattoos, brands, or body ornamentation (if applicable) on following page.

Explain tattoo, brand, and body ornamentation removal process, if applicable.

CO/XO/EPO/CMC/CR/EPDS Reviewing Comments:

Disposition:

Forwarded To Higher Authority ☐

CO/XO/EPO/CMC/CR/EPDS Signature

Typed Name and Title

Date

CONTROLLED

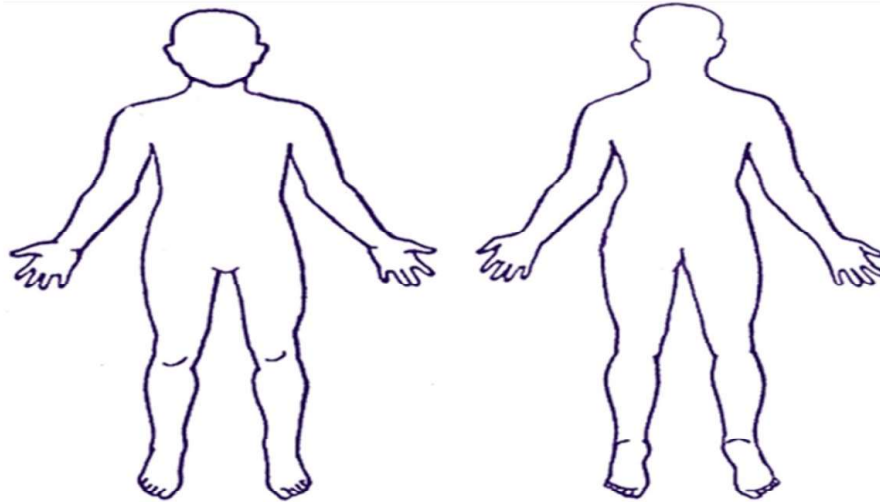
When filled in

OMB Control Number: 0703-0029

OMB Expiration Date: 10/31/2025

UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

Documentation. The following depicts the location and description of the applicant's body markings. Place number on body location and describe in corresponding blocks below indicating content and size in inches (*not required if no tattoos*):

**FRONT VIEW****BACK VIEW**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Certification. I certify the above body marking information is accurate.

(Name of Applicant)_____
(Signature of Applicant)_____
(Date)_____
(Name of Recruiting Rep)_____
(Signature of Recruiting Rep)_____
(Date)

APPLICANT'S PERSONAL STATEMENT

(This form may be typewritten or handwritten)

Requiring Directive: COMNAVCRUITCOMINST 1130.8

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.

ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications and suitability for enlistment.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into the United States Navy.

OFFENSE #1:

COMPLETE DISPOSITION:

OFFENSE #2:

COMPLETE DISPOSITION:

OFFENSE #3:

COMPLETE DISPOSITION:

Describe in your own words: Who, What, Where, When and Why (Be very specific)

I (Name)

do honestly declare that:

Honor, Courage, Commitment: I affirm that the above statement is true in all respects and the words contained herein are my own, and my statement has not been edited.

Applicant's Signature

Date

Witness' Signature

Date

HIGH SCHOOL SENIOR/GRADUATE STATUS VERIFICATION

Date _____

Requiring directive: COMNAVCRUITCOMINST 1130.8K

FROM: _____
(School Name, Address, Telephone)

TO: _____
Navy Recruiting District

SUBJ: _____
(Student Name - First, Middle, Last)

A. This section certifies High School Senior status.

Student is enrolled and attending class at this high school. YES ☐ NO ☐

Student is academically considered to be a Senior. YES ☐ NO ☐

Scheduled graduation date for current year Senior Class: _____

Total credits required for graduation: _____

Total credits earned toward graduation: _____

Percentage of required graduation credits earned to date: _____

Total credits attempting this academic year: _____

Is the student attending, or will need to attend, another program in addition or subsequent to standard daytime high school attendance in order to earn required graduation credits? (night school, summer school, community college, adult education, accelerated program, etc.) YES ☐ NO ☐

Is the student taking any classes through distance learning. (Internet (web-based), self-paced, accelerated, or home study, etc.) YES ☐ NO ☐

If yes, please list
by source, class
description, and
credit(s) attempted

Student's diploma and transcripts will be available on _____

Name of the institution the diploma will be issued by _____

This section certifies Mid-Term Graduate status or provides verification information for loss of a Previously Issued Diploma

Student has completed all graduation requirements. YES ☐ NO ☐

Senior year commencement date: _____ Total credits required for graduation: _____

Total credits earned toward graduation: _____ Scheduled or actual graduation date: _____

Date student met all graduation requirements: _____ Date diploma was issued: _____

Date official transcript was issued: _____

Are any of the graduation credits earned from sources such as distance learning. (Internet (web-based), self-paced, accelerated, or home study, etc.) YES ☐ NO ☐

If yes, please list
by source, class
description, and
credit(s) attempted

In the event the official transcript has not yet been released, the authorizing school official's signature below certifies the accuracy of the most recent transcript and report card, and ensures all final grades and total required graduation credits are included and accurate.

Authorizing School Official Title

Authorizing School Official Signature

Date

REQUEST FOR EVALUATION OF EDUCATION CREDENTIALS AND FOREIGN EDUCATION (EDVER)

PRIVACY ACT NOTIFICATION

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SECTION I: Request for Evaluation of Education Credentials and Foreign Education

(If sent out-of-District, request must be initiated by EPO and must indicate EPO telephone and fax number. If request is for pre-ship review of "M" DEPpers, original TIER-Level Evaluation must be provided along with final transcript.)

Name of Applicant: _____ SSN: _____

Date of Birth: _____ If Foreign Education, Name of Country: _____

NAVCROUTSTA: _____ Recruiter: _____ Phone: _____

FAX Number: _____ Date Scheduled for MEPS Processing: _____ AFQT: _____

Note : Recruiter must ensure that all education credentials are attached to this form and submit for ESS review. Documents must be legible and submitted at least 2 days prior to the date that the applicant is scheduled to process at MEPS.

Note for applicant requiring foreign education verification: A complete printed English translation must accompany foreign education documents in any language other than English.

SECTION II: Education Certification (For ESS Use Only)

Date Certified: _____ Case Number (optional): _____

Date on Official Transcript: _____ Years of Formal Education: _____

Certified as: (Check One) ☐ NHSDG ☐ HSG ☐ HSDG Education Code: _____

(Approval if foreign education verification) _____ (Years and Code)

Advanced Paygrade Eligibility ☐ None ☐ E2 ☐ E3

Pre-Ship Review Required: _____

Comments: _____

Location: _____ Certified by: _____

(Signature and Location)

Section III: Verification (For Commanding Officer Use for Non-Traditional Education)

Any disagreement between the Commanding Officer and the ESS must be forwarded to COMNAVCROUTCOM (N3) for resolution.

Comments: _____

Date: _____ Commanding Officer Signature _____

For Official Use Only When Filled In

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

PERSONNEL SECURITY SCREENING QUESTIONNAIRE PRE SCREENING INTERVIEW

1. The purpose of this interview is to assist in determining your acceptability for nomination and further processing for access to secret and controlled information. You will be given the same Privacy Act advisement as was provided with the Questionnaire for National Security Positions (SF86). Questions asked during the course of this interview are of a personal nature. The interview provides an opportunity for you to present additional, pertinent information to that on the SF86. The pre-nomination interview protocol has been designed as a guide for the interviewer to obtain and record this supplementary information and to determine your eligibility for Navy ratings and programs that require a security clearance.

2. The Privacy Act of 1974 requires that you be told the following:

a. Executive Orders 10450, Security Requirements for Government Employees, and 12065, National Security Information, are the authorities for soliciting the information to be requested during the interview. Executive Orders 9497, numbering Systems for Federal Accounts Relating to Individual Persons, is also applicable since you are asked to provide your Social Security Number.

b. You are advised of your rights under the Fifth Amendment to the U.S. Constitution/Article 31 of the Uniform Code of Military Justice. Disclosure of information is voluntary, you need not answer any question. You may not be compelled to incriminate yourself or respond to a question whose answer might tend to incriminate you. You may consult an attorney. You may suspend or terminate the interview at any time. However, if you refuse to be interviewed or decline to provide information in response to specific, pertinent questions, the interview will be terminated and you will not be eligible to fill a position requiring access to secret or controlled information.

c. All information developed during the course of the interview shall be maintained in personnel security channels and made available only to those authorities who have a need-to-know in connection with the processing of your nomination for duties requiring access to secret or controlled information, or as otherwise authorized by Executive Order of statute.

3. You are reminded that a knowing and willful false statement on the SF86 can be punished by fine or imprisonment, or both. The interviewer will determine your acceptability for nomination to duties requiring access to secret and controlled information.

I understand the purpose of the interview. I have been advised of my rights as stated in paragraph 2b, above:

DOB _____ Date _____

Signature of Nominee

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

INTRODUCTION

You are here today because you either enlisted with a guaranteed skills job or are being considered for one because of your qualifications. Since these jobs involve matters of national security, it is imperative that you answer the questions on this questionnaire honestly. Your answers to these questions will determine how extensive your interview will be when you are called.

PERSONAL INFORMATION

		Yes	No
1. Are you, any of your family members and/or anyone you have lived with, not a citizen of the U.S.?		<input type="radio"/>	<input type="radio"/>
2. Were any of your family members born outside the U.S.? Does not include births abroad of U.S. parents.		<input type="radio"/>	<input type="radio"/>
3. Do you have any friends, relatives or know persons who are U.S. citizens that live outside of the U.S.?		<input type="radio"/>	<input type="radio"/>
4. Do you or any family members maintain or claim dual citizenship with a country other than the U.S.?		<input type="radio"/>	<input type="radio"/>
5. Have you ever traveled outside of the U.S., including Canada or Mexico, for any purpose?		<input type="radio"/>	<input type="radio"/>
6. Do you have any friends or relatives that are involved in any criminal misdemeanor and felony activities?		<input type="radio"/>	<input type="radio"/>
7. Do you have any friends or relatives that are presently in jail, prison, parole or probation?		<input type="radio"/>	<input type="radio"/>
8. Have you ever been rejected by any branch of the armed forces for enlistment or affiliation due to any reason other than medical?		<input type="radio"/>	<input type="radio"/>
9. Have you ever been charged or punished under the UCMJ, received non-judicial punishment, been convicted by a military court, investigated by a military agency, relieved of duties or had adverse entries in your service record or on your evaluations or recruit hard card?		<input type="radio"/>	<input type="radio"/>
10. Have you ever been fired from a job?		<input type="radio"/>	<input type="radio"/>
11. Have you ever left a job under other than favorable conditions (left due to allegations of misconduct or bad performance)?		<input type="radio"/>	<input type="radio"/>
12. During high school or college, were you ever suspended, expelled, or disciplined for any reason?		<input type="radio"/>	<input type="radio"/>
13. Have you ever had any bills turned over to a collection agency?		<input type="radio"/>	<input type="radio"/>
14. Have you ever paid a bill more than 30 days late or not at all?		<input type="radio"/>	<input type="radio"/>
15. Have you ever bounced a check, overdrawn your debit card, had a credit card recalled, anything repossessed or voluntarily surrendered to a creditor?		<input type="radio"/>	<input type="radio"/>
16. Have you ever filed for bankruptcy?		<input type="radio"/>	<input type="radio"/>
17. Have you ever had debt judgments or liens filed against you?		<input type="radio"/>	<input type="radio"/>
18. Do you owe any individual or persons money, for any reason?		<input type="radio"/>	<input type="radio"/>
19. Does your monthly payment debt (i.e. credit cards, car payments, insurance, medical bills, record/health/book clubs, etc.) exceed 50 percent of your monthly income?		<input type="radio"/>	<input type="radio"/>
20. Have you ever received an Other Than Honorable discharge from any branch of the military?		<input type="radio"/>	<input type="radio"/>
21. Have you ever shoplifted or stolen anything, whether charged or not?		<input type="radio"/>	<input type="radio"/>
22. Have you ever been charged with or convicted of a felony, misdemeanor, or any offense other than traffic violations (whether the charges were dropped or not)?		<input type="radio"/>	<input type="radio"/>
23. Are there any charges pending against you now?		<input type="radio"/>	<input type="radio"/>
24. Have you ever used, bought, sold, grown, manufactured or possessed marijuana?		<input type="radio"/>	<input type="radio"/>
25. Have you ever used, possessed or experimented with any type of controlled substance, narcotic or drug, other than marijuana?		<input type="radio"/>	<input type="radio"/>
26. Have you ever taken someone else's prescription medication.		<input type="radio"/>	<input type="radio"/>
27. Have you ever been convicted of an alcohol related offense?		<input type="radio"/>	<input type="radio"/>
28. Have you ever been told to enter, or have you ever been in an alcohol or drug program?		<input type="radio"/>	<input type="radio"/>

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

PERSONAL INFORMATION (CONT)

	Yes	No
29. Have you ever been arrested, cited, fired, or reprimanded because of your use of alcohol?	<input type="radio"/>	<input type="radio"/>
30. Have you ever been seen by or consulted with a mental health professional, counselor, psychologist or psychiatrist for any reason?	<input type="radio"/>	<input type="radio"/>
31. Have you ever been hypnotized?	<input type="radio"/>	<input type="radio"/>
32. Have you ever suffered from dizziness, loss of consciousness, blackouts, been knocked out, fainted, or had any head injuries?	<input type="radio"/>	<input type="radio"/>
33. Have you ever had serious thoughts about suicide or have you attempted suicide?	<input type="radio"/>	<input type="radio"/>
34. Have you ever been treated for anxiety, depression or stress?	<input type="radio"/>	<input type="radio"/>
35. Have you ever been involved in any deviant sexual behavior?	<input type="radio"/>	<input type="radio"/>
36. Have you ever destroyed or vandalized any property or possessions of others?	<input type="radio"/>	<input type="radio"/>
37. Have you ever been charged or convicted of a firearms, weapons, or explosives offense?	<input type="radio"/>	<input type="radio"/>
38. Have you ever done anything in your lifetime someone might blackmail you with, such as engaged in extra-marital affairs, undetected theft, fraud, embezzlement, etc.?	<input type="radio"/>	<input type="radio"/>
39. Has anyone at anytime told you or suggested that you withhold or not reveal any information about yourself?	<input type="radio"/>	<input type="radio"/>
40. Is there anything that we have not asked you or that you have not told us that could possibly come up during an investigation that could cause you a problem?	<input type="radio"/>	<input type="radio"/>

ALL "YES" ANSWERS MUST BE EXPLAINED IN DETAIL IN THIS SECTION.

The answers I have provided are true, complete, and correct to the best of my knowledge and belief. I have not intentionally provided any incorrect or misleading information.

Signature

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

POLICE INVOLVEMENT

41. List every time you have been stopped detained, held, ticketed, arrested, warned or questioned by the police for any reason, whether charged or not, or told it was expunged, in chronological order.

DATE	PLACE CITY/STATE	OFFENSE	FINAL DISPOSITION/ FINED AMOUNT/ DISMISSED/TRAFFIC SCHOOL/ETC.)

The answers I have provided are true, complete, and correct to the best of my knowledge and belief. I have not intentionally provided any incorrect or misleading information.

Signature

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

FINANCIAL STATEMENT

This form is to be completed by all candidates who require an eligibility interview for an SSBI or entry into a rating/program that requires a security clearance.

Recruiter _____ Classifier _____ District _____ MEPS _____

	Yes	No
42. Have you filed federal income tax returns every year that you worked and should have filed a return?	<input type="radio"/>	<input type="radio"/>
If No, Explain <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
43. Have you filed state income tax returns every year that you worked and should have filed a return (provided the state you are from has a state tax)?	<input type="radio"/>	<input type="radio"/>
If No, Explain <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
44. Do you have overdue federal and/or state taxes from past years?	<input type="radio"/>	<input type="radio"/>

If yes, list	
--------------	--

Amount Owed	Status	Year Owed	To What Agency

45. List any amounts owed to anyone including, but not limited to, banks, credit unions, stores, schools, charge cards, utilities, landlords, personal loans, student loans, debt-consolidation loans, etc. (Do not list your savings and/or checking account or insurance payments.)			
Full Name of Financial Institute (company)	Balance on Account	Monthly Payment	Date of Most Recent Payment

The answers I have provided are true, complete, and correct to the best of my knowledge and belief. I have not intentionally provided any incorrect or misleading information.

Signature

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

FINANCIAL STATEMENT (CONT)

	Yes	No
46. Have you ever filed or declared bankruptcy?	<input type="radio"/>	<input type="radio"/>
If yes, show type, court where filed, amount involved and/or status of debts.		
<input type="text"/>		
47. Have you ever had anything repossessed or have you ever voluntarily surrendered any item?	<input type="radio"/>	<input type="radio"/>
If yes, describe item involved, date of repossession/surrender, monthly payment, balanced owed, and number of months behind when repossessed/surrendered.		
<input type="text"/>		
48. Have you ever had any debts turned over to a collection agency?	<input type="radio"/>	<input type="radio"/>
If yes, show account number, agency name, location, balance, months behind when debt assigned to collection agency, and current amount owed.		
<input type="text"/>		

I certify that the above is a true statement of my financial status.

Signature

Date

PERSONNEL SECURITY SCREENING QUESTIONNAIRE

Name _____ DOB _____ NRD: _____ Date _____

INTERVIEWER'S COMMENTS

[illegible]

<u>INTERVIEWERS PRINTED NAME</u>	<u>TITLE/POSITION:</u>	Q	NQ
Based on the applicants responses to this questionnaire and my interview, I have determined the applicant is (qualified / not qualified) for entry into the		<input type="radio"/>	<input type="radio"/>

	Rating/Program

Rating Security Manager contacted on		<p>Applicant is</p> <p><input type="radio"/> APPROVED</p> <p><input type="radio"/> DISAPPROVED</p> <p><input type="radio"/> RATING SECURITY MANAGER NOT CONTACTED</p>
--------------------------------------	--	--

Interviewers Signature , Date and Contact Phone Number

Signature	Date	Phone Number	

RETAIN A COPY OF THE PSSQ IN THE APPLICANT'S RESIDUAL FILE

PRIVACY ACT NOTIFICATION

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APPLICANT NAME:			DOB:			
UNMARRIED DEPENDENCY WAIVER CHECKLIST						
CHECK-LIST	RECRUITER	LPO	WAIVER P.O.	EPDS	CNRC N32	COMMENTS
Waiver Brief Sheet – filled out completely						
Family Care Certificate						
Child Support Order/Divorce Documents, if applicable						
Completed SF 86 in NASIS (Employment and Criminal History must match WBS). Waiver shop will review electronically.						
“Why Navy” Applicant Personal Statements (NPS only) NAVCRUIT 1133/78 (Rev 4-2017)						
DD Form 369 Police Record Check – filled out completely						
Avoid delays in processing. DO NOT send incomplete packages to CNRC. Additional documentation may be required at the discretion of the National Enlisted Programs Officer (CNRC N32).						
*Waiver requests that also require an exception to policy to remain in DEP must be routed via CNRC N32.						

*Documentation must be within 90 days of submission to NAVCRUITCOM.

CHECKLIST (10-2018)

PRIVACY ACT NOTIFICATION

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APPLICANT NAME:		DOB:				
MISCONDUCT/MAJOR MISCONDUCT WAIVER CHECKLIST						
CHECK-LIST	RECRUITER	LPO	WAIVER P.O.	EPDS	CNRC N32	COMMENTS
Region Endorsement Letter						
Waiver Brief Sheet – filled out completely						
DD Form 370 Employer Reference (minimum of three) Block 19 may be substituted by Letter Head reference. Must come from employers, school officials, mentor/pastor						
DD Form 369 Police Record Check – filled out completely. (If yes in Block 12 or 13, provide court documents).						
Arresting Officer's Report – if not available, copy of letter from agency stating why it is not available.						
Completed SF 86 in NASIS (Employment and Criminal History must match WBS). Waiver shop will review electronically.						
Legal Determinations – all Major Misconduct and charges reduced to Legal Offense						
Applicants Personal Statements on all Police Involvement and Drug Use. NAVCRUIT 1133/78 (Rev 4-2017)						
"Why Navy" Applicant Personal Statements (NPS only) NAVCRUIT 1133/78 (Rev 4-2017)						
Complete Physical , 2808, 2807-1 and most recent 680ADP						
Medical Waivers (N3M Letter) – include a copy of approved Medical Waiver, if applicable						
Avoid delays in processing. DO NOT send incomplete packages to NAVCRUITCOM. Additional documentation may be required at the discretion of the National Enlisted Programs Officer (NAVCRUITCOM N32)						
*All Major Misconduct waiver requests must be routed via the appropriate NAVCRUITREG Commander.						

*Documentation must be within 90 days of submission to NAVCRUITCOM.

CHECKLIST (10-2018)

PRIVACY ACT NOTIFICATION

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APPLICANT NAME:		DOB:				
DRUG/ALCOHOL ABUSE, DRUG OR ALCOHOL RELATED OFFENSES WAIVER CHECKLIST						
CHECK-LIST	RECRUITER	LPO	WAIVER P.O.	EPDS	CNRC N32	COMMENTS
Waiver Brief Sheet – filled out completely						
DD Form 370 Employer Reference (minimum of three) Block 19 may be substituted by letterhead reference. All other blocks must be completed. Personal references may be substituted in cases where the member has no employment history.						
DD Form 369 Police Record Check – filled out completely						
Arresting Officer's Report – if not available, copy of letter from agency stating why it is not available.						
Court Documents – Include probation Conditions, Release from Probation.						
Legal Determinations – (if applicable)						
Applicants Personal Statements on all Police Involvement and Drug Use. NAVCRUIT 1133/78 (Rev 4-2017)						
"Why Navy" Applicant Personal Statements (NPS only) NAVCRUIT 1133/78 (Rev 4-2017)						
Complete Physical – 2808, and most recent 680ADP						
Medical Waivers – include a copy of approved Medical Waiver, if applicable						
Avoid delays in processing. DO NOT send incomplete packages to CNRC. Additional documentation may be required at the discretion of the National Enlisted Programs Officer (CNRC N32) Waiver requests that also require an exception to policy to remain in DEP must be routed via COMNAVCRUITCOM N32						

*Documentation must be within 90 days of submission to NAVCRUITCOM.

CHECKLIST (10-2018)

POSITIVE DRUG AND ALCOHOL TEST (POSDAT) CHECKLIST

***Waiver requests that also require an exception to policy to remain in DEP must be routed via NAVCRUITCOM N35..**

***Documentation must be within 90 days of submission to NAVCRUITCOM.**

Applicant Name (Last, First, Middle):

SSN Last Four:

CHECKLIST	RECRUITER INITIALS	LPO INITIALS	WAIVER P. O. INITIALS	EPDS INITIALS	NAVCRUITCOM INITIALS	COMMENTS
Waiver Brief Sheet Filled out Completely						
Commanding Officer's endorsement (Cannot be delegated)						
Documentation of positive entry-level testing result (Validating Marijuana Use Only)						
MEPS documentation of applicant successfully passing second DAT (MEPS administered 91 days AFTER initial DAT date)						
SF-86 (plus include Handwritten Statement explaining circumstances surrounding the all drug use)						
DD Form 369 Police Record Check (Filled out completely and ran)						
Handwritten statement on any charges listed answering the 5 W's (who/what/when/where/why) plus a Why Navy Statement (written by applicant)						
Complete Physical MHS Genesis Report and PRIDE USMEPCOM Applicant Profile printout						
Avoid delays in processing. DO NOT send incomplete packages to NRC. Additional documentation may be required at the discretion of NAVCRUITCOM.						

**CUI//PRVCY
When Filled In**

MISCONDUCT OR MAJOR MISCONDUCT WAIVER CHECKLIST
NAVCUIT 1130/123 (Rev 06-2022)

PREVIOUS EDITIONS ARE OBSOLETE
Supportive Directive COMNAVCUITCOMINST 1130.8

PRIVACY ACT NOTIFICATION

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APPLICANT NAME:					DATE OF BIRTH:	
NTAG:		NAVCUITSTA:			RECRUITER:	
CHECK-LIST	Recruiter	LPO/LCPO	Waiver P.O.	EPDS	NAVCUITCOM N35	COMMENTS
Region Endorsement Letter						
Waiver Brief Sheet - filled out completely						
DD Form 370 Employer Reference (minimum of three) Block 19 may be substituted by Letter Head reference. Must come from employers, school officials, mentor/pastor						
DD Form 369 Police Record Check - filled out completely. (If yes in Block 12 or 13, provide court documents).						
Arresting Officer's Report - if not available, copy of letter from agency stating why it is not available.						
Completed SF 86 in NASIS (Employment and Criminal History must match WBS). Waiver shop will review electronically						
Legal Determinations - all Major Misconduct and charges reduced to Legal Offense						
Applicants Personal Statements on all Police Involvement and Drug Use. NAVCRUIT 1133/78 (Rev 4-2017)						
"Why Navy" Applicant Personal Statements (NPS only) NAVCRUIT 1133/78 (Rev 4-2017)						
Complete Physical , MHS Genesis Readiness Report						
Medical Waivers (N33 Letter) - include a copy of approved Medical Waiver, if applicable						

Avoid delays in processing. DO NOT send incomplete packages to NAVCRUITCOM. Additional documentation may be required at the discretion of NAVCRUITCOM.

*All Major Misconduct waiver request must be routed via the appropriate NAVCRUITREG Commander.
*Documentation must be within 90 days of submission to NAVCRUITCOM

**CUI//PRVCY
When Filled In**

RE-CODE SERVICE WAIVER CHECKLIST
NAVCRUIT 1130/124 (Rev 06-2022)

PREVIOUS EDITIONS ARE OBSOLETE
Supportive Directive COMNAVCRUITCOMINST 1130.8

PRIVACY ACT NOTIFICATION

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APPLICANT NAME:					DATE OF BIRTH:	
NTAG:		NAVCRUITSTA:			RECRUITER:	
CHECK-LIST	Recruiter	LPO/LCPO	Waiver P.O.	EPDS	NAVCRUITCOM N35	COMMENTS
Waiver Brief Sheet - filled out completely						
Family Care Certificate for dual military						
Child Support Order/Divorce Documents if applicable						
DD Form 214/NGB Form 22 all as applicable						
All narrative separation documents						
Completed SF 86 in NASIS (Employment and Criminal History must match WBS). Waiver shop will review electronically.						
DD Form 370 Employer Reference (minimum of three) Block 19 may be substituted by letterhead reference. Must come from employers, school officials, mentor, or pastor.						
DD Form 369 Police Record Check - filled out completely						
DD Form 368 for Drilling Reservist. Expiration date 45 days from submission to NAVCRUITCOM						
Applicants Personal Statements on all Police Involvement and Drug Use. NAVCRUIT 1133/78 (Rev 04-2017)						
Physical Readiness Test - Page 13 documenting current PRT/IFA scores						
Applicant Personal Statement "Why Out" "Why Navy" (OSVETS only) "What I have been doing" NAVCRUIT 1133/78 (Rev 04-2017)						
Complete Physical , MHS Genesis Readiness Report						
Medical Waivers (N33 Letter) - include a copy of approved Medical Waiver, if applicable						

Avoid delays in processing. DO NOT send incomplete packages to NAVCRUITCOM. Additional documentation may be required at the discretion of NAVCRUITCOM. Waiver requests that also require an exception to policy to remain in DEP must be routed via NAVCRUITCOM (N35)

*Documentation must be within 90 days of submission to NAVCRUITCOM

CONTROLLED
when filled in

WAIVER BRIEFING SHEET

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 133, 275, 503, 504, 508, 510, 672, 1071-1087, 1168, 1169, 1475-1480, 1553, 5013; and E.O. 9397 (SSN).

PRINCIPAL PURPOSES: To provide recruiters with information concerning personal history, education, professional qualifications, mental aptitude, and other individualized items which may influence the decision to select or non-select an individual for enlistment or commission in the U.S. Navy, to provide historical data for comparison of current applicants with those selected in the past, and to provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tool that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information may prevent enlistment in the U.S. Navy.

NAVTALACQGRU	NAVCRUITSTA	RECRUITER
NAME: (LAST NAME, FIRST NAME, MIDDLE NAME)		AGE

TYPE OF WAIVERS REQUIRED

ELIGIBLE FOR: <input type="checkbox"/> DEF <input type="checkbox"/> DEM	MHS GENESIS MEDICAL DATA HEIGHT: _____ WEIGHT: _____ MAX WEIGHT: _____ BODY FAT: _____ HIV OR DAT RESULTS DOCUMENTED: YES <input type="checkbox"/> NO <input type="checkbox"/> SINGLE SITE: _____
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MARITAL STATUS	NO. DEPENDENTS	EDUCATION CODE	AFQT SCORE	LEGAL DETERMINATION NO.
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EMPLOYMENT HISTORY (LAST FIVE YEARS)

FROM (YYMM)	TO (YYMM)	EMPLOYER OR COMPANY (MOST RECENT FIRST)	POSITION	REASON FOR LEAVING

PRIOR SERVICE RECORD

FROM (YYMM)	TO (YYMM)	BRANCH (ACTIVE OR RESERVE) (MOST RECENT FIRST)	RE-CODE	PAYGRADE

NAME: (LAST NAME, FIRST NAME, MIDDLE NAME)

DEP HISTORY

FROM (YYMM)	TO (YYMM)	BRANCH (MOST RECENT FIRST)	REASON FOR DEP DISCHARGE

FINANCIAL/DEBTHAS APPLICANT EVER FILED FOR BANKRUPTCY? YES ☐ NO ☐ IF YES, DATEHAS APPLICANT EVER BEEN MORE THAN 60 DAYS LATE ON ANY PAYMENT? YES ☐ NO ☐DOES APPLICANT HAVE ANY LIENS OR JUDGEMENTS PENDING? YES ☐ NO ☐

STATEMENT REGARDING DEBT (REQUIRED FOR ANY "YES" RESPONSE ABOVE):

CIVIL OR CRIMINAL OFFENSES

DATE (YYMM)	ORIGINAL CHARGE (MOST RECENT FIRST)	ADJUDICATED CHARGE	OFFENSE CODE	DISPOSITION

DRUG USE

DRUG TYPE, TIMES USED, DATE OF LAST USE	DRUG TYPE, TIMES USED, DATE OF LAST USE

NAME: (LAST NAME, FIRST NAME, MIDDLE NAME)

SUPPLEMENTAL COMMENTS AND RECOMMENDATIONS:

WAIVER CODING

WAIVER CODES FOR DD FORM 1966

WAIVER CODES FOR PRIDE

CIVIL OFFENSE CODE FOR PRIDE

The Commanding Officer is responsible for ensuring proper waiver and offense codes are documented and recorded in PRIDE and DD FORM 1966. Waiver authority is responsible for verifying the appropriate waiver and offense codes to be used when making waiver determination.

WAIVER APPROVAL AUTHORITY

NAVTALACQGRU COMMANDING OFFICER'S DETERMINATION

- ☐ APPROVED
☐ DISAPPROVED
☐ FORWARDED TO HIGHER AUTHORITY

Signature and Date

NAVCRUITREG DETERMINATION ICO MAJOR MISCONDUCT WAIVER

- ☐ APPROVED
☐ DISAPPROVED
☐ FORWARDED TO HIGHER AUTHORITY

Signature and Date

NAVCRUITCOM DETERMINATION

- ☐ APPROVED
☐ DISAPPROVED

Signature and Date

ENLISTEE FINANCIAL STATEMENT

The public reporting burden for this collection of information is estimated to average 33 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0020). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR ENLISTEE FINANCIAL STATEMENT TO THE ABOVE ADDRESS.

PRIVACY ACT STATEMENT

Authority. Title 5, USC, Section 301 establishes Departmental regulations. Title 10, USC, Section 503 provides information on enlistment, Section 504 provides information on persons not qualified for enlistment in the armed forces, Section 508 establishes reenlistment qualifications and Section 12103 establishes Reserve components qualifications. and E.O. 9397 (SSN). SORN ID# N01130-1

Purposes. To provide recruiters with information concerning personal financial status and other individualized items which may influence the decision to select or not select an individual for enlistment in the U.S. Navy. To provide historical data for comparison of financial status of current applicants with those selected in the past. To provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tools that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

Routine Uses. This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Navy. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel.

The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of system of records notices also apply to this system.

Disclosure. Voluntary. However, failure to provide the requested information may result in an inability to process you for enlistment.


I affirm that I have read, understand, and agree to the above Privacy Act Statement.

Signature of Applicant

Date

This financial statement is used only by authorized U.S. Navy personnel and shall be completed by all applicants with dependents enlisting or reenlisting in the Regular Navy/Navy Reserve, or when required by instruction.

Applicants in DEP over 90 days are required to complete an updated financial statement prior to shipping to RTC Applicants who acquire dependents while in DEP shall complete this financial statement prior to shipping to RTC. The signature of the spouse is mandatory unless the spouse resides outside the local recruiting area.

1. Applicant Name (Last, First, MI)	2. Date of Birth	3. Eligible Pay Grade	4. Date
5. Applicant's Current Employer		5a. Employed Since	5b. Net Monthly Pay
6. Spouse's Current Employer		6a. Employed Since	6b. Net Monthly Pay
7. Other Applicant's/Family Sources of Income		7a. Employed Since	7b. Net Other Income
		8. Total Family Net Income (5b+6b+7b)	

9. Estimated monthly income, prior to taxes and deductions, shall be calculated based on the current Defense Finance and Accounting Service (DFAS) Basic Pay Table found at www.dfas.mil/militarypay/militarypaytables.html.
Total estimated Navy Pay (based on gross basic pay for enlistment pay grade)

9a. Est. Gross Base Pay

10. Number of Dependents _____ AGE _____ AGE _____ AGE _____ AGE _____ AGE _____

11. Housing: Rent ☐ Own ☐ Buying ☐ Other ☐ Explain _____ 11a. Monthly Housing Cost: _____

12. Savings and Checking Assets:
a. Do You Have a Savings Account Yes ☐ No ☐ Current Balance: _____
b. Do You Have a Checking Account Yes ☐ No ☐ Current Balance: _____

13. Debt Payment History:
a. Have you ever filed for bankruptcy? Yes ☐ No ☐ If yes, explain in block 16
b. Have you ever been late on any payment more than 30 days? Yes ☐ No ☐ If yes, explain in block 16
c. Do you have any liens or judgments pending against you? Yes ☐ No ☐ If yes, explain in block 16
d. Do you have or ever had anything in collections? Yes ☐ No ☐ If yes, explain in block 16

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ENLISTEE FINANCIAL STATEMENT

14. Monthly Recurring Debt:

<u>Category</u>	<u>Category</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
Mortgage			
Automobile Loan			
Credit Card (1)			
Credit Card (2)			
Credit Card (3)			
Credit Card (4)			
Bank Loan (1)			
Bank Loan (2)			
Child Support / Alimony			
Other Credit Debt			
	Totals		14a. _____

15. Monthly Living Expenses:

<u>Expense Category</u>	<u>Monthly Expenditure</u>	<u>Remarks</u>
Food		
Clothing		
Utilities (Gas, Water, Electricity, Etc.)		
Insurance (Life , Home, Auto, Health, Etc.)		
Child Care		
Phone		
Cellular Service		
Television, Cable, Satellite, DSL, Service		
Entertainment		
Miscellaneous Fee's for Services		
Medical Care and Prescriptions		
Other Expenses (Explain in Remarks)		
Total from Block 14a		
Total Monthly Living Expenses	15a. _____	

16. Applicant's Remarks:
(if additional space is required,
continue on separate sheet of paper.)

17. Financial Stability Calculations:

Estimated Net Family Income (Add blocks 6b, 7b and 9a):

Total Living Expenses 15a:

Differential (+/-):

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ENLISTEE FINANCIAL STATEMENT

18. I certify that the information given in this statement is a true account of my financial obligations and that my dependents (line out as appropriate) Do ☐ / Do Not ☐ require any special medical attention/treatment.

Signature of Applicant

Signature of Spouse

Authenticating Recruiter (Type / Print)

Signature of Recruiter

19. Command Representative Interview.

I have determined member is handling present personal and financial affairs in a mature, competent, and responsible manner; can meet current and expected financial obligations with service pay; and I have counseled the member concerning potential problems that may be experienced at the onset of enlistment relating to financial matters and the assignment to possible dependent restricted tours.

Signature of Command Representative

Rank / Title of Position

Date

20. Interviewers Comments / Recommendations

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