



**DEPARTMENT OF THE NAVY**

CHIEF OF NAVAL EDUCATION AND TRAINING  
250 DALLAS ST  
PENSACOLA FLORIDA 32508-5220

CNETINST 1534.1G  
OTE6/082

05 FEB 2001

CNET INSTRUCTION 1534.1G

Subj: REGULATIONS AND GUIDANCE FOR THE ADMINISTRATION AND MANAGEMENT OF THE MERCHANT MARINE RESERVE, UNITED STATES NAVAL RESERVE (MMR, USNR) MIDSHIPMAN PROGRAM AT THE UNITED STATES MERCHANT MARINE ACADEMY, MARITIME ACADEMIES, COLLEGES, AND SCHOOLS

Ref: (a) 46 United States Code appendix, subchapter XIII  
(b) Memorandum of agreement between the Assistant Secretary of the Navy (Manpower and Reserve Affairs) and the Assistant Secretary for Maritime Affairs of 15 Nov 1976 (NOTAL)  
(c) 46 Code of Federal Regulations, part 310  
(d) CNETINST 5450.37B  
(e) OPNAVINST 1534.1B

Encl: (1) Merchant Marine Reserve, United States Naval Reserve (MMR, USNR) Midshipman Program Administration and Management Manual (MAM)

1. Purpose. To promulgate guidance for the administration and management of the Merchant Marine Reserve, United States Naval Reserve (MMR, USNR) Midshipman Program at maritime academies, colleges, and schools to fulfill the mission and functions as set forth in references (a) through (e).

2. Cancellation. CNETINST 1534.1F

3. Revision. Since this is a major revision, marginal notations are not annotated. This instruction should be read in its entirety.

4. Information. In compliance with references (a) and (b), Departments of Naval Science have been established at the United States Merchant Marine Academy (USMMA) and at selected maritime institutions. Primary responsibilities of these departments are to provide instruction in naval science to maritime students and to administer the MMR, USNR Midshipman Program.

a. Naval science instruction is conducted to provide training for future merchant marine officers in the operation of merchant marine vessels as a naval and military auxiliary. The naval science instruction is prescribed by the Chief of Naval Education and Training (CNET) in accordance with reference (b).

b. The MMR, USNR Midshipman Program has been implemented in compliance with and in support of the requirements of reference

05 FEB 2001

(c). Application for appointment as a midshipman is mandatory for all students attending the United States Merchant Marine Academy (USMMA). For students attending the USMMA or other maritime institutions, and receiving Student Incentive Payments (SIP), this program provides for the application and appointment as midshipmen, USNR, and a commission into the MMR, USNR upon graduation. Application for participation in the MMR, USNR Midshipman Program is mandatory for those students at maritime institutions who apply for and receive Student Incentive Payments (SIP). Other students may voluntarily apply for this program.

5. Action. The Department of Naval Science shall comply with the guidance, procedures, and requirements set forth in enclosure (1) to accomplish the mission and functions promulgated by references (d) and (e). Suggestions that enhance the efficient management of this program should be forwarded to CNET (OTE6/082).

6. Reports. Reports required by this instruction and applicable report control symbols are detailed in Chapter II and Appendix B. CNET reports are approved for 3 years from the date of this instruction.

7. Forms. Forms required by this instruction are detailed in Chapter II and Appendix A. CNET forms may be obtained from CNET (OTE6/082). All other forms may be obtained in accordance with NAVSUP P2002.



D. L. BREWER, III  
Vice CNET

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**MERCHANT MARINE RESERVE,  
UNITED STATES NAVAL RESERVE  
(MMR, USNR)**

**MIDSHIPMAN PROGRAM**

**ADMINISTRATION AND MANAGEMENT MANUAL  
(MAM)**

## INTRODUCTION

Per CNETINST 5450.37B, the mission of the Departments of Naval Science located at the maritime academies and schools is:

To provide instruction in naval science at maritime Educational institutions to students eligible for commissions in the Naval Reserve. This instruction is to enable those officers to operate effectively with the Navy in time of peace, national emergency, or war; and to perform such other functions and tasks as directed by higher authority.

This manual is promulgated to provide guidance to the Departments of Naval Science in the performance of those functions required to fulfill the assigned mission. In the interest of establishing expedient and efficient administrative procedures, users are requested to forward any suggestions which could enhance the purpose of this manual to CNET (OTE6/082).

RECORD OF CHANGES

Changes to these regulations will be promulgated with consecutive identifying change numbers. Holders will record the change below.

<u>CHANGE NUMBER</u>	<u>AUTHORITY</u>	<u>DATE ENTERED</u>	<u>BY (initials)</u>
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## CHAPTER I

### GENERAL PRINCIPLES AND ORGANIZATION

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#### 101. AUTHORIZATION

The Departments of Naval Science (DNSs) at various maritime academies, colleges, and schools were established under authority of the Merchant Marine Act of 1936, the Maritime Act of 1958, and the Maritime Education and Training Act of 1980.

#### 102. COMMAND RELATIONSHIPS

a. In conformity with the provisions of existing law, the DNS is operated through appropriate directives issued by the Department of the Navy and the Department of Defense.

b. The Chief of Naval Education and Training (CNET) prescribes courses for theoretical and practical professional naval education of maritime school students; provides direction and supervision for administration of the Merchant Marine Reserve, U.S. Naval Reserve (MMR, USNR) Midshipman Program; provides logistical support to DNSs; and authorizes such expenditures from proper Navy appropriations as necessary for the efficient maintenance of the DNSs.

c. CNET is the administrative agent for maritime naval science programs and exercises military command of all DNS.

#### 103. MISSION AND GOALS

a. Mission. To provide instruction in naval science at maritime educational institutions to students eligible for commissions in the Naval Reserve. This instruction is to enable such newly commissioned officers to operate effectively as members of the MMR, USNR, or as key personnel in the maritime industry in time of peace, national emergency, or war.

b. Goals. The primary objectives of the DNS are to provide students at the various maritime institutions with:

(1) a basic understanding of the applicable concepts and principles of naval science presented in reference (d);

(2) a basic understanding of the relationship and interaction between the Merchant Marine and the Navy and projected employment of the Merchant Marine as a vital part of the defense structure in time of national emergency;

(3) the opportunity and encouragement to participate in the MMR, USNR Midshipman Program as a candidate for active or inactive appointments as an officer in the USNR;

(4) an appreciation of the Navy's role in national security;

(5) a sense of personal integrity, honor, and individual responsibility; and

(6) information on the MMR, USNR program and any other Navy programs for which a student is eligible to apply.

#### 104. ORGANIZATION OF THE DEPARTMENT OF NAVAL SCIENCE

a. The MMR, USNR program is administered by the Departments of Naval Science at the U.S. Merchant Marine Academy, California Maritime Academy, Great Lakes Maritime Academy, Massachusetts Maritime Academy and Texas Maritime Academy. These units are officially designated as "Department of Naval Science, (name of institution)". Units at the State University of New York Maritime College and Maine Maritime Academy are officially Naval Reserve Officers Training Corps (NROTC) units and are assigned the additional duty of providing naval science instruction for maritime students and handling the administration of the MMR, USNR Midshipman Program.

b. All instruction will be conducted/supervised by the Officer in Charge of the Department of Naval Science/Commanding Officer of the NROTC unit.

c. Due to the unique nature of certain functions assigned at the maritime institutions, direct liaison is authorized for routine administrative matters between the DNS and cognizant staff members of Navy Recruiting Command (NAVCRUITCOM), Commander, Naval Reserve Force (COMNAVRESFOR), Chief, Bureau of Medicine and Surgery (BUMED), Chief of Naval Personnel (CHNAVPERS), and the Maritime Administration. In appropriate cases, CNET shall be kept informed of such communications.

#### 105. DIRECT COMMISSIONING PROGRAM

Students of the maritime academies not participating in the MMR, USNR Midshipman Program may also be eligible for direct commissions in the USNR upon graduation. For one year after a student graduates and is licensed, the DNS shall process the applications of these individuals. After one year, NAVCRUITCOM shall process the applications. DNSs are requested to encourage any former students who indicate an interest in a Navy commission

to contact the nearest Navy Recruiting Office for application and processing. To promote the Navy and expedite the processing of direct commissioning, the DNSs are authorized to assist the NAVCRUITCOM in processing these applications. They may process the application in accordance with CRUITCOMMAN chapter 9, provided this assistance does not interfere with accomplishing the mission-related functions of the DNS.

#### 106. DEFINITIONS

For reference purposes, the following definitions of abbreviations and terms used in this manual are offered. This list is not designed to be all inclusive.

- a. MMR - Merchant Marine Reserve
- b. USNR - United States Naval Reserve
- c. MMR, USNR Program - An interrelated program to provide management and training for integrated operations between the Merchant and Navy Fleet for Merchant Marine officers who are also members of the USNR.
- d. MMR, USNR Midshipman Program - Education and Training Program conducted by the DNSs to meet qualifications for commissioned service. Application for this program is compulsory for those merchant marine students accepting MARAD student incentive payments and U.S. citizen students attending the USMMA.
- e. FOIA - Freedom of Information Act
- f. PA - Privacy Act
- g. MARAD - Maritime Administration
- h. USMMA - The United States Merchant Marine Academy located at Kings Point, New York.
- i. Midshipman - A student at USMMA who holds an appointment as a midshipman in the USNR, including the MMR, USNR or a student at a state maritime academy who is participating in the MMR, USNR Midshipman Program and has been officially appointed Midshipman and concurrently enlisted in the USNR.
- j. DNS - Department of Naval Science located at maritime institutions
- k. SIP - Student Incentive Payment offered by MARAD to students who make application and meet various requirements including participation in the MMR, USNR Midshipman Program
- l. NACLIC - National Agency Check with Local Agency and Credit Checks

- m. MSSA - Military Selective Service Act
- n. SNDL - Standard Navy Distribution List
- o. NROTC - Naval Reserve Officers Training Corps
- p. Academy - Any maritime institution participating in the MMR, USNR Midshipman Program
- q. DOT - Department of Transportation
- r. CFR - Code of Federal Regulations
- s. DON CAF - Department of the Navy Central Adjudication Facility
- t. Institution - Any maritime academy, college, or school participating in the MMR, USNR Program
- u. Midshipman Record/File - Combined Midshipman Student/Enlisted Service Record
- v. DODMERB - Department of Defense Medical Evaluation Review Board
- w. OPMIS - Officer Programs Management Information System

107. MARITIME INSTITUTIONS WHERE DEPARTMENTS OF NAVAL SCIENCE ARE ESTABLISHED

State University of New York  
Maritime College\*  
Fort Schuyler  
Bronx, NY 10465-4198

Texas Maritime College  
Texas A&M University at  
Galveston, PO Box 1675  
Galveston, TX 77553-1675

California Maritime Academy  
PO Box 1392  
Vallejo, CA 94590-0644

United States Merchant  
Marine Academy  
108 Foruseth Hall  
Kings Point, NY 11024-1699

Maine Maritime Academy\*  
PO Box 137  
Castine, ME 04421-0137

Great Lakes Maritime Academy  
Northwestern Michigan College  
1701 East Front St.

Massachusetts Maritime Academy  
101 Academy Dr.  
Buzzards Bay, MA 02532-3132

Traverse City, MI 49686-3061

\*Maine Maritime Academy and the State University of New York Maritime College have official established NROTC units.

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201. STANDARD ADMINISTRATIVE PROCEDURES

a. Terms

(1) All abbreviated references to academies and/or naval activities will be in accordance with the SNDL, Catalog of Naval Shore Activities.

(2) References in this manual to the commanding officer (CO) and officer in charge (OIC) are considered synonymous.

(3) All references to CNET, unless otherwise indicated, refer to CNET (OTE1).

(4) The term "midshipman" is used to refer generically to any student in the MMR, USNR Midshipman Program without regard to gender.

b. Documents/Forms

(1) Any document pertaining to a midshipman forwarded to CNET or other offices must include the midshipman's name, social security number (SSN), and the academy to which the midshipman is attached.

(2) When forwarding documents to NAVCRUITCOM which are smaller than the normal letter size (8-1/2 x 11), such as birth certificates and transcripts, attach the document to a standard size sheet of paper.

(3) When using multicopy forms and continuation sheets are necessary, ensure that copies of the continuation sheet are attached to each copy of the form.

(4) When punching holes in documents, ensure that no information is altered or removed.

## 202. REPORTS/OPMIS

a. Annual Report (CNET 1534-1). The OICs of DNSs, including those maritime institutions having NROTC units, shall submit an annual letter report to CNET due 31 October of each year for the period ending 30 September. Copies shall be provided to the host maritime institution and to MARAD (MAR 250). The reports should contain the information in the format provided on page B-1 of Appendix B. Zeros should be used to indicate there are no students enrolled in a particular category.

b. Semiannual Commissioning Report (CNET 1534-2). Units shall submit a report to CNET (OTE1), with a copy to MARAD (MAR 250), on 1 January and 1 July listing all students commissioned during the previous 6 months. The report shall follow the format on page B-3.

c. Semiannual Roster of MMR-USNR Midshipmen (CNET 1534-3). On 1 October and 1 April each year, units shall forward to CNET (OTE1) a roster of all midshipmen participating as members of the MMR, USNR. The report shall follow the format on page B-4.

### d. Officer Programs Management Information System (OPMIS)

(1) Personnel Accounting System. A master file is maintained at CNET Headquarters. For DNSs (with the capability) only the Staff Data Report (WGF 38RO3) will be maintained. Units will be given the capability to delete names and SSNs of staff members no longer attached to the unit. The DNS is responsible for all data entry and ensuring that information is maintained in a current status at all times.

(2) Automated Operating Target (OPTAR) Record. Units will maintain the Automated OPTAR Record.

### e. Special Incident Reporting (OPREP-3) Procedures

(1) OPNAVINST 3100.6G promulgates the procedures for worldwide reporting of events and special incidents which may attract national and/or high U.S. interest. The instruction also specifies that OPREP-3 reports will be submitted by the lowest level command which has knowledge of the event and access to a communication network capable of relaying the report to a communication system serving the National Military Command Center (NMCC). For MMR, USNR purposes, that is the Naval Command Center (NCC). See paragraph 3b below for specifics.

(2) Among the many reports promulgated by OPNAVINST 3100.6G, only the OPREP-3 Pinnacle Report and the OPREP-3 Navy Blue Report are potentially applicable to DNSs. These two reports require that in almost all cases the initial report will

be a voice report which must be made within 5 minutes of knowledge of an incident, and that there must be at least one message report for each incident within 20 minutes of knowledge of an incident to notify other recipients and to serve as a record copy of the incident.

(3) In the event a decision is made to initiate an OPREP-3 Pinnacle or Navy Blue Report, the DNS will begin the following procedures:

(a) The initial voice report will be made by the OIC, or his/her designated representative, to CNET NROTC Midshipman Administrator or CNET Duty Officer. Utilize the information provided in Exhibits A and B (shown on next two pages) as a format for the report. Phone numbers for reports are:

CNET NROTC Midshipman Administrator  
(normal working hours)

DSN 922-4909/4962/2823  
Commercial (850) 452-4909/4962/2823

CNET Duty Officer (off duty hours)

DSN 922-4000/1  
Commercial (850) 452-4000/1

(b) At the direction of CNET, the OIC, or his/her designated representative will call the Naval Command Center (NCC) at the following numbers:

DSN - Primary 225-0231  
DSN - Secondary 223-2006  
Commercial (703) 695-0231 or (703) 693-2006

(4) The CNET NROTC Midshipman Administrator or CNET Duty Officer will transmit the following message report as outlined in Exhibits A and B.

(5) Telephone inputs of special incidents will be made to CNET (NROTC Midshipman Administrator) during official working hours (0800-1630 Central Time), and to the CNET Duty Officer after working hours and during weekends and holidays. Do not delay making the telephone reports to CNET or the NCC while waiting to gain additional information. Provide as much information as possible and follow up to complete additional details as appropriate.

EXHIBIT A

OPREP-3 MESSAGE FORMAT

FROM: CNET PENSACOLA FL//00//  
 TO: CNO WASHINGTON DC//09//  
 INFO: ONI WASHINGTON DC//JJJ//  
 NAVY JAG WASHINGTON DC//JJJ//  
 DPTNAVSCI (APPROPRIATE MSG ADDRESS FROM BELOW LIST)  
 DPTNAVSCI CAMARICAD VALLEJO CA  
 DPTNAVSCI MAMARICAD BUZZARDS BAY MA  
 DPTNAVSCI GLAKESMARICAD TRAVERSE CITY MI  
 DPTNAVSCI TXMARICAD GALVESTON TX  
 USMERMARCAD KINGS POINT NY  
 NROTCU MAINE MARITIME ACADEMY CASTINE ME  
 NROTCU ST UNIV NY MARITIME FT SCHUYLER NY

(See OPNAVINST 3100.6G for possible additional addressees)

BT

UNCLAS (or appropriate classification of message)

MSGID/OPREP-3/DEPNAVSCI CAMARICAD VALLEJO CA/001/APR//  
 (appropriate unit PLA/serialized in  
 sequence by incident/month)

REF/A/OPREP-3/DEPNAVSCI CAMARICAD VALLEJO CA/012117Z/-/NOTAL//

AMPN/REF A IS INITIAL VOICE REPORT TO NCC//

FLAGWORD/PINNACLE or NAVYBLUE/-//  
PINNACLE = NATIONAL INTEREST  
NAVYBLUE = INTERNAL NAVY INTEREST

TIMELOC/012117Z/VALLEJO CA/INIT//  
 (day-time/location/initial report or follow-up)

GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/(Narrative description of incident - follow guidance in OPNAVINST 3100.6G)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_//

RMKS/(Discussion of press interest, reason for delay in reporting; any other information available outside of the incident details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_//

BT

### 203. CLASSIFIED MATERIAL

Normally no requirement exists for the DNS to maintain classified material. If classified material is received, the designated security manager must log the material in and then destroy by burning or shredding. Procedures shall be established to ensure that all classified information intended for destruction is destroyed by authorized means and appropriately cleared personnel. Records of destruction are not required for Secret and Confidential information. Contact the originator/distributor and request the unit be removed from the distribution list. For further guidance refer to the Department of the Navy (DON) Information Security Program (ISP) Regulation (SECNAVINST 5510.36, Chapter 10).

### 204. GENERAL POLICIES

a. Supervision, control, and direction of the DNSs will be administered by the Secretary of the Navy through CNET.

b. Heads of host institutions should have the same academic relationship with the DNS department heads that they have with other academic department heads of the institutions.

c. DNS staff personnel, whether military or civilian, are not employed by the host institution and therefore may not be assigned by the institution administrators, nor consent to perform any duty which involves the safety and well-being of maritime students, facilities, or property. Navy personnel shall assume no more and no less responsibility than other academic departments for the disciplinary programs of the maritime institutions. Navy personnel are not permitted to participate in the alteration, overhaul, or repair of training vessels owned by, assigned to, or loaned to a maritime institution. Training ships and craft may be considered as classroom extensions of the maritime institution; as such the DNS may conduct instruction related to the naval science curriculum, observe and report upon aptitude for further Naval Reserve Officer status, and assist in appropriate collateral duties aboard these vessels. DNS staff personnel may also participate in field trips to civilian or military facilities or engage in other extracurricular activities to the extent considered advisable by the OIC, DNS and when approved by the heads of the maritime institution.

### 205. COMMUNICATIONS

It is the responsibility of the OIC to see that the information promulgated by regulations, manuals, instructions, and notices is properly disseminated to departmental staff personnel, institution officials, and midshipmen, as appropriate.

206. COMMAND SELF-INSPECTIONS/STAFF VISITS

a. Policy. DNSs will conduct periodic self-inspections of units at Maritime Academies to ascertain their material condition; effectiveness of management; use of resources against mission objectives; and compliance with public law, contracts, directives, and instructions.

b. Concept. Command self-inspections will be accomplished in a systematic, well documented, scheduled manner using a variety of methods:

- (1) semiannual/annual reports
- (2) Command Evaluation reviews
- (3) Disenrollment packages
- (4) Assist visits
- (5) On-site self-inspections

This self-inspection process will allow a continuing review of the DNS Program utilizing the programmatic information that is available through communiqués that are received by CNET.

207. OFFICER AND ENLISTED PERSONNEL

a. Detailing. The detailing and relief of officers and enlisted personnel for duty at the DNS is a function of the Chief of Naval Personnel (BUPERS). Direct liaison is authorized between the units and BUPERS in matters relating to the nomination and institutional acceptance of staff officers and personnel, as required. Nomination of OICs will be coordinated between CNET (OTE1) and BUPERS. Those nominees for OIC, approved by CNET, will be forwarded for presentation to academy authorities for institutional acceptance.

b. Allowances. The number of officers and enlisted men assigned to duty with the DNS will be determined by the Chief of Naval Operations. Requests for changes to allowances should be addressed to CNET (OTE1) for action.

c. Reports of Fitness of OICs. BUPERSINST 1610.10 establishes procedures and reporting periods for officers. To facilitate preparation of meaningful reports, all OICs shall submit input to reach CNET (OTE1) at least 60 days prior to the end of the regular reporting period or planned detachment date.

d. Biography Sheets and Photographs (CNET 1070-1). Upon reporting for duty, each OIC shall submit biographical background information utilizing the Officer Biography Sheet (NAVPERS 5720/1), and a 4 x 5 inch black and white photograph (record portrait) to CNET (OTE1).

e. Reports of Performance for DNS Staff. The OIC is responsible for the timely submission of all reports of staff members (officers and enlisted).

## 208. CIVILIAN PERSONNEL

a. Civilian Government personnel, including temporary hire, are hired locally as authorized by CNET. DNSs must receive approval from CNET before taking any actions regarding the hiring of civilian staff members or changes to civilian position descriptions which include series or grade changes.

b. Local Human Resources Office procedures and instructions shall be followed for hiring and position descriptions. CNET guidance will be provided regarding performance appraisal processes, awards, and time and attendance reports. Unit compliance with civilian personnel directives regarding position descriptions and periodic evaluations will be checked during command self-inspections and assist team visits.

c. Academy/college assigned civilian employees may be assigned and are administered in accordance with applicable local personnel office directives.

## 209. DUTIES OF THE OFFICERS IN CHARGE, DNS

a. The OIC reports directly to CNET for all matters relating to the administration and management of the DNS and the professional development of MMR midshipman. The OIC shall report to institution officials responsible for academic and institutional matters relating to the instruction of naval science on campus. Personnel assigned to DNSs shall not assume or be required to assume any duties for the institution which involve assumption of responsibility for the safety of students, staff, institution property, or federal property on loan to the institution.

### b. Major Duties and Responsibilities

(1) Administers and manages the DNS. Maintains records and files as appropriate for the staff and students assigned, resources allocated, and other matters relating to the command of a naval activity and the supervision of an academic department at an institution of higher education. Plans for resources and executes program resource allocations to meet the objectives and goals of the DNS.

(2) Supervises the teaching of naval science. Encourages professional growth of the naval science faculty, establishes high standards of teaching effectiveness and student achievement, and evaluates the performance of the naval science faculty. Encourages the ethical growth of the midshipmen in the MMR, USNR Program. Teaches naval science courses and lectures on naval science subjects, as appropriate. Evaluation of naval science

instructor performance should be accomplished at least once every 6 weeks. In all cases, the goal of the observed instruction is to improve instructor delivery and enhance student understanding of subject material.

(3) Works with officials of the host institution on matters affecting naval science education. Serves on committees and boards and participates in planning activities as a faculty member.

(4) Maintains high standards of performance for staff and midshipmen.

(5) Maintains liaison with campus and community organizations, military related groups, veterans organizations, active and reserve military commands, and other groups or organizations having an interest in the naval service. Seeks assistance from and works with those groups and organizations encouraging their cooperation to improve the national defense posture.

(6) Supports military area coordinator functions and any other duties requested by seniors in the military coordination chain of command and the host institution, as approved by CNET.

c. Qualifications Desired. Have a broad knowledge of the education field, both secondary and higher education. Must be technically qualified in the subject area of naval science, be capable of teaching at the college level, and have the ability to administer an academic program at a college or university.

#### 210. UNIFORM OF OFFICER AND ENLISTED PERSONNEL

In the performance of their duties the officer and enlisted personnel shall wear the uniform prescribed by the OIC who shall be guided by the directives of local Navy Area Coordinators.

#### 211. REFERENCE MANUALS AND DIRECTIVES

Reference to other manuals and directives normally held in Navy administrative offices will be necessary in order to effectively and efficiently accomplish the various required functions of the DNS. CNETNOTE 5215 and OPNAVNOTE 5215 contain an index of directives and guidance for requisitioning directives; however, it is emphasized that in certain instances it is necessary to contact the sponsoring bureau and office to obtain manuals such as the Manual of the Medical Department and Military Personnel Manual. The following list of manuals and directives is considered to be applicable to the DNS requirements.

References Required in Administration of MMR, USNR Program

U.S. Naval Regulations, 1990

SECNAVINST 1650.1F	Navy and Marine Corps Awards Manual
SECNAVINST 5210.11D	Department of the Navy File Maintenance Procedures and Standard Subject Identification Codes
SECNAVINST 5211.5D	Department of the Navy Privacy Act (PA) Program
SECNAVINST 5212.5D	Navy and Marine Corps Records Disposition Manual
SECNAVINST 5215.1C	Department of the Navy Directives Issuance System
SECNAVINST 5216.5C	Department of the Navy Correspondence Manual
SECNAVINST 5510.30A	Department of the Navy Personnel Security Program
SECNAVINST 5510.36	Department of the Navy (DON) Information Security Program (ISP) Regulation
SECNAVINST 5720.42F	Department of the Navy Freedom of Information Act (FOIA) Program
OPNAVINST 3100.6G	Special Incident Reporting (OPREP-3, NAVY BLUE AND UNIT SITREP) Procedures
OPNAVINST 3120.32C	Standard Organization and Regulations of the U.S. Navy
OPNAVINST 5370.2B	Navy Fraternalization Policy
OPNAVINST 5450.194B	Mission and Functions of the Chief of Naval Education and Training
OPNAVINST 6110.1E	Physical Readiness Program
NAVPERS 15642	Instructions for the Manpower and Personnel Management Information System
NAVPERS 15665I	United States Navy Uniform Regulations
NAVPERS 15560C	Naval Military Personnel Manual (MILPERSMAN)
NAVPERS 15839I	Manual of Navy Officer Manpower and Personnel Classifications
NAVPERS 15909F	Enlisted Transfer Manual (TRANSMAN)
BUPERS 1750.10A	Identification Cards for Members of the Uniformed Services, Their Family Members, and Other Eligible Persons
NAVMED P-117	Manual of the Medical Department U.S. Navy (MANMED)
COMNAVCRUITCOMINST 1130.8D	Navy Recruiting Manual-Enlisted (CRUITMAN-ENL)
COMNAVCRUITCOMINST 1131.2	Navy Recruiting Manual-Officer (CRUITMAN-OFF) Vol. I
CNET P1533/9	NROTC Supply Procedures Manual

CNETINST 5211.1F	Personal Privacy and Rights of Individuals Regarding Their Records and Availability to the Public of the Department of the Navy Records Mission and Functions of Departments of Naval Science
CNETINST 5450.37B	
NAVSUPPUB 2002	Navy Stock List and Forms and Publications
NAVSO P-3050	Navy Pay and Personnel Procedures Manual (PAYPERSMAN)
NAVSO P-3086	Joint Uniform Pay System (JUMPS) Field Procedures Handbook
NAVSO P-6034	Members of the Uniformed Service Joint Travel Regulations
TITLE 13 46 USC 1295	Merchant Marine Act of 1936, Public Law 96-453 of 15 Oct 1980 (Maritime Education and Training Act of 1980, including FY 1990 MARAD Authorization Act - P.L. 101-115 of 13 Oct 1989 Amendment)
46 CFR Part 310	Maritime Administrative Merchant Marine Training; Regulations and Minimum Standards for State Territorial or Regional Maritime Academies and Colleges
OPNAVNOTE 5040	SECNAV/CNO Items of Special Interest (Units should hold copies of all directives listed in the most current issue of this notice)
OPNAVNOTE 5215	Department of the Navy Directives Issuance System Consolidated Subject Index (Semiannual Issue)

## 212. REPORT CONTROL SYMBOLS AND FORMS

a. Report Control Symbols. Control symbols for reports required by this instruction are listed below.

<u>Title</u>	<u>Due Date</u>	<u>Symbol</u>
Annual Report	31 Oct	CNET 1534-1
Fitness Report	Para. 207	BUPERS 1611-2
Biography Sheets and Photos	Para. 207	CNET 1070-1
OPMIS Staff Data Report	Para. 202	WGF 38R03
OPMIS OPTAR Log	Para. 202	
Semiannual Commissioning Report	1 Jan/1 Jul	CNET 1534-2
Semiannual Roster of MMR, USNR Midshipmen	1 Oct/1 Apr	CNET 1534-3

b. Forms. To effectively accomplish the administrative functions of the DNS, the forms identified in Appendix A are required. Amplifying information concerning these forms is located in the appropriate section of this manual. Standard privacy act information should be printed on, or attached on a separate sheet to each form. The General Purpose Privacy Act

Statement (OPNAV 5211/12) may be used in the event a statement is not printed on a form. Forms, documents, and letters are displayed in Appendix A.

## CHAPTER III

### ACADEMIC INSTRUCTION/TRAINING

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#### 301. INSTRUCTION

a. Naval science instruction at the maritime academies and colleges is prescribed by law in accordance with the intent of the Merchant Marine Act, 1936, and is reflected in the curriculum guide titled "Naval Science for the Merchant Marine Officer" CNET 1550/13 (MMO). MMO instruction prepares all prospective licensed merchant marine officers to carry out their responsibilities during periods of national emergency as an officer aboard U.S. flag merchant ships. All students desiring a USNR commission through the MMR, USNR Program must satisfactorily complete the approved naval science curricula. There are three approved naval science courses:

- Naval Science for the Merchant Marine Officer (MMO)
- Naval Science for the Merchant Marine Reservist I - BASIC (MMR1)
- Naval Science for the Merchant Marine Reservist II - ADVANCED (MMR2)

(1) MMR, USNR Midshipmen must also complete all MARAD, academy, and Coast Guard licensing requirements prior to commissioning. Naval curricular and other requirements to be mastered are promulgated by CNET in each of the three course guides, which will be periodically revised and updated as necessary. Recommended changes should be addressed to the MMO/MMR Course Coordinator (identified by CNET). Superseded curriculum guides should be disposed of upon receipt of a revision. Changes should be entered upon receipt and lesson plans modified accordingly.

(2) Instruction provided by the host maritime institution as a degree requirement that satisfies naval objectives need not be duplicated in the MMO and MMR courses. Additional naval science courses (see NROTC NAM for description) may be offered as electives or additions to the MMR curriculum if staff, resources, and student desire exist to support the need for this additional instruction. The DNS is responsible for providing accurate and current catalog descriptions of CNET-approved courses to their respective host institutions.

#### b. Curriculum Materials

(1) The curriculum guides (CNET P1550/13/14/15) for the MMO and MMR courses are published and distributed by CNET and

contain naval and related objectives, a listing of available instructional aids, the course bibliography and lesson guides. Each lesson guide provides applicable learning objectives, a listing of instructor references, student texts, applicable instructional aids, methods and procedures options, and a detailed outline for presenting the content matter. The lesson guide is designed to be the primary resource for the instructor in preparing their lesson plans to be used in teaching the courses. Because of differing circumstances among academies in terms of staffing and scheduling, all of the material contained in a lesson guide does not have to be taught as a specific unit of instruction. However, instructors are accountable for ensuring that MMR students master the naval learning objectives prior to commissioning.

(2) Lesson plans shall be prepared by naval science instructors for each class they teach. A lesson plan for each meeting is prepared in advance using the appropriate lesson guide as an outline, bringing together the reference material and the instructor's own education, professional training, personal experience, and teaching style. Lesson plans are to be prepared in a standardized format, following the guide as an example, and should contain learning objectives, resources and aids to be used, and questions to ensure the students have grasped the material. Lesson plans are unique to each instructor and each class; they are road maps that logically progress from concept to concept, skill to skill. Instruction related to naval learning objectives is a matter of accountability. The level and quality of instructional planning will be reviewed in detail during command inspections. Carefully planned and prepared lessons promote effective teaching and learning, and provide relieving instructors with a framework of information that they can in turn personalize.

(3) CNET provides curriculum guides, texts, references, and instructional aids for each naval science course. Student texts are provided for students actually enrolled in the naval science courses. Audiovisual and instructional aid support is also a CNET responsibility, but each DNS must keep accurate inventories and report all discrepancies when discovered. There is a lead time involved in commercial procurement and the Naval Education and Training Professional Development and Technology Center (NETPDTC) requires timely departmental input to meet the needs of the instructors they support. Navy Stock Number (NSN) items are to be procured by the individual units using the normal Navy supply channels. CNET will provide and support only those texts, references, and instructional aids which are identified in approved course guides. Instructors desiring additional support material and resources must budget for and use unit operating funds (OPTAR) or formally request that the host institution fund requirements. Recommendations for additions, deletions, and revisions to the items listed in the course guides should be communicated directly to the course coordinator for evaluation and action.

### 302. RESPONSIBILITIES OF A DNS INSTRUCTOR

The individual naval science instructor is linked directly to the successful fulfillment of the intent and objectives of the MMR academic and professional development program. As such, the instructor provides the initial training for future civilian mariners in employment of the U.S. Flag Merchant Fleet and to future Naval Reserve officers. This highly visible position demands that instructors role model the characteristics and values they are attempting to instill and foster in their students. Specifically, instructors shall:

- a. Acquire appropriate expertise in course subject matter through research, training, and experience.
- b. Achieve and demonstrate competency in teaching methods and techniques of student evaluation.
- c. Provide counsel and advice to MMO/MMR students.
- d. Perform all collateral duties as assigned.
- e. Maintain appropriate confidentiality about personal information on students (Privacy Act requirement).
- f. Provide Navy career option information to MMR students.
- g. Perform academic and institutional responsibilities to highest standards as an active member of the academic community.
- h. Act as a positive role model and professional representative of the Navy.
- i. Document lesson preparation with lesson plans; maintain appropriate academic records and a detailed, comprehensive academic turnover file consisting of tests, quizzes, and locally acquired resource material.
- j. Document all proceedings of Midshipman Performance Review Boards and submit correspondence in a timely fashion.
- k. Prepare students for commissioning through professional development activities outside the classroom.
- l. Pursue and achieve continuous intellectual and professional growth through formal education and training avenues.

### 303. SUMMER TRAINING

MMR, USNR midshipmen seeking extended active duty should participate in Navy-sponsored (PAC/LANTRAMID) summer training or academic year cruises. This training must be approved through CNET (OTE6/082). Contact CNET Summer Training Plans Officer for guidance on application procedures and eligibility requirements.

CHAPTER IV

MMR, USNR MIDSHIPMAN PROGRAM

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401. GENERAL INFORMATION

a. Any U.S. citizen selected for appointment to the U.S. Merchant Marine Academy must apply for, and accept if offered, an appointment as midshipman in the USNR (including the MMR, USNR). In addition, any eligible student at the State Maritime Academies may apply for midshipman MMR, USNR status. All State Academy students who apply for and receive the MARAD Student Incentive Payment (SIP) must concurrently apply for and be accepted for appointment as midshipman, USNR and be accepted for enlistment in the USNR. Service as a midshipman is creditable in computing basic pay of enlisted members; however, midshipman service is not creditable in computing basic pay for an officer. Specific obligations in the event of noncompletion/default are contained in the provisions of 46 United States Code appendix, subchapter XIII. Specific requirements for enlistment, USNR, are contained in the COMNAVCRUITMAN-ENL; and for appointments to midshipman,

USNR, in the COMNAVCRUITMAN-OFF. Medical qualification requirements are contained in the Manual of the Medical Department, chapter 15. Security and loyalty requirements are contained in the Department of Navy Information Security Program Regulations. Qualification requirements for commissioned service are contained in the MILPERSMAN. Aptitude and other suitability requirements are contained in this manual.

b. State Maritime Academies Appointments/Enlistments. Acceptance of applications for midshipman appointment and enlistment will occur concurrently with the student's application for SIP. Upon receipt of the student's application a decision will be made by the DNS as to the acceptability of the student for appointment to midshipman status. If the student obviously does not conform to required standards the application may be rejected by the DNS and the student so notified. This decision should be based on a birth certificate review to verify citizenship and age and information provided by the applicant on the Questionnaire for National Security Positions (SF 86). A student who is accepted will be administered the oath of office and enlistment at the commencement of the year the respective institution determines the student's eligibility as a third classman (sophomore) as directed by Public Law 101-115.

#### 402. APPLICATION FOR MMR, USNR MIDSHIPMAN PROGRAM

Students desiring appointment as midshipmen, USNR and enlistment (if applicable) in accordance with 46 United States Code appendix, subchapter XIII, must submit the following documents as applicable or information for completion and execution to the DNS. At the USMMA these documents will be gathered by the DNS soon after commencement of plebe indoctrination. At the state schools these documents will be required at different times during a student's first year in the program. The DNS should commence processing of these documents as soon as possible after the prospective midshipman is identified in conjunction with his request for midshipman status. Early processing is essential to preclude work scheduling conflicts with the commissioning process for the graduating class. Guidance and amplifying instructions pertaining to each form or document required follows. This guidance is presented in a sequential format which parallels the administrative processing steps required to progress from application to full enlisted/midshipman status. Where scheduling differences exist between processing at the USMMA and State Academies the differences will be explained. Sample forms and examples required for this process are displayed in Appendix A of this manual. Processing of midshipman applicants must be completed at USMMA within a few weeks of the arrival of the new student at the academy and nearly all the following administrative requirements must be completed before that time. At the state academies the requirements outlined in subparagraphs 402a through 402f below should be completed as soon as possible after the student indicates a desire to enter the program. The remaining documentation requirements should be completed in a timely

fashion so that midshipman appointment and enlistment may occur at the beginning of the student's second year of enrollment at the institution.

a. Letter Application for USNR, MMR Midshipman Program. See Appendix A, page A-1 for an example of a locally produced letter of application. This letter constitutes the individual's official request for appointment to midshipman status. At the state academies the school administration office should be kept apprised of applicants being processed to assist the academy in selection of MARAD SIP recipients. (State maritime academies/schools/colleges only.)

b. Birth Certificate/Evidence of Citizenship

(1) Each candidate must provide a legible certified copy of a birth certificate and evidence of citizenship if not native born. This birth certificate and/or evidence of citizenship will be maintained in the midshipman student/enlisted service record until commissioning.

(2) In the case of candidates born outside of the United States, evidence of U.S. citizenship normally takes the form of one of the following:

(a) Report of Birth Abroad of U.S. Citizen (FS-240) or Certification of Birth (FS-545 or DS-1350) or Certificate of Citizenship for those born abroad of American parents.

(b) Certificate of Naturalization issued by Immigration and Naturalization Service (INS) for those who were naturalized in their own name.

(c) Certificate of Citizenship issued by INS in the case of individuals who were under 16 years of age and residing in the U.S. at the time natural parent(s) were naturalized and thus automatically became a U.S. citizen through the naturalization of parent(s).

(d) Secondary evidence as permitted by governing instructions.

(3) See Appendix A, page A-2, for information on ordering copies of birth certificates.

c. Drug Use Statement of Understanding. Prior to midshipman appointment/enlistment, a statement of understanding indicating the Navy's intolerance of drug abuse, the use of urinalysis procedures to detect drug abuse, and the consequences to the individual should drug abuse be detected after entry shall be explained to and acknowledged by every student. Although urinalysis testing is not conducted for those holding appointments in the Naval Reserve while in an inactive status, such testing may occur on active duty for training on board a naval vessel and

will occur upon reporting for extended active duty in an enlisted or commissioned status. All midshipmen shall be briefed on and sign the Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1) (page A-3) at the time of application for the program and definitely prior to executing any enlistment contracts.

d. Privacy Act Statement. Current regulations governing the Privacy Act are considered adequate for the MMR, USNR Midshipman Program. Students should execute the General Purpose Privacy Act Statement (OPNAV 5211/12). (Example-page A-4)

e. Electronic Personal Security Questionnaire (EPSQ) (Questionnaire for National Security Positions (SP 86/86A) Appendix A, Page A-6). The Defense Security Service (DSS) requires all requestors to use EPSQ when requesting a personnel security investigation from DSS. EPSQ software and customer instruction guides are available from the DSS web site: www.dss.mil. An EPSQ user should research and fill out an SF86/86A before entering the data on a computer. The EPSQ should be submitted as soon as possible for applicants at the USMMA. At state academies, most students who are not selected for SIP will not pursue the MMR, USNR Midshipman Program. Therefore, the EPSQ for applicants at state academies should not be submitted until 1 January of the sophomore year. Article 406 contains further amplification on security investigations.

f. Dependency Application/Record of Emergency Data (NAVPERS 1070/602). Complete part 2 in accordance with procedures in the Navy Pay and Personnel Procedures Manual (NAVSO P-3050). Retain in the Midshipman Student/Enlisted Service Record. This form need not be completed until the commissioning package is being assembled or unless the individual participates in a Navy training cruise or other active Navy training. (Example-page A-7)

g. Privacy Act Statement - Health Care Records (DD 2005). Self explanatory. (Example-page A-8)

h. DOD Medical Examination Review Board (DODMERB) Report of Medical Examination (DD Form 2351). (Example-page A-9)

i. DOD Medical Examination Review Board (DODMERB) Report of Medical History (DD Form 2492). (Example-page A-10)

j. Application for Uniformed Services Identification Card/DEERS Enrollment (DD Form 1172). BUPERSINST 1750.10 contains pertinent instructions. (Example-page A-11)

k. Request for Discharge or Clearance from Reserve Component (DD Form 368). (Example-page A-12) In the event the prospective midshipman is affiliated with a reserve unit or another service this form must be forwarded to the present commanding officer for appropriate release if release is required.

(1) For Navy enlisted personnel appointed to the USMMA, MILPERSMAN 1910-180 applies.

(2) Students who are participating in an active naval reserve unit must execute this form prior to enlisting in the MMR, USNR Midshipman Program, unless waiver is granted by MARAD. Waiver requests to remain in the drilling reserve status are to be submitted via the DNS. When the waiver request is approved by MARAD to remain in a drilling Naval Reserve status, the student shall not be appointed as midshipman. Drilling Naval Reservists in this category must also have 8 years of obligated service remaining on their enlistment contract when they would normally have been appointed and concurrently enlisted. Students with less than 8 years remaining on their current contract must execute an agreement to extend to cover the requirement for 8 years obligated service.

(3) Students who are participating in the inactive Naval Reserve as a nondrilling reservist must execute this form.

(4) Students who are participating in an active or inactive reserve unit, other than Navy, must execute this form and be discharged from the other service reserve component prior to enlisting in the USNR for purposes of the MMR, USNR Midshipman Program.

(5) If a student received a DD 214 from prior active duty, file in officer record when it is constructed.

l. Statement of Understanding, Merchant Marine Reserve, USNR (USMMA only). This form constitutes the formal understanding for execution of service obligation between USMMA midshipmen involved and the U.S. Navy relative to the midshipman's responsibilities on accepting the program. It is important that each individual read and understand all requirements of the agreement before signing. The agreement is normally executed at the time of appointment/enlistment (Example-page A-13).

m. Training and Service Agreement, Merchant Marine Reserve, USNR (state maritime academies/colleges/schools only) (CNET 1534/3). This form constitutes the formal understanding for execution of service obligation between the midshipmen involved and the U.S. Navy relative to the midshipmen's responsibilities on accepting the program. It is important that each individual read and understand all requirements of the agreement before signing. The agreement is normally executed at the time of appointment/enlistment (Example-page A-13.4).

n. Enlistment/Reenlistment Document Armed Forces of the United States (DD Form 4/1). (Example-page A-14) The enlistment contract must be completed in sufficient time to effect the enlistment concurrently with the midshipman appointment. Detailed procedures for processing enlistment's are contained in the CRUITMAN-ENL. Appointees who are members of a reserve

component, other than the Navy, must execute a new contract/ agreement specifically for the MMR, USNR Midshipman Program. The enlistment rate will normally be seaman recruit (SR), E-1; however, enlistees with previous naval service may be enlisted at their former rate provided current rate requirements are met. Enlistees who have served in a service other than the Navy may be enlisted at a higher rate in accordance with current standards promulgated by the Navy Recruiting Command. The OIC should contact the Navy Recruiting Command for guidance. Each midshipman must maintain a concurrent 8-year enlistment. The enlistment contract for midshipmen who desire to affiliate in an active reserve status will suffice for the MMR, USNR Midshipman Program provided sufficient obligated service is maintained and an administrative remarks entry (see forms section) is recorded outlining the conditions of service for the MMR, USNR Midshipman Program. The Training and Service Agreement will be identified as Annex "A" to the enlistment document. In section B/10 of the enlistment document, enter after annex the letter "A." Attach the Training and Service Agreement to the Enlisted Document and file in the Midshipman/Enlisted Service Record. In the Remarks Section enter: APPOINTED MIDSHIPMAN, MMR, U.S. NAVAL RESERVE. File the original in the Enlisted Service Record. If the midshipman is a SIP recipient, a copy should be sent to MARAD for pay purposes. A copy can be used to request a midshipman appointment certificate (NAVCRUITFORM 1110/2) by sending it to: Navy Personnel Command, PERS 854, 5729 Integrity Drive, Millington, TN 38055-8540. A copy should be provided to the enlistee for their records. For appointees who are presently affiliated with a Naval Reserve unit, obtain copies of the enlistment contract and extensions. Ensure sufficient obligated service for the MMR, USNR Midshipman Program. Require execution of extension if applicable. Applicants at state academies must execute the agreement prior to the second academic year.

o. Officer Appointment Acceptance and Oath of Office (NAVPERS 1000/4). (Example-page A-15) Ensure that applicant has read, understands, and complies with the oath. Signatures must be full legal names. All dates excluding date of endorsement must be the same and must be the same as the date of the concurrent enlistment. The individual signing as witness must also be the individual who administers the oath of office. Once the oath is administered it is binding by law and cannot be withdrawn. File in the Student/Enlisted Service Record.

p. Armed Forces Identification Card (DD Form 1173) (Reserve). (Example-page A-11.2) DD Form 1173, Reserve (Green) may be issued to Midshipman, USNR at USMMA and to MMR, USNR state maritime academy students who are receiving SIP via RAPIDS. Refer to MILPERSMAN 1000-080.

q. Honor Code--state academies only. Applicants shall be counseled on the honor code and shall sign a locally prepared letter of acknowledgement similar to that found on page A-16. Actual wording may be modified to dovetail with the academy's

honor code. One copy shall be filed in the student/service record and one copy provided to the applicant.

r. Administrative Remarks-Acknowledgment of Course and PFA Requirements. (Example-page A-17) This form shall be signed by the applicant. One copy will be filed in the student/service record and one copy provided to the applicant. This only applies to state schools; USMMA students must sign a DOT contract.

403. MIDSHIPMAN APPLICATION/APPOINTMENT PROCEDURES (Refer to figure 4-1 for matrix of application process)

a. To facilitate processing, recommended procedures and arrangements should be made with each academy admissions office to provide advance information to prospective students. This advance information should include specific instructions regarding forms and documents such as birth certificates which the new student must furnish on arrival. The advance information should indicate points of contact and office to which the forms should be returned or where questions may be answered. The DNS must determine the content of advance information packages. As a minimum, students should be provided a letter explaining the MMR, USNR Program and requesting they bring a notarized copy of their birth certificate if they intend to apply for the program (mandatory for all USMMA students). In addition, it is also a good idea to send a copy of the SF 86 to prospective midshipmen so that it may be completed, in the rough, with the assistance of parents.

b. USMMA students will fill out, furnish, and/or verify the documents outlined in Article 402 (a through l and n through q). This is to ensure that the prospective midshipman is ready in all respects for appointment on acceptance day (designated by the academy).

c. At the state academies the student desiring to enter the MMR, USNR Midshipman Program should complete or furnish the items specified in Article 402 (a through f) before they sign their contract at the beginning of their sophomore year. These forms will be reviewed by the DNS for completeness and accuracy. If it appears that the student will satisfactorily meet the requirements for midshipman appointment and enlistment, the OIC will submit a letter of provisional acceptance as a midshipman to the state academy administration with a copy to the applicant. This letter will state that the student has been classified as a midshipman selectee subject to the satisfactory completion of appointment/enlistment criteria (i.e., physical examination, NACLIC, etc.) and demonstrated aptitude up to the time of appointment.

d. Requests for NACLICs must be initiated as soon as possible due to the long period required for DOD completion of processing. To this end prospective midshipmen at USMMA must complete the smooth copy of the SF 86 as soon as practical and be

fingerprinted. Forms must be mailed as soon as completed to initiate processing. At state academies the SF 86 is completed by the student at the time the application for the MMR, USNR Midshipman Program is submitted to the DNS. Completed forms and fingerprint cards should be submitted on 1 January of the sophomore year.

e. Immediately prior to appointment/enlistment of students in the USNR, MMR Midshipman Program, the DNS should verify the completion/correctness of the completed SF 88 and the Naval Medical Command or DODMERB approved physical which was conducted within the 24 months preceding the appointment. Appointment is permitted without a completed NACLIC based on a review of the applicant's SF 86 by the DNS. Midshipman appointments and enlistments are made with the condition that any negative information which might be revealed by the NACLIC process which would preclude the granting of a security clearance could result in separation from the program. A Page 13 entry to this effect shall be made in the service record prior to effecting the appointment.

f. When the prospective midshipman is found to be eligible in all respects and approved by the DNS for appointment/enlistment, execution of the oath of office and enlistment will be accomplished simultaneously. This will occur at commencement of the freshman year of classes at the USMMA and prior to commencement of the second year of enrollment at the state academies. The midshipman/enlisted service record should be maintained as one file. The service record will be assembled in accordance with MILPERSMAN. All midshipman documents should be placed on the left side of the service record. See Enlisted Service Record, paragraph 404.

#### 404. MIDSHIPMAN STUDENT/ENLISTED SERVICE RECORD

When a candidate is appointed/enlisted, a Student/Enlisted Service Record must be established. An enlisted record must be in accordance with the MILPERSMAN. This record will also be used to hold the midshipman appointment documents. When an individual is discharged, close out the enlisted service record utilizing guidance contained in article 419 of this chapter and the MILPERSMAN.

a. The following documents will normally be included in the service record folder:

(1) Right Side. Filed in reverse order to ensure item (a) is on bottom when the record is open for reading.

(a) DD Form 4, Enlistment or Reenlistment Agreement - Armed Forces of the United States (if applicable)

(b) NAVPERS 1070/621, Agreement to Extend Enlistment (if required to provide 8 years service obligation on appointment)

(c) NAVPERS 1070/602, Dependency Application, Record of Emergency Data (Note: This form need not be completed until just prior to a training cruise or commissioning.)

(d) NAVPERS 1070/605, History of Assignments (if required by previous enlisted service)

(e) NAVPERS 1070/613, Administrative Remarks

(2) Left Side. A locally prepared checklist will be used as the top sheet on the left side of the service record (A-18).

(a) Midshipman Oath of Office and Appointment (NAVPERS 1000/4 or CNET 1533/104 (8-98))

(b) Midshipman, USNR/MMR Training and Service Agreement (CNET Form 1534/2 or 1534/3 as appropriate)

(c) Copy of SF 86 and Privacy Act Statement of Understanding

(d) Letter of Application for MMR, USNR Program (State Academies only)

(e) Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1)

(f) Application for Armed Forces ID Card/DEERS Enrollment (DD 1172)

(g) NAVPERS 1070/615, Record of Discharge from the U.S. Naval Reserve (Inactive) (if required)

(h) Record of discharge from other service, if applicable.

(i) Certificate of Personnel Security Investigation, Clearance and Access (OPNAV Form 5520/20). Note: This form is filled out after clearance authorization has been received from DON CAF. See Article 406 for details.

(j) All other documents relating to the midshipman deemed to be important for retention. May include cruise evaluations, commendatory correspondence, review board reports, etc.

b. Student Performance Record. A Student Performance Record/Folder is recommended for each student, if feasible, to be maintained by the naval science/military advisor. This record would include official documents and other papers, letters, academic transcripts, evaluations, and counseling remarks as

deemed appropriate. A sample left and right side of this record is provided at A-19.

#### 405. MEDICAL REQUIREMENTS

a. Physical standards are contained in Chapter 15, Manual of the Medical Department (MEDMAN) (NAVMED P-117). At USMMA, students have passed a DODMERB preappointment physical exam prior to Academy acceptance. At state academies the DNS should arrange with local, federal, or contracted medical facilities for physical examinations for entry into the MMR, USNR Midshipman Program. The results of the physical must be forwarded to DODMERB by 1 March of the freshman year. Precommissioning physicals must be arranged by the DNS and will normally be conducted by MEPS, or, for aviation candidates, by a flight surgeon. When problems are encountered in scheduling or arranging for physicals, a report outlining problems encountered should be addressed to CNET (OTE1). Each candidate must be found physically qualified by DODMERB prior to midshipman appointment/enlistment unless a waiver is granted by the superintendent of the academy. Prior to commissioning, midshipmen must be found physically qualified by the Chief, Bureau of Medicine and Surgery (BUMED) (MED-25) unless a waiver is granted by CNET.

b. When satisfactory medical results are received from DODMERB, a medical record shall be established and maintained by the unit. Medical results obtained within 24 months preceding appointment as midshipman are acceptable.

c. Following appointment, any physical problems which arise and which may preclude attendance at naval science classes or which may affect the student's midshipman/enlisted status should be investigated by the DNS. If medical condition is considered incapacitating the midshipman should undergo medical consultation and the appropriate clinical abstracts forwarded to BUMED for a determination of continued fitness for the program.

d. Each midshipman undergoes a physical examination prior to his/her sea-year terms; therefore, each midshipman is examined each of his/her 4 years at the academy (DODMERB, sea-year, sea-year, and commissioning physicals respectively). Therefore, annual Certificates of Physical Condition (NAVMED 6120/3) are no longer required at the beginning of each year.

e. A precommissioning physical must be accomplished within 24 months of commissioning and is normally accomplished during the junior year.

f. Physical examinations conducted by civilian physicians are acceptable under certain conditions as specified in the MEDMAN. The MEDMAN and the Joint Federal Travel Regulations (JFTR) contain information pertaining to authorized expenditures for physical examinations. These budget requirements should be

submitted with the annual or supplemental budget requests to CNET.

g. For precommissioning physicals, completed SF-88 and SF-93 forms are forwarded to BUMED (MED-25) for action. On the SF-88, item 2, indicate "civilian", item 5, enter: "commission, Navy reserve", item 11, enter academy name and address. Forward original SF-88 and SF-93 to BUMED. BUMED will review the documents and stamp them as qualified if the examinee meets the physical requirements. In some cases BUMED may recommend a waiver even if all requirements are not met. Such recommendations must be forwarded to CNET (OTE1) for approval. When action has been completed by BUMED and returned to the DNS, they will be retained in the midshipman's medical record.

h. The midshipman medical record, which is the same record used after commissioning, should contain the following:

(1) Health Record Jacket (NAVMED 6150/19 (6-81)) is used to enclose other documents listed below.

(2) Completed SF-93 and SF-88 and all supporting documentation must be included.

(3) Copies of any correspondence relative to medical waivers, special exams, etc.

i. Dental Record Folder (NAVMED 6150/19) with blank SF-603, Health Record-Dental enclosed on the right side and Dental Health Questionnaire (NAVMED 6600/3), Privacy Act Statement (DD 2005), and Record of Disclosure-Privacy Act of 1974 (OPNAV 5211/9) on the left side.

#### 406. APPLICANT SECURITY INVESTIGATIONS

a. Personal Security Investigations (PSIs). Current personnel security directives specify the investigative and clearance requirements for access to classified information. Midshipmen are considered within the purview of these directives. Further delineated in current directives is the importance of the Military Personnel Security Program, with particular reference to acceptance or retention of individuals if such acceptance or retention is not consistent with the interests of national security. A NACLIC or other applicable PSI must be completed on students with favorable resolution as a prerequisite for retention in a midshipman or enlisted status, and mandatory for appointment to commissioned status. Determine if the required investigation already exists. Timely completion of investigations will permit early identification of those students who do not meet the established standards and facilitates issuance of Certificates of Clearance if required. As soon as the prospective midshipman is identified, the OIC will require completion of the EPSQ for transmission to DSS using information provided by the student on a SF 86. Command responsibilities regarding PSI

requests are contained in SECNAVINST 5510.30A (DON Personnel Security Program). Each statement will be examined for correctness and to determine whether it contains any significant derogatory or questionable information requiring command attention or amplification. If the status of a midshipman has been interrupted (by leave of absence, etc.) for a period in excess of 24 months since the date of the individual's last investigation, submit a request for the required PSI.

b. Forms

(1) Questionnaire for National Security Positions (NAC) (SF 86) (Example-page A-6) (used in conjunction with the EPSQ computer program)

(2) Fingerprint Card (FD 258) (Example-page A-23)

(3) Certificate of Personnel Security Investigation, Clearance and Access (OPNAV Form 5520/20) (Example-page A-24) (not required but may be used and retained in service record)

(4) Source documents (DON CAF Clearance Authorization - the DON CAF message establishing clearance eligibility is retained in the local service record until replaced by a more current authorization)

c. Fingerprints. Unclassifiable fingerprints continue to be a major cause for delay in completing personnel security investigations. It is, therefore, absolutely essential that clear, legible, and distinct fingerprints be obtained; otherwise, the Applicant Fingerprint Card (FD 258) will be returned to the unit, possibly causing excessive delays in completing the NACLIC request. If there is any doubt whether or not the prints are classifiable, two copies should be obtained and forwarded with the NACLIC request. The reverse of FD 258 contains basic instructions for accomplishing classifiable fingerprints. These instructions should be very carefully studied and fingerprints should be taken only by trained personnel. Assistance of Naval Criminal Investigative Service Offices or local law enforcement agencies may be requested when necessary. In completing the FD 258, in the "Reason Fingerprinted" block, insert "Officer Candidate-Navy (Marine)." This notation may be stamped, typed, or legibly printed. The purpose is to identify the fingerprint card for placement in the FBI's Civil File where they are available for positive identification in the event of disaster or casualty.

NOTE: Fingerprinting is an art and it is not always possible to obtain a good set of impressions the first time. Therefore, to avoid the necessity of retyping the cards, it is recommended that students first be fingerprinted then the required information be typed on the cards. To prevent smearing the fingerprints, ensure the ink is thoroughly dry before the cards are inserted in the typewriter. Do not punch holes in the fingerprint card.

d. EPSQ (Questionnaire for National Security Positions (SF 86))

(1) NACLRC requests consist of the original EPSQ (SF 86) and a fingerprint card (FD 258). The EPSQ is electronically submitted to DSS (Internet Email: epsq20@epsq.dss.mil) and the FD 258 is mailed to:

DSS-OCB  
PO Box 28989  
Baltimore, MD 21240-8989

EPSQ signed release forms shall be submitted to:

DSS-OCB  
PO Box 18585  
Baltimore, MD 21240-8585

(2) A signed copy of the EPSQ (SF 86) must be maintained until the security clearance process is finalized (normally in the Midshipman/Enlisted Service Record).

e. Notification of NACLRC Results. DON CAF will advise the respective OICs of clearance eligibility. Each OIC will be responsible for maintaining a check-off list and follow up with DON CAF as necessary to ensure that certification of clearance has been received.

f. Certificate of Personnel Security Investigation, Clearance and Access (OPNAV Form 5520/20). Each command may use a method of recording access, such as a computerized database, a log book, or the OPNAV 5520/20, and must maintain the record for 2 years after access terminates. Based on NACLRC results, at commissioning, OICs may execute Certificates of Personnel Security Investigation, Clearances and Access (OPNAV Form 5520/20) at the Secret level for students determined to be eligible for clearance in accordance with the security criteria contained in SECNAVINST 5510.30. To conform with DOD guidance relative to reduction of clearances DOD-wide this document shall not normally be executed until just prior to commissioning. It may be executed at an earlier time if necessary for midshipman cruises onboard naval vessels or for field trips to classified DOD activities. In these cases CNET guidance, provided separately, relative to granting of clearance for specified periods shall be observed. When the 5520/20 is executed, the original will be filed in the midshipman's local records and a copy will be forwarded to BUPERS (PERS 81).

g. Debriefings. Separating members who have had access to classified material must be debriefed and a Security Termination Statement (OPNAV Form 5511/14) must be executed in accordance with Chapter 4 of SECNAVINST 5510.30A.

#### 407. DEPENDENCY/PREGNANCY

Currently there are no restrictions as to the marital status or sex of students enrolled in naval science courses or participating in the MMR, USNR Midshipman Program. Midshipmen who become pregnant may be retained in the program provided they remain in good standing with the institution and maintain physical standards specified by BUMED. Students who have acquired a military obligation and desire to discontinue the program due to pregnancy should submit a request to the DOT representative (info the OIC, DNS, and CNET (OTE1) who will coordinate the request in accordance with the guidelines in the MILPERSMAN 1910-112. Pregnancy status must be confirmed by the attending physician.

#### 408. APPEARANCE AND GROOMING

Once appointed in the MMR, USNR, midshipmen shall conform to academy standards of appearance, grooming and uniform wear (if applicable). Day to day observation, especially during naval science classes, provides ample opportunity for unit staff officers to identify and counsel Midshipmen who do not meet academy standards. Failure of a midshipman to respond to such counseling by not improving his/her appearance should be taken as evidence of a poor aptitude toward service as a commissioned officer. Those who persist in substandard appearance and grooming should be considered as candidates for review board action which could lead to a recommendation to CNET for disenrollment from the program.

#### 409. PHYSICAL FITNESS

OPNAVINST 6110.1F (Physical Readiness Program) directs CNET to institute physical readiness testing in accordance with instruction standards. Further, the instruction establishes that during training such testing will be administered for all candidates semiannually. Testing of active duty DNS staff shall occur semiannually as specified in OPNAVINST 6110.1F and DNSs shall ensure all midshipmen are tested on a semiannual basis. This requirement does not include applicants for the Midshipman MMR, USNR Program at the state academies before they have been appointed/enlisted in the midshipman program (sophomore year). This instruction allows only those who have been medically examined/approved for the program by DODMERB to participate. All advance notification, medical screening requirements and risk reduction measures (CFLs or CFAs, ambulance, CPR qualified personnel, etc.) outlined in OPNAVINST 6110.1F must be complied with during tests.

a. OICs shall, insofar as possible, obtain the support of academy administrations. Academy medical and physical education departments can be of great assistance in this program. In the event the academy administration does not approve or concur with the testing requirement, refer the matter to CNET (OTE1) before proceeding with the testing requirement.

b. The minimum standard is a score per OPNAVINST 6110.1F of at least good or better on physical fitness assessment (PFAs) conducted through the junior, and senior year. Midshipmen who fail to achieve minimum PFA requirements or who exceed body fat limits shall be placed on remedial programs as directed by the instruction. Such members shall be counseled and placed on probation in writing. The probation letter should clearly state the reason for the probation, the requirements to be removed from probation, and the term of the probation. Physical readiness or weight reduction probations should not exceed one academic term. Failure to make measurable progress to achieve standards within the time specified in the probation letter shall be taken as evidence of lack of aptitude for commissioned service. In these cases review boards shall be convened to consider the case and provide a recommendation to the OIC relative to retention of the individual in the program. Following board considerations the OIC should forward his/her recommendation for retention or disenrollment to CNET and MARAD.

c. By the commencement of the second year all midshipmen must qualify at a minimum level of swimmer third class, as defined by MILPERSMAN 1414-010. This should be documented on a Page 13 (NAVPERS 1070/613). Testing should be conducted by academy athletic departments. Those who qualify as swimmer first class shall not be required to requalify. The midshipmen who achieve third class qualification shall be required to requalify annually. Failure to complete the swimming requirements will result in probation. Failure to make measurable progress as outlined in the probation letter will result in a Performance Review Board for aptitude the same as for a PFA failure.

#### 410. BENEFITS

a. Benefits authorized for members of the USNR are outlined in BUPERSINST 1780.1. SIP for midshipmen are administered by MARAD through the academy administrative offices. Students receiving SIP who are participating in an active Naval Reserve unit and receiving compensation may request a waiver of midshipman appointment from MARAD (Refer to paragraph 4021(2)). Student inquiries concerning SIP benefits should be referred to the academy administration office. The Navy does not authorize financial benefits directly to members of the program. Dual federal benefits while concurrently participating in the MMR, USNR Midshipman Program are not authorized.

(1) Students not receiving SIP may participate in the midshipman program. These students may be appointed and enlisted following the same procedures as with SIP recipients.

(2) Concurrent enrollment in the MMR, USNR Midshipman Program and the NROTC Program, if NROTC subsistence payments are received, is not authorized.

b. Use of Military Facilities. Facilities may be used on a space available and limited basis for organized familiarization cruises or for training cruises. Medical facilities may be used for program qualification including follow-up consultations, i.e., appointments, enlistments, commissionings, and in some instances for emergency treatment. Local federal medical facilities should be consulted for amplifying instructions. Refer to BUPERSINST 1780.1 for further information.

#### 411. SELECTIVE SERVICE REGISTRATION

The Military Selective Service Act (MSSA) and President Proclamation issued 2 July 1980 requires certain male citizens to register. All students, including those enrolled in the MMR, USNR Midshipman Program are required to register. Students should consult with the local Selective Service Registration Representative for further information.

#### 412. LEAVE OF ABSENCE

Students may request leave of absence (LOA) from the Midshipman MMR, USNR Program as long as they remain in good standing with the academy and with MARAD relative to SIP and may return in that status to resume study at the end of the LOA. Midshipmen requesting LOA, who have entered obligated status, should be cautioned that failure to return from LOA constitutes voluntary noncompliance with their training and service agreements and subjects them to possible disciplinary action including recall to active enlisted service for up to 2 years. In addition, DNSs should evaluate LOA requests to ensure that the LOA is not of such duration as to make the midshipman too old for commissioning when graduation occurs.

#### 413. ACADEMIC REQUIREMENTS

a. All midshipmen must remain in good academic standing with the academy in which enrolled, must maintain a minimum 2.0 grade point average (GPA) both on a semester basis as well as cumulative, and must achieve a passing grade in all required naval science courses. A Performance Review Board should be convened for midshipmen with a GPA below 2.0 (term or cumulative). If a midshipman's GPA falls below 2.5 the OIC should consider issuing a warning letter and should counsel the individual.

b. All midshipmen are required to satisfactorily complete the naval science curriculum prior to commissioning.

#### 414. APTITUDE

a. All midshipmen must remain in good standing and conform to the rules and regulations of the academy. Serious, repeated, or excessive violations of the rules and regulations are evidence of inaptitude for the demanding career of a Merchant Marine

Officer and unsuitability for retention in the MMR, USNR Midshipman Program and subsequent commissioning in the Naval Reserve.

b. Applicants and midshipmen/enlistees are expected to demonstrate a good example of subordination, integrity, sobriety, neatness, attention to duty, and to conduct themselves with the propriety and decorum which characterize gentlemen and ladies. Prior to being appointed/sworn in, all midshipmen are to sign a letter similar to the example shown on page A-16, indicating their understanding of the midshipman honor concept.

c. Demonstrated aptitude for naval service must be maintained for appointment and continuation in the program and commissioning. Lack of aptitude, including infractions outlined below, will result in a warning, probation, convening of a Performance Review Board, and possible disenrollment from the MMR, USNR Midshipman Program.

- (1) Honor code offenses
- (2) Culpable irresponsibility
- (3) Conduct that violates civil or criminal law including misdemeanor or felony offenses
- (4) Use or possession of illegal drugs; abuse or misuse of prescription drugs or alcohol or alcohol related incidents
- (5) Unfavorable NACLIC results
- (6) Pattern of misconduct
- (7) Unsatisfactory leadership qualities
- (8) Unsatisfactory acceptance of responsibilities including failure to provide commissioning documents or failure to meet other commission application processing requirements.
- (9) Sexual harassment and fraternization as defined by current Navy directives
- (10) Homosexual conduct as defined by 10 USC 654 (Policy concerning homosexuality in the armed forces) and current Navy directives

**EXAMPLES:** unauthorized absence, aggravated or repeated assault, sexual harassment, debt irresponsibility, fraud, hazing, insubordination, alcohol/drug abuse, malingering, deliberate disobedience or refusal to obey orders, destroying or defacing property, security violation, repeated minor infractions of instructions, orders or regulations.

d. Midshipmen in the MMR, USNR Program are bound to a code of personal honor and integrity which does not tolerate lying,

cheating, stealing, or any other actions which stem from these. The ramifications of this concept of personal behavior should be made clear to each prospective midshipman as the time of appointment approaches. Midshipmen must know that by swearing/affirming the oath at the time of midshipman appointment, they accept this code to govern their own personal behavior thereafter.

e. Where the Academy has established its own honor code, OICs should take official notice of academy honor code infractions involving midshipmen enrolled in the MMR, USNR program. Should an academy or student body investigation of the circumstances result in substantiation of an honor violation, a review board to determine fitness to remain a member of the midshipman program should be convened. Should such infractions and review board action occur prior to midshipman appointment, OICs shall terminate the application process and notify academy authorities charged with administration of the SIP program accordingly.

#### 415. DETERMINATION ON NONCOMPLIANCE WITH SERVICE AGREEMENT, APPEALS, AND REVIEW PROCEDURES

a. Participants in the Midshipmen MMR, USNR Program at both the federal and state maritime academies must sign training and service agreements/statements of understanding which cover their service and outline the consequences for breach of agreement. The detailed situations defining breach of agreement are contained in P.L. 96-453, Title 46, Part 310, CFR and The Midshipman Training and Service Agreement/Statement of Understanding (CNET form 1534/3 for state academies; Statement of Understanding form for USMMA). Any case requiring additional guidance should be referred to CNET (OTE1).

b. Any midshipman who has completed two or more academic years at USMMA or completed one or more academic years at a state academy (as a SIP Program student) and breaches his/her agreement may be called to active duty by the Secretary of the Navy (SECNAV) to fulfill the conditions of his/her contract. The Secretary of Transportation, represented by the Director of MARAD, will submit names of midshipmen who breach their contract to the SECNAV representative (CNET) who will forward such recommendations, via the program sponsor DCNO (Logistics) (OPNAV N4), to SECNAV for final action. Any midshipman who breaches his/her agreement because of extenuating circumstances or hardship may request an obligation waiver from MARAD's Academies Program Officer. If the waiver is disapproved, the midshipman may present evidence to an Appeals Review Panel convened by MARAD (consisting of a Chairman (MARAD Representative), plus representatives of the Department of the Navy, the National Oceanic and Atmospheric Administration Corps (NOAA), and the U.S. Coast Guard) for review and determination, which is final.

c. To provide timely notification of noncompliance for acceptance of commissions, careful attention should be paid to

the accuracy of the semi-annual commissioning report required by Article 202c of these regulations.

d. The normal sequence of events in noncompliance cases is as follows:

- (1) Maritime Academy/DNS recognizes a breach of contract.
- (2) Academy notifies CNET (OTE6/082) and student by letter with full particulars, documentation and recommendation.
- (3) CNET endorses academy letter to MARAD (MAR 250).
- (4) MARAD considers situation to determine if they are going to enforce contract with student.
- (5) If decision is to enforce, MARAD notifies BUPERS (PERS-82) and student by letter.
- (6) BUPERS considers situation and makes recommendation to Secretary of the Navy.
- (7) Secretary approves/disapproves orders to active duty.
- (8) BUPERS notifies academy, MARAD and individual of decision by letter and, if applicable, provides anticipated date of orders to active duty.
- (9) If applicable, the Enlisted Personnel Management Center (EPMAC Code 70) prepares orders on individual and provides instructional letter on where and how to report for active duty.

#### 416. TERMINATION OF MIDSHIPMAN APPLICATION PROCESS

This section refers to students at state maritime academies who are not appointed to midshipman status or enlisted until the commencement of the second year at the academy. These individuals are considered in an applicant status from the time their initial letter of application is accepted in the freshman year until they are appointed and enlisted. Applicant status shall be terminated by the OIC, with appropriate notification to the academy authorities charged with administration of the SIP program, in the circumstances listed below (also figure 4-3).

a. Whenever the student is disenrolled or suspended by the academy for academic or conduct reasons. (Review board not required.)

b. When the applicant consistently fails to adhere to appointment/enlistment processing requirements and deadlines. Written warning shall be given regarding meeting or rescheduling processing requirements. Failure to comply after written warnings is evidence of lack of desire for the program. (Review board required.)

c. Whenever there is a finding of not physically qualified by BUMED on preappointment physical and not waived by CNET. (Review board not required.)

d. When there is a finding on a NAC that would preclude granting of a security clearance. (Review board not required.)

e. When the applicant's aptitude for midshipman status becomes questionable due to frequent misconduct and infractions of academy regulations, conviction by civil authorities, alcohol/drug related offenses, or other exhibited unfitness for naval service. (Review board required.)

#### 417. PERFORMANCE REVIEW BOARD

a. This board is to be convened to review any cases involving possible discontinuation of a student's participation in the MMR, USNR Midshipman Program due to demonstrated inaptitude for commissioned service or failure to conform to Navy physical readiness requirements. Articles 409 and 414 provide detailed discussion of requirements and standards of conduct. Review boards may be convened in certain cases which could result in termination of an applicant's eligibility for subsequent appointment to midshipman status should the OIC deem appropriate.

b. Review board membership should consist of at least three members. The OIC should not be a member as this officer must exercise review authority relative to the board's findings. The Department Assistant OIC should always be a member unless circumstances dictate otherwise. The OIC should request that academy authorities designate at least one review board member from the faculty or administration. Participation by civilian faculty or licensed staff is encouraged. Academy personnel who are officers of the USNR including the MMR, USNR, U.S. Coast Guard Reserve, other reserve components, or on the retired list constitute an ideal source of board members. The senior member of the board shall be the senior military member.

c. The midshipman under review must be notified at least 7 days in advance of the Review Board meeting. The notification should contain the time, date, and place of the meeting as well as the reason for the review board (i.e., misconduct, aptitude). The senior member should conduct the board meeting as an official administrative hearing. The midshipman should be given the opportunity to speak, to receive advice, and to submit a written statement. A verbatim record of proceedings is not required; however, an informal written summary of the proceedings shall be made. At the conclusion, the board should forward this summary along with findings and recommendations to the OIC. In its report, the board may recommend no action, probation, or disenrollment.

d. OICs shall review all board reports. In cases where the OIC deems disenrollment is appropriate, the entire package should be forwarded to CNET (OTE1) along with comments relative to the midshipman's suitability for enlisted service (USMMA need not comment on enlisted service suitability). CNET will provide disposition instruction as soon as possible after the disenrollment recommendation has been received.

e. In all cases academy officials are to be fully informed by written notification of intention to convene a board and of resultant actions.

#### 418. DISENROLLMENT FROM THE MMR, USNR MIDSHIPMAN PROGRAM

a. Any midshipman disenrolled or suspended by any maritime academy or college after incurring service obligation will be subject to orders to active enlisted service for breach of contract. (See paragraph 415 above)

b. Students at the USMMA having prior active duty with a remaining service obligation at the time of initial enrollment should be processed for disenrollment in the same manner as other midshipmen who have not yet incurred an obligation except there will be no discharge certificate issued. To disenroll the midshipman, the Appointment Termination Disenrollment Authorization Midshipman USNR (CNET 1533/29) (Example-page A-25) (state academies use DD 785, page A-25.1) will be completed and forwarded with a copy of page 13 to PERS-822. A copy should also be sent to CNET (OTE6/082). The request for disenrollment should request recall to active enlisted duty in accordance with the member's duty requests. The member will be sent home awaiting orders. PERS-822 will direct Enlisted Personnel Management Center (EPMAC Code 70) to issue orders and instructional letter which will be sent to the member's home of record.

c. Any midshipman who fails to apply for commissioning appointment by prescribed deadline dates may be separated from the MMR, USNR Program following review board action. These individuals may be subject to orders to enlisted service. The OIC should convene a review board and forward recommendations stemming from the board report to CNET (OTE1) including a recommendation relative to individual fitness for enlisted service. Academy authorities charged with administration of the SIP Program should also be notified.

#### 419. SEPARATIONS/DISCHARGES

a. Midshipmen who have incurred no obligation under a previous enlisted contract or MMR, USNR Midshipman service obligation agreement shall be separated automatically if dismissed by the academy prior to graduation. Separation procedures are as follows:

(1) Terminate the midshipman appointment. All schools prepare CNET 1533/29, page A-25 and DD 785, page A-25.1.

(2) If applicable, close out enlisted service record as specified elsewhere in this article; make a page 13 entry using the appropriate remarks from subparagraph f of this section.

b. Midshipmen who have been the subject of DNS Review Board action shall be considered in a LOA status from the MMR, USNR Midshipman Program until response has been received from CNET relative to the review board report and the recommendations of the OIC. If separation is directed and no previously incurred enlisted obligation exists, proceed as in subparagraph a above.

c. Midshipmen who have been disenrolled by the academy or have voluntarily disenrolled, who have an enlisted service obligation remaining which was incurred prior to entering the academy, shall be subject to orders to active enlisted service. Procedures in these cases are outlined in Article 418c.

d. All records on midshipmen who have disenrolled from the academy and who have incurred an obligation through noncompliance with MMR, USNR and SIP training and service agreements should be retained pending receipt of notification whether or not the former midshipman will be called to active duty in an enlisted status. The Secretary of Transportation representative will coordinate the recommendations for or against the call to active duty with the SECNAV representative as outlined in Article 415. If called to active duty, comply with the transfer directive; if not called to active duty, terminate the midshipman appointment and effect appropriate discharge.

e. Applicants not selected for midshipman status or midshipmen whose application for commission is terminated due to physical disqualification or as a result of adverse security investigation results should be informed by letter with a copy to the academy administration.

f. In closing out the enlisted service record, prepare appropriate administrative remarks (NAVPERS 1070/613) as specified in the sample remarks below and other remarks as necessary or required should be entered. Separations should be carefully monitored to ensure that the midshipman does not have any further obligations and to prevent unauthorized discharges.

(1) 12 August 99: Discharged this date for convenience of the Government. Separated from the Merchant Marine Reserve, U.S. Naval Reserve (MMR, USNR) Midshipman program to accept a commission in the  
Authority MILPERSMAN

(or other appropriate directive) (used when member has requested a commission in another service)

(2) 12 August 99: Advanced in rating to (SA E-2) or (SN E-3) (as appropriate). Authority: CNET Instruction 1534.1. (Members called to active duty who had a previous higher rate may be called to active duty at that rate unless otherwise directed by BUPERS.)

NOTE: The midshipman enlisted rate at the time of separation shall be determined by the following criteria: If the midshipman has participated in the program for a minimum of 6 months he/she may be advanced to Seaman Apprentice. If the midshipman has participated in the program 1 year or longer he/she may be advanced to Seaman.

(3) 12 August 99: Discharged this date for the convenience of the Government. Separated from the Merchant Marine Reserve, U.S. Naval Reserve (MMR, USNR) Midshipman Program due to: Failure to maintain satisfactory academic standing; physical qualifications; (other reasons as appropriate).

(4) 12 August 99: Midshipman appointment terminated this date.

(5) 12 August 99: Called to serve \_\_\_\_\_ years active duty to fulfill the requirements of 46 United States Code appendix, subchapter XIII. Enlisted records and health record transferred to: \_\_\_\_\_

g. In the event a midshipman has initiated a request for commissioning and is disenrolled, ensure timely notification to Commander, Naval Recruiting Command (COMNAVCRUITCOM) to discontinue the commissioning process.

#### 420. DEATH OF A MIDSHIPMAN

Institute appropriate courtesy to next of kin in accordance with current directives. Advise CNET and close out enlisted service and medical record. In cases where the midshipman's death is an event of media interest or has a direct Public Affairs impact on the U.S. Navy or the MMR, USNR programs. The OIC shall notify the CNET NROTC Midshipman Administrator during working hours (DSN 922-4909/4962/2823; commercial (850) 452-4909/4962/2823 or the CNET Staff Duty Officer (DSN 922-4000, commercial (850) 452-4000) by telephone providing all known details of the circumstances. If the situation warrants, CNET will assume responsibility for OPREP-3, NAVY BLUE, reporting as necessary.

#### 421. MMR, USNR COMMISSION APPLICATION PROCESS

a. Initial Screening. All midshipmen participating in the MMR, USNR Midshipman Program who are U.S. citizens are required to apply for, and accept if offered, a commission in the USNR or other uniformed service other than the U.S. Public Health Service. Applications should be completed by the midshipman and submitted to the OIC/CO, Naval Science Department approximately

12 to 18 months prior to anticipated graduation/commissioning date. Academic performance and aptitude must be maintained until commissioned. Failure to meet standards will result in a review board which could result in disenrollment. Because of the nature of the training program at USMMA, half of the graduating students (of USMMA) spend the second half of their junior year at sea onboard merchant ships and are not available to meet this schedule. Accordingly, the OIC, DNS, USMMA must ensure completion of the commissioning application forms as early in the senior year as practical.

b. Precommissioning Physicals. The medical examination for commissioning must occur within 24 months of the commissioning date. To provide sufficient time for processing, these exams should be scheduled as early as possible within this 24-month period. Should units experience difficulty in scheduling medical examination services, the circumstances and details of actions taken should be forwarded to CNET (OTE1). Original copies of completed SF-88 (Report of Medical Examination) and SF-93 (Report of Medical History), along with originals of all consultation sheets pertaining to each individual shall be forwarded to BUMED (Code 25). BUMED will review and return the originals to the unit. The results will indicate whether the midshipman is physically qualified or not physically qualified. When a finding of not physically qualified is rendered, BUMED will provide a waiver recommendation to CNET for final decision. In either case the original of the finding will be sent to CNET for decision relative to a waiver. The BUMED stamped original SF-88 or the original SF-88 with all correspondence related to an approved waiver constitutes evidence of an approved physical exam. These documents together with the original SF-93 should be placed in the midshipman's health record. Midshipmen applying for certain active duty Navy programs (i.e. flight or submarine duty) require special physicals. For assistance or information regarding such requirements consult CNET (OTE6/081) or BUMED (Code 25).

c. Security Clearance Prerequisites. Favorable clearance recommendations from DON CAF obtained from the submission of the EPSQ (SF 86) for midshipman appointment are valid for commissioning. If a Certificate of Personal Security Investigation, Clearance, and Access (OPNAV Form 5520/20) was issued to a midshipman at some time prior to commissioning, a copy of the original EPSQ (SF 86) should have been retained in the enlisted record to be updated and submitted with the precommissioning package.

d. Commissioning Application Packets. Guidance for assembling commissioning packets, duty requests, etc., contained in this manual, although detailed, is not all inclusive. Other manuals such as the MILPERSMAN, MEDMAN, CRUITMAN-OFF, DON PERSONNEL SECURITY PROGRAM, and DON INFORMATION SECURITY PROGRAM REGULATION must be consulted for detailed processing instructions. Completion of commissioning packets requires extensive counseling and administrative action. It is essential that all

information is correctly entered on all documents. All documents required for final selection and commissioning are to be forwarded to Commander, Navy Personnel Command (PERS-854) at least 90 days prior to anticipated graduation/commissioning date. For classes graduating in the spring, a submission date of 1 December of the year prior to the graduation year is recommended. Assemble packets in the order listed below or as otherwise directed by PERS-854. Envelopes, folders, and clips requiring holes are not desired; staple the packet, top, middle, or use large binder clips if necessary. Figure 4-2 shows a flow chart of the precommissioning process.

- (1) Application Control and Processing Record (NAVCRUIT 1100/14)
- (2) Application for Commission or Warrant Rank (NAVCRUIT 1100/11) (Example-page A-26)
- (3) Certificate of Release or Discharge from Active Duty (DD 214) (if prior military)
- (4) Statement of Contingent Release (required if applicant is a member of a reserve component other than the MMR, USNR Midshipman Program)

#### 422. ACTIVE DUTY REQUESTS

a. Requests for active duty in the Navy should be originated by the applicant and submitted to the OIC. Departments shall forward commissioning packets for active duty applicants to CNO (N13). Packages should be submitted no later than 15 January for the spring graduating class. Application commissioning packages submitted after that date may not receive orders to active duty, if selected, until the next fiscal year. If possible, application packages for aviation designators should contain a copy of a flight physical approved by the Naval Aerospace and Operational Medical Institute (NAVAEROPMEDINST). CNO (N13) will coordinate submission of active duty packages to NPC (PERS-812, PERS-854), and the warfare community detailers. Applicants from all maritime academies in the 15 January submission will be rank ordered within designator choices. Quota limitations for active duty appointments are established annually by PERS-854. Therefore, active duty applicants should understand that selection is not guaranteed but is dependent on the record of performance which has been established at the respective academies in terms of academics, conduct, and leadership.

b. The following documents and forms should be included in the active duty application package.

- (1) Letter of recommendation from OIC which includes a ranking indication for the midshipman in aptitude relative to classmates in the USNR/MMR program. An indication/certification

of ASTB test results for all applicants for flight training must be included.

(2) Application for recall to extended active duty (NAVPERS 1331/5)

(3) Resume

(4) Report of Medical Examination (SF-88). Should be approved by BUMED (Code 25) or contain copies of correspondence granting waiver. Flight applications should include flight physical approved by NAMI. If approved physicals have not been received in time for submission, they should be forwarded to PERS-854 when received.

(5) Report of Medical History (SF-93)

(6) Interviewers Appraisal Sheet (2) (NAVCRUIT 1100/13) - to be filled out by unit staff officer. (Example-page A-29)

(7) Two letters of recommendation.

(8) Transcripts from all schools attended above high school

(9) SF-86 Security clearance documents for Intel Community candidates only. All others: DONCAF message or related security clearance documents.

(10) Performance Reports from sea year cruises or cadet observed periods - include Midshipman End of Training evaluations from any active duty served with the Navy.

#### 423. APPOINTMENT IN OTHER UNIFORMED SERVICES

Prospective graduates seeking appointment as a commissioned officer in another uniformed service should submit a request for appointment to the appropriate service info the OIC, DNS. Evidence of acceptance from the other service must be sighted by the OIC prior to graduation/releasing a midshipman from the Naval Reserve obligation. Midshipmen in this category should concurrently submit a commissioning packet for a USNR/MMR commission. If approved, the midshipman entering the other service should be discharged from the naval service the day preceding appointment in the other service. If disapproved for the other service, the midshipman is still obligated to accept a USNR/MMR commission.

#### 424. DELIVERY OF COMMISSIONS

a. Commissions, along with Officer Appointment Acceptance and Oath of Office (NAVPERS 1000/4) (Example-page A-15), will be forwarded for each commissionee by PERS-854. These documents should be verified for correct name, including spelling, commission date, designator, etc. If incorrect, the DNS should report

the error to PERS-854 by telephone. In some cases local correction may be authorized by PERS-854. Prior to commissioning, the OIC must verify the following prerequisites:

(1) Possession of a U.S. Merchant Marine officer's license as Third Assistant Engineer or Third Mate issued by the U.S. Coast Guard.

(2) Possession of a bachelors degree issued by the academy from which graduated (associate degree in the case of Great Lakes Maritime Academy).

(3) Evidence of an approved U.S. Navy physical.

(4) Clearance authorization from DON CAF based on NACLIC with no derogatory information that would preclude granting of a Secret clearance.

b. The DNS should return midshipmen appointment packets of those who have not yet received Coast Guard licenses due to failure of one or more parts of the licensing examination. These midshipmen are normally retested within 30-90 days of the first attempt at the exam. If the DNS is able to ascertain the names of these midshipmen at the time the original exam results are released, PERS-854 should be contacted and requested to retain the commissioning documents pending notification of the new date of appointment. If the documents have already been received, they should be returned to PERS-854 for later reissue.

When the midshipman has completed license requirements and the license has been sighted by the OIC, the OIC should request that PERS-854 reissue the commission with an appointment date which is the same as the date of issue of the license by the U.S. Coast Guard.

c. Concurrently with the commissioning ceremony, the newly appointed officers should execute the Oath of Office, NAVPERS 1000/4 (Example-page A-15), for commissioned status by signing the document. Care should be taken to ensure signatures match the typed name on the document.

d. Departments should comply with the Officer Transfer Manual or orders and the PERSMAN where commissionees are being immediately ordered to active duty. Such officers are normally directed to the nearest Personnel Support Activity Detachment (PERSUPP DET) for pay and personnel accounting purposes.

e. Commissionees should be given any documents from their midshipman records no longer required for official purposes. In addition, each commissionee should receive an information packet consisting of: Information Booklet for Officers Newly Commissioned in the U.S. Naval Reserve, Merchant Reserve Officer Programs (COMNAVSURFRESFOR) (not required for active accessions)

f. After commissioning, forward the following documents to PERS-854:

(1) Signed Officer Appointment Acceptance and Oath of Office (NAVPERS 1000/4)

(2) Transcripts from school

(3) Physicals (if not in original package)

(4) Officer Biography Sheet (NAVPERS 5720/1)  
(Example-page A-34)

(5) Officer's Report of Home of Record and Place From Which Ordered to a Tour of Active Duty (NAVPERS 1070/4) (if required - active duty) (Example-page A-35)

(6) Statement of Name for Use in Official Military Records (DD Form 1916) (if required)

(7) Record of Emergency Data (NAVPERS 1070/602)

(8) Signed and witnessed Statement of Understanding/ Training and Service Agreement (CNET 1534/3) (Appendix A, page A-13/13.4)

(9) Evidence of having passed Coast Guard examination

(10) Officer Photograph Submission Sheet (NAVPERS 1070/10) (Example-page A-36)

(11) Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1)

g. After commissioning immediately forward the following copies to COMNAVSURFRESFOR (N14) (inactive accessions only):

(1) A signed copy of the Record of Emergency Data (NAVPERS 1070/602).

(2) A signed copy of the Officer Appointment Acceptance and Oath of Office (NAVPERS 1000/4).

(3) A copy of the Certificate of Personnel Security Investigation, Clearance and Access (OPNAV 5520/20). This document should be completed just prior to commissioning if not completed earlier for training purposes.

(4) BUMED Stamped SF-88/93.

(5) DNAs obtain copy of Coast Guard License from individual upon commissioning.

425. ASSEMBLY OF OFFICER SERVICE RECORD FOLDER AND MEDICAL RECORD

a. Officer Service Record Folder (NAVPERS 1070/66). Upon commissioning the officer service record folder will be forwarded to the Commanding Officer, Naval Reserve Personnel Center (NAVRESPERSCEN), New Orleans, LA 70149, via COMNAVSURFRESFOR (N14), except in cases where the newly commissioned officer is entering active duty. In such cases the service record will accompany the new officer to his initial assignment. The below listed documents will normally be included in the officer service record folder; however, reference should be made to the MILPERSMAN and other relevant instructions for current directives pertaining to the requirements to accomplish the assembly of the folder. This procedure is performed in accordance with the MILPERSMAN 1070-040 for students to be commissioned in the USNR.

(1) Right Side. Filed in reverse order to ensure item (a) is on top when the record is open for reading.

(a) DD-1172 Application for Uniformed Services Identification Card (not required--for reference purposes)

(b) NAVPERS 1070/613, Administrative Remarks

(c) NAVPERS 1210/5, Officer Qualifications Questionnaire

(d) NAVPERS 5720/1, Officer Biography Sheet

(e) NAVPERS 1070/602, Dependency Application/Record of Emergency Data

(f) NAVPERS 1070/10, Officer Photograph Submission Sheet, 2 Copies

(g) DD 214, Certificate of Release or Discharge from Active Duty (prior active duty enlisted personnel only)

(h) NAVPERS 1000/4, Officer Appointment, Acceptance and Oath of Office

(i) NAVPERS 1070/4, Home of Record

(2) Left Side. Filed in reverse order to ensure item (a) is on top when the record is open for reading.

(a) OPNAV 5211/9, Record of Disclosure, Privacy Act of 1974

(b) OPNAV 5520/20, Certificate of Personnel Security Investigation Clearance and Access

(c) OPNAV 5350/1, Drug and Alcohol Abuse Statement of Understanding

(d) EPSQ (SF-86), Questionnaire for National Security Positions

(e) CNET 1534/3, Training and Service Agreement (State Schools) or USMMA Statement of Understanding form

b. Officer Medical Record. Ensure that the Midshipman Medical and Dental Records (DD 722 and DD 722-1) conform to the requirements of the MEDMAN. Forward to NAVRESPERSCEN if entering the MMR, USNR program. If the officer is entering active duty the medical/dental record will accompany the officer.

#### 426. FAILURE TO ACCEPT COMMISSION

Failure to accept the MMR, USNR commission after fulfilling all application requirements is a breach of the Maritime Administration Training and Service Agreements for participants in the MMR, USNR Midshipman Program. OICs/COs shall notify CNET (OTE1) of the names of those midshipmen who failed to accept their commissions or reschedule their commission date due to a failure of the license examination. For purposes of consistency, reports shall be made of those who have failed to appear within the 90 days following the date of scheduled commissioning. On receipt of the names, CNET will notify MARAD. A sample letter is provided at page A-38 for a midshipman who refuses a commission.

#### 427. DISPOSITION OF MIDSHIPMAN STUDENT/ENLISTED SERVICE RECORDS

a. Upon commissioning remove documents needed for the officer service record and all other miscellaneous documents not specified for other purposes. These may include old TAD orders, correspondence, cruise evaluations, etc. These documents should be delivered to the newly commissioned officer for personal use. It is recommended that a cover memo be attached advising the importance of retention as duplicates may not be available at a later date. The remaining documents in the enlisted record will be transferred as specified in subparagraph 427d.

b. If a midshipman is separated due to disenrollment by the academy or approved review board action where active enlisted service is not directed, ensure appropriate Page 13 entry is made outlining circumstances of the disenrollment. Hold the record in the unit files for 3 years. At the end of this period, destroy all contents not required and transfer as specified in subparagraph 427d.

c. Records of midshipmen at the USMMA who disenroll at own request prior to incurring a service obligation shall be expunged of non-required documents and forwarded in a group with the graduating class records annually as specified in subparagraph 427d.

d. Closed out records should be forwarded to CNET (OTE1) for consolidation with NROTC records which will be forwarded when sufficient records are accumulated to the Director, National Personnel Record Center, Federal Records Center, 9700 Page Boulevard, St. Louis, MO 63132. Each record forwarded should have a page appended on the top which provides:

Full Name

SSN

Date of Birth

Place of Birth

Date of Discharge or Disenrollment

Activity from which Discharged or Disenrolled

Geographic Address of Activity from which Discharged or Disenrolled

FIGURE 4-1

APPLICATION/APPOINTMENT PROCEDURES FLOW CHART  
(Article 403)

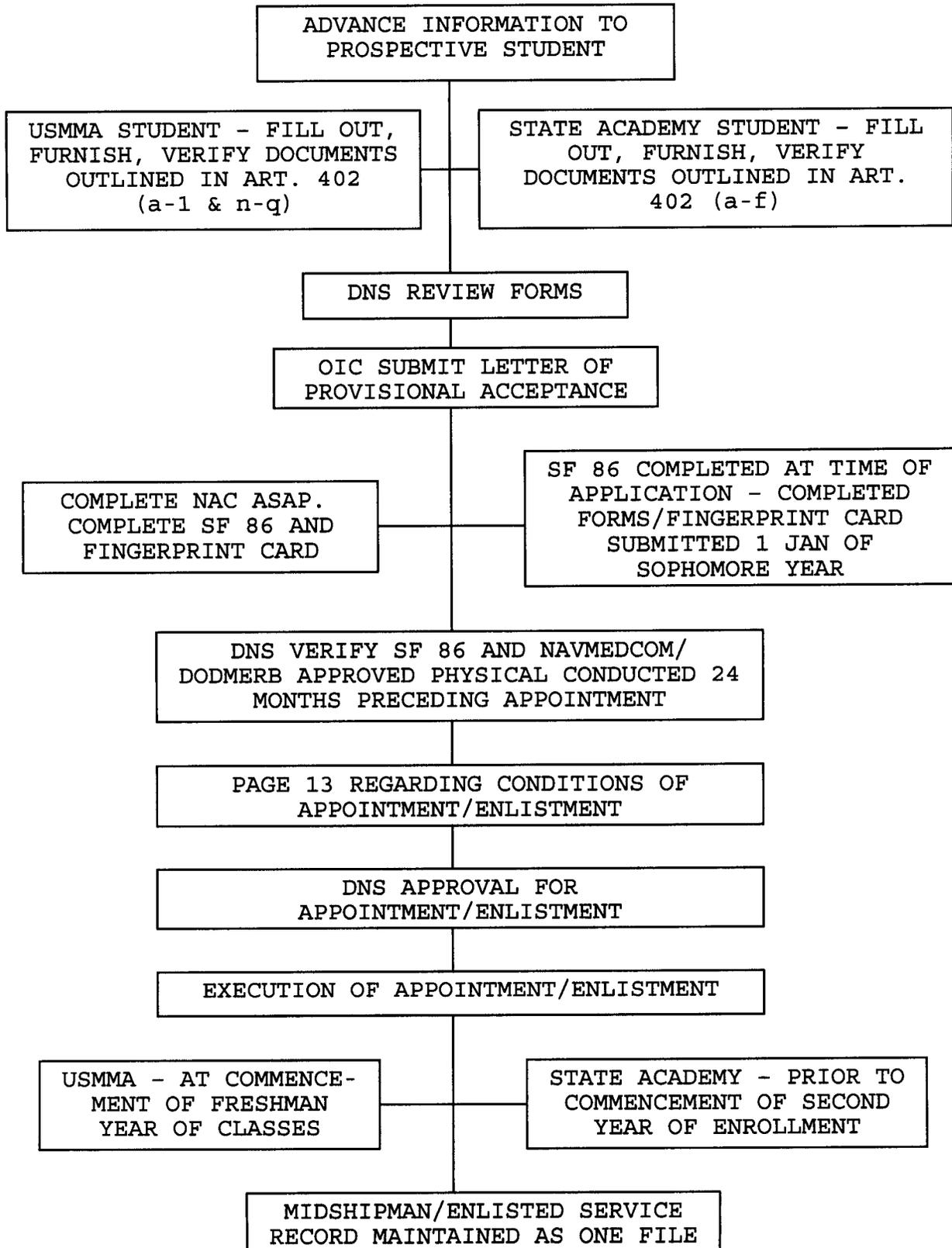
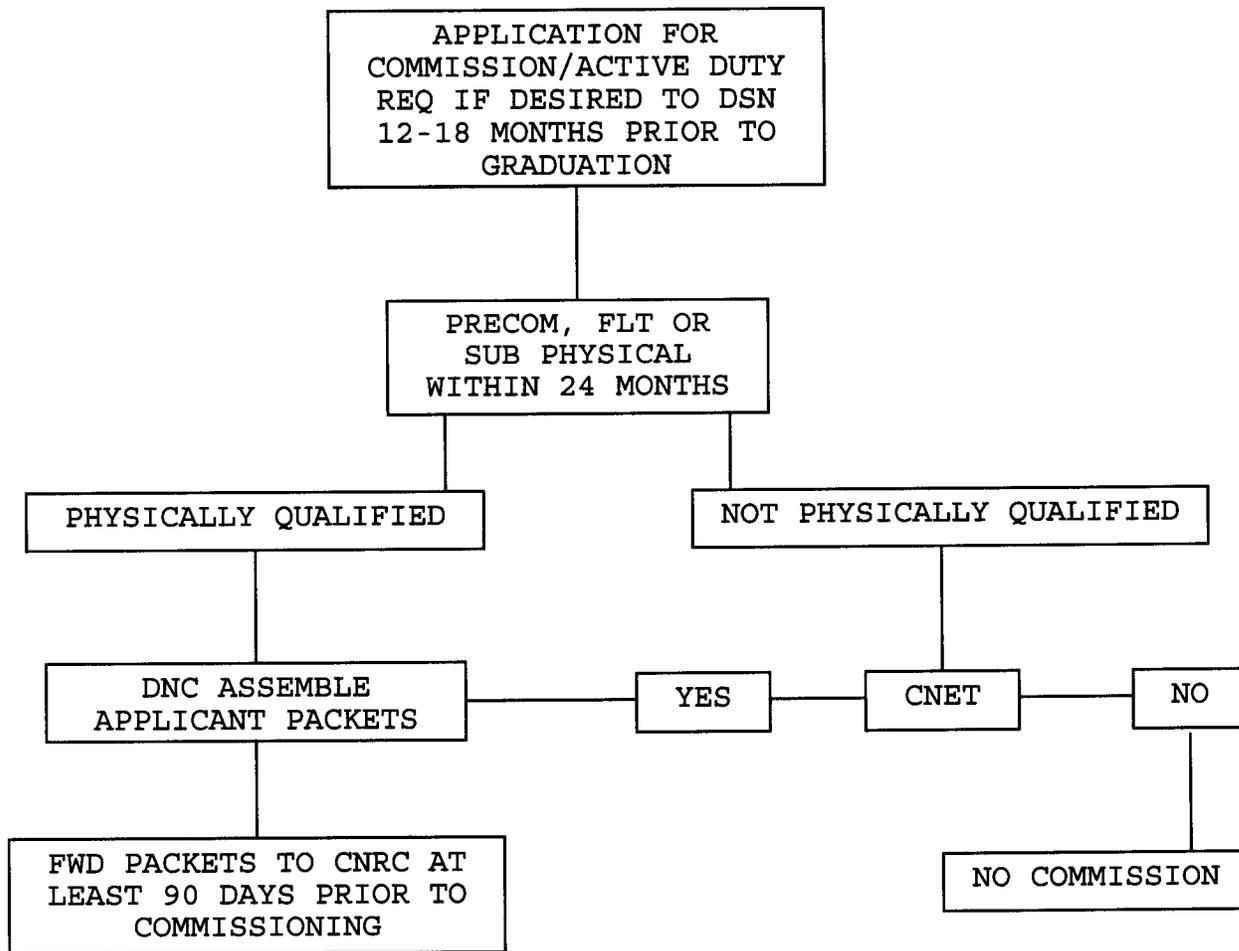


FIGURE 4-2

COMMISSION APPLICATION FLOW CHART



CHAPTER V

FISCAL, SUPPLIES, AND EQUIPMENT

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501. FUNDING

Operating funds for the operation and maintenance of the DNS are provided annually by CNET. These funds are provided based on the budget submission requests from the OIC, DNS, and the availability of funds. Budget requests are submitted annually in accordance with guidance contained in the annual budget call which is promulgated by CNET (OTE1).

502. FACILITIES

The maritime institutions are expected to support the DNS by providing classrooms, office facilities, telephone services, and parking consistent with support provided other academic departments.

503. PROTECTION OF NAVAL PROPERTY

The OIC is responsible for the custody, care, and safekeeping of all Navy property. Issuance of and accounting for this property will be in accordance with standard Navy practice as provided by the NAVSUP Manual, the Navy Comptroller Manual, and appropriate sections of the NROTC Supply Procedures Manual (CNET P1533/9).

504. MATERIALS, SUPPLIES, AND EQUIPMENT

a. Equipment and supplies may be obtained by requisition, using current procedures and requisitioning channels. Allowances for unfunded requirements and one of a kind expenditures may be requested from CNET as the need arises. NROTC Supply Procedures Manual provides amplifying instructions.

b. Surplus Navy equipment and training aids intended for exclusive use in support of naval science instruction may be supplied by the Navy on a custodial loan basis. Programs that are by nature exclusively within the required instruction

prescribed by the institution will not be provided material or instructional support on a cost to the Navy basis.

#### 505. ACCOUNTABILITY OF TEXTBOOKS, SUPPLIES, AND EQUIPMENT

a. The NROTC Supply Procedures Manual provides disposition instructions for surplus, obsolete, and excess inventories of naval science publications.

b. All textbooks, nonconsumable supplies, and items of equipment issued to naval science students and midshipmen shall be collected at the end of each semester, term, summer session, or at the end of the course for which a particular item is used. To support this program, students should fill out and sign separate custody receipts for all naval science material and texts received for use in courses. See NROTC Supply Procedures Manual, Article 4.19.

c. Items which will be required by students in the future will be held for reissue.

d. Items of no use to the DNS will be reported by the OIC to the cognizant naval material officer (DRMO) for disposal in accordance with the current Defense Disposal Manual (DOD 4160.21-M).

e. Students must replace, at their own expense, textbooks, supplies, or equipment lost, mutilated, or destroyed through negligence or carelessness. Replacement may be in kind or in cash equal to replacement cost.

f. Funds received from students for replacement of lost or damaged texts, supplies, and equipment should be forwarded to CNET (OTE1). Make checks payable to the Treasurer of the United States.

g. In October of each year, CNET will provide units with an inventory list of instructional materials. Each unit will count their on-hand balance of CNET-provided material, post the quantities to the inventory, and return a printed copy of the inventory to NETPDTTC (Code 08231) as directed by the annual inventory letter distributed each fall. For further guidance on naval science textbook procurement and accountability, refer to CNET P1533/9, the NROTC Supply Procedures Manual.

#### 506. TRANSPORTATION OF SUPPLIES AND EQUIPMENT

a. Material to be Shipped. When other than mailable material is to be shipped at government expense from the unit, shipping instructions will be issued by NTC, Supply and Logistics, Great Lakes, IL upon receipt of a request from the OIC. When requesting shipping instructions, the following information will be supplied: (1) Complete description of the articles to be shipped; (2) Manner in which articles have been prepared for

shipment (boxes, crates, bundles, etc.); (3) Name of consignee and destination address; (4) Estimated total weight of shipment; and (5) Anticipated date of shipment. This information is necessary so that government bills of lading may be issued.

b. Material Received. When supplies are received from commercial carriers, government bills of lading will be accomplished in accordance with the provisions of Defense Supply Agency Regulation, DSAR 4500.3.

#### 507. ACCOUNTING FOR SUPPLIES AND EQUIPMENT

a. Transfers of consumable supplies and plant property to a DNS will be invoiced per instructions in the NAVSUP Manual, Volume 11 and the Navy Comptroller Manual, Volumes 11 and 111, through the designated accounting activity for the DNS and charged to the DNS accounting number.

b. Upon receipt of property covered by shipment order, the copy of the shipment order mailed to the consignee will be completed and immediately forwarded to the accountable activity.

508. INVENTORY (CNET Report 4400-2) Physical inventories of plant property, audiovisual equipment, and training devices will be conducted as specified in the Navy Comptroller Manual, Volume III, Chapter 6 and CNET Supply Procedures Manual.

#### 509. SURVEYS

a. Authorized or prescribed government property, worn out or damaged by fair wear and tear, will be replaced in accordance with existing procedures. The original and two copies of the approved survey will be forwarded to CNET. In the event the survey report designates the unserviceable property to be shipped to a naval shipyard or naval station for salvage or repair, shipment of such material, where transportation is involved, will be made on government bills of lading and in accordance with instructions issued by the Commander, Navy Supply Systems Command as prescribed in Article 506. Surveyed material will be held on the records of the DNS until a copy of the invoice covering the material is received from the consignee.

b. Property lost, destroyed, or damaged by fire, theft, tornado, or similar causes will be replaced in accordance with standard procedures. A survey will be held and a copy forwarded to the designated accounting activity of the DNS. Missing, Lost, Stolen or Recovered (MLSR) Property reports shall be filed as outlined in Art. 416 of the NROTC Supply Procedures Manual.

#### 510. NROTC SUPPLY PROCEDURES MANUAL (CNET P1533/9)

For guidance of supply and fiscal functions not specifically covered in this manual refer to NROTC Supply Procedures Manual (CNET P1533/9) or refer the question to CNET (OTE1) for guidance.

## FORMS AND EXAMPLES

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SEMIANNUAL COMMISSIONING REPORT	B-3	LOCALLY PREPARED
SEMIANNUAL ROSTER	B-4	LOCALLY PREPARED

THIS FORM IS LOCALLY PREPARED AND USED AS AN  
APPLICATION FOR MIDSHIPMAN/ENLISTED STATUS

DATE

From: \_\_\_\_\_  
(Full Legal Name) (SSN)  
To: OIC/CO, DNS/NROTC Unit, \_\_\_\_\_  
Subj: REQUEST FOR MIDSHIPMAN/ENLISTED STATUS IN THE MMR, U.S.  
NAVAL RESERVE)  
Ref: (a) 46 United States Code appendix, subchapter XIII

1. In accordance with reference (a), I hereby apply for appointment as midshipman/enlisted status in the MMR, United States Naval Reserve to participate in the Merchant Marine Reserve, United States Naval Reserve (MMR, USNR) Midshipman Program.

2. I understand that, upon being found physically qualified by a Department of Defense Medical Evaluation Review Board (DODMERB) medical examination, I must execute an Appointment/Enlistment and Training and Service Agreement and apply for, and accept if offered, a commission in the Reserve of the United States Navy upon successful completion of the requirements for commissioning.

\_\_\_\_\_  
(Signature)

-----  
Parental Consent (if you are under age 18)

I, \_\_\_\_\_, the parent(s)/legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, whose signature on the foregoing service agreement meets my/our approval, do hereby consent to his/her application for and, if accepted, his/her appointment as a Midshipman/Enlisted status MMR, United States Naval Reserve at the \_\_\_\_\_ Academy, and I/we hereby give him/her my/our full permission to participate in the Merchant Marine Reserve, United States Naval Reserve unless sooner discharged.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature(s) of Parent(s)/Legal Guardian)

**Privacy Act Notification:** Under the authority of 5 U.S.C. 301, the use of identifying data on the form pertaining to you as name, date of birth, social security number will be used for identification purposes while a member of the MMR, USNR Midshipman program. This information will be maintained in official Navy records and will not be divulged without your written authorization to anyone other than officials or offices involved with this program. You are not required to provide this information. However, failure to do so may result in not being selected for the MMR, USNR Midshipman Program.

ADDRESSES OF VITAL STATISTICS OFFICES

ALABAMA	State Dept. of Public Health, Montgomery 36130
ALASKA	Dept. of Health and Welfare, Pouch HO2G, Juneau 99801
AMERICAN SAMOA	Registrar of Vital Statistics, Pago Pago 96799
ARIZONA	State Dept. of Health, P. O. Box 3687, Phoenix 85030
ARKANSAS	State Dept. of Health, Little Rock 72201
CALIFORNIA	State Dept. of Public Health, 410 N St., Sacramento 95814
COLORADO	Colorado Dept. of Health, Denver 80220
CONNECTICUT	State Dept. of Health, 79 Elm St., Hartford 06115
DELAWARE	State Dept. of Health and Social Services, Dover 19901
DISTRICT OF COLUMBIA	D.C. Dept. of Human Resources, Vital Records Section, Washington 20004
FLORIDA	State Division of Health, P. O. Box 210, Jacksonville 32201
GEORGIA	Dept. of Human Resources, Vital Records Services, Atlanta 30334
GUAM	Dept. of Public Health and Social Services, P. O. Box 2816, Agaña 96910
HAWAII	State Dept. of Health, P. O. Box 3378, Honolulu 96801
IDAHO	Bureau of Vital Statistics, Statehouse, Boise 83720
ILLINOIS	State Dept. of Public Health, Springfield 62761
INDIANA	State Board of Health, Indianapolis 46206
IOWA	State Dept. of Health, Des Moines 50319
KANSAS	Bureau of Registration and Health Statistics, Topeka 66620
KENTUCKY	Dept. of Human Resources, Vital Statistics, 275 E. Main St., Frankfort 40621
LOUISIANA	Office of Vital Records, P. O. Box 60630, New Orleans 70160
MAINE	State Dept. of Health and Welfare, Augusta 04333
MARYLAND	State Dept. of Health and Mental Hygiene, Baltimore 21203
MASSACHUSETTS	Registrar of Vital Statistics, Boston 02108
MICHIGAN	Office of Vital and Health Statistics, Lansing 48914
MINNESOTA	State Dept. of Health, Minneapolis 55440
MISSISSIPPI	State Board of Health, Jackson 39205
MISSOURI	State Dept. of Public Health and Welfare, Jefferson City 65101
MONTANA	State Dept. of Health, Helena 59601
NEBRASKA	State Dept. of Health, Lincoln 68509
NEVADA	Dept. of Human Resources, Carson City 89710
NEW HAMPSHIRE	Bureau of Vital Statistics, 61 South Spring Street, Concord 03301
NEW JERSEY	State Dept. of Health, Trenton 08625
NEW MEXICO	New Mexico Health and Social Services Dept., Santa Fe 87503
NEW YORK	State Dept. of Health, Albany 12237
NEW YORK CITY	Dept. of Health of New York City, New York City 10013
NORTH CAROLINA	State Board of Health, P. O. Box 2091, Raleigh 27602
NORTH DAKOTA	Division of Vital Records, Bismarck 58305
OHIO	State Dept. of Health, Columbus 43215
OKLAHOMA	State Dept. of Health, P. O. Box 33551, Oklahoma City 73105
OREGON	State Board of Health, Portland 97207
PANAMA	Panama Canal Commission, APO Miami, Florida 34011 For births before October 1, 1979
PENNSYLVANIA	State Dept. of Health, New Castle 16103
PUEERTO RICO	Dept. of Health, San Juan 00908
RHODE ISLAND	State Dept. of Health, Providence 02908
SOUTH CAROLINA	State Dept. of Health, Columbia 29203
SOUTH DAKOTA	State Dept. of Health, Pierre 57501
TENNESSEE	State Dept. of Public Health, Nashville 37219
TEXAS	State Dept. of Health, Austin 78701
UTAH	Utah State Dept. of Health, Salt Lake City 84110
VERMONT	Public Health Statistics Division Dept. of Health, Burlington 05401 Dept. of Health, Richmond 23208
VIRGINIA	Registrar of Vital Statistics, St. Thomas 00802
VIRGIN ISLANDS	Registrar of Vital Statistics, St. Croix
ST. THOMAS	Vital Records, P. O. Box 9709, Olympos 98304
ST. CROIX	State Dept. of Health, Charleston 25305
WASHINGTON	Wisconsin Division of Health, Madison 53701
WEST VIRGINIA	Wyoming Division of Health and Medical Services, Cheyenne 82002
WISCONSIN	
WYOMING	
TRUST TERRITORY OF THE PACIFIC ISLANDS	Director, Medical Services, Saipan, Marianas Islands 96930 \$0.25 and \$0.10 per 100 words. Make check payable to Clerk of Court. Air Mail postage suggested.

## 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: <p style="text-align: center;"><i>(Full name - first, middle, last)</i></p>	<b>INITIALS</b>
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 women.	
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 a 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:

**PART A—IDENTIFICATION OF REQUIREMENT**

1. REQUIRING DOCUMENT (Describe—SECNAVINST, OPNAVNOTE, SECNAV LR, etc.)  SECNAVINST 5211.5C	2. SPONSOR CODE  NONE
3. DESCRIPTIVE TITLE OF REQUIREMENT (Form title, report title, etc.)	

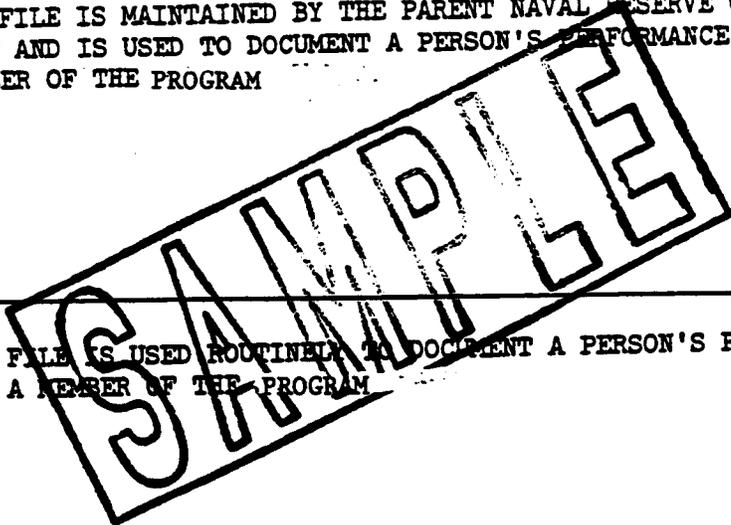
MMR, USNR STUDENT FILE AND ASSOCIATED DOCUMENTS

**PART B—INFORMATION TO BE FURNISHED TO INDIVIDUAL**

1. AUTHORITY  
5U.S.C. 562a (Privacy Act of 1974)  
5U.S.C. 552 (Freedom of Information Act)

2. PRINCIPAL PURPOSE(S)  
  
MMR, USNR STUDENT FILE IS MAINTAINED BY THE PARENT NAVAL RESERVE OFFICER TRAINING CORP UNIT AND IS USED TO DOCUMENT A PERSON'S PERFORMANCE WHILE ENROLLED AS A MEMBER OF THE PROGRAM

3. ROUTINE USE(S)  
  
MMR, USNR STUDENT FILE IS USED ROUTINELY TO DOCUMENT A PERSON'S PERFORMANCE WHILE ENROLLED AS A MEMBER OF THE PROGRAM



4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION  
  
DISCLOSURE OF INFORMATION IS VOLUNTARY BUT FAILURE TO PROVIDE REQUESTED INFORMATION COULD RESULT IN FAILURE TO OBTAIN PERMISSION TO ENROLL IN THE NROTC PROGRAM OR DISENROLLMENT FROM THE NROTC PROGRAM.

**PART C—IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT**

1. FORM NO./REPORT CONTROL SYMBOL/OTHER IDENTIFICATION  NONE	PRIVACY ACT STATEMENT
--	-----------------------



STATEMENT OF NAME FOR USE IN OFFICIAL MILITARY RECORDS			
PREFERRED ENLISTMENT NAME	NO. YEARS PREFERRED NAME USED	SSN	DATE OF BIRTH
NAME AS RECORDED ON BIRTH CERTIFICATE (Last, First, MI)		PLACE OF BIRTH (City, State)	
ADDRESS (No., Street, City, State, Zip Code)		BIRTH CERTIFICATE WAS OBTAINED FROM (City, State)	
BIRTH CERTIFICATE FILE NO.		OTHER SOURCE DOCUMENT NO.	
CERTIFICATION			
I hereby state that I have not changed my name through any court procedure; and, that I prefer to use the name by which I am known in the community, as a matter of convenience and with no criminal or fraudulent intent. I further state that I am the same person whose names appear at the top of the form.			
DATE	TYPE/PRINT GRADE, NAME OF APPLICANT	SIGNATURE OF APPLICANT	
CERTIFICATION OF WITNESSES			
The above information is true to the best of my knowledge and belief			
DATE	SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS
ADDRESS OF WITNESS		ADDRESS OF WITNESS	
RELATIONSHIP TO APPLICANT		RELATIONSHIP TO APPLICANT	
REMARKS			
DATE	TYPE NAME, GRADE OF RECRUITING REPRESENTATIVE	SIGNATURE OF RECRUITING REP	

DD FORM 1916  
1 JUL 73

# Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions, call the office that gave you the form.*

## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

## Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 22, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

## The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

## Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b) ) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency, or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including 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 suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS

<b>Part 1</b>	Investigating Agency Use Only	Codes	Case Number
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Agency Use Only (Complete Items A through P using Instructions provided by the Investigating agency).

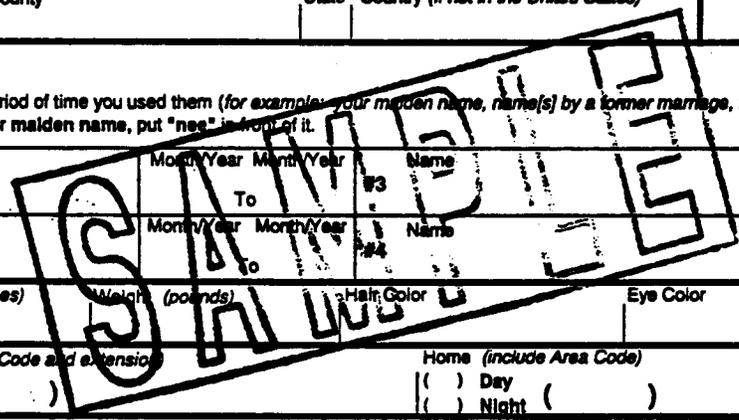
A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year	
G Geographic Location	H Position Code	I Position Title							
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code	
L SOL	M Location of Security Folder	None At Sol NPI	Other Address					ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title			Signature			Telephone Number		Date

Persons completing this form should begin with the questions below.

<b>1 FULL NAME</b>	If you have only initials in your name, use them and state (IO). If you have no middle name, enter "NMN."	If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	<b>2 DATE OF BIRTH</b>			
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

<b>3 PLACE OF BIRTH</b>	<b>4 SOCIAL SECURITY NUMBER</b>		
City	County	State	Country (if not in the United States)

<b>5 OTHER NAMES USED</b>	Give other names you used and the period of time you used them (for example, your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.				
#1 Name	Month/Year	Month/Year	#3 Name	Month/Year	Month/Year
	To	To		To	To
#2 Name	Month/Year	Month/Year	#4 Name	Month/Year	Month/Year
	To	To		To	To



<b>6 OTHER IDENTIFYING INFORMATION</b>	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box)
					<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>7 TELEPHONE NUMBERS</b>	Work (include Area Code and extension)	Home (include Area Code)	
	( ) Day ( ) Night	( ) Day ( ) Night	

<b>8 CITIZENSHIP</b>	Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<b>b</b> Your Mother's Maiden Name
<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. — Answer items b and d	
<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. — Answer items b, c, and d	
<input type="checkbox"/>	I am not a U.S. citizen. — Answer items b and e	

**9 UNITED STATES CITIZENSHIP** If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

**Naturalization Certificate (Where were you naturalized?)**

Court	City	State	Certificate Number	Month/Day/Year issued
-------	------	-------	--------------------	-----------------------

**Citizenship Certificate (Where was the certificate issued?)**

City	State	Certificate Number	Month/Day/Year issued
------	-------	--------------------	-----------------------

**State Department Form 240 - Report of Birth Abroad of a Citizen of the United States**

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

**U.S. Passport**

This may be either a current or previous U.S. Passport.

Passport Number	Month/Day/Year issued
-----------------	-----------------------

**10 DUAL CITIZENSHIP** If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country
---------

**11 ALIEN** If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

**9 WHERE YOU HAVE LIVED**

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To Present					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number ( )

**10 WHERE YOU WENT TO SCHOOL**

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred:

- Use one of the following codes in the "Code" block:
  - 1 - High School
  - 2 - College/University/Military College
  - 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State
					ZIP Code
					Telephone Number ( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State
					ZIP Code
					Telephone Number ( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State
					ZIP Code
					Telephone Number ( )

Enter your Social Security Number before going to the next page →

**11 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

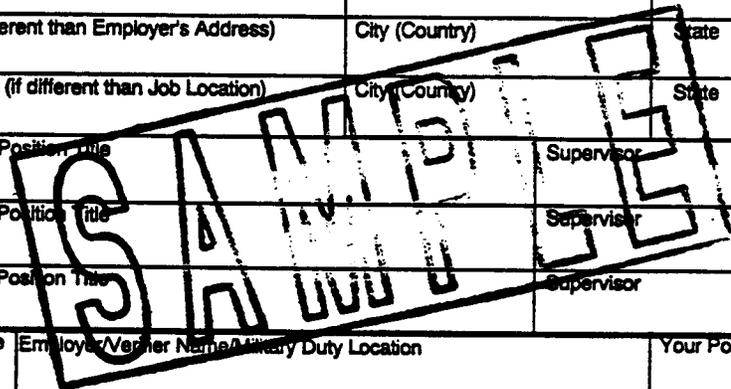
- **Code.** Use one of the codes listed below to identify the type of employment:
 

1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)
2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)
3 - U.S.P.H.S. Commissioned Corps		9 - Other
4 - Other Federal employment		

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
<b>#1</b> To Present						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
<b>#2</b> To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
<b>#3</b> To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					



Enter your Social Security Number before going to the next page →

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #4)

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #5)

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #6)

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

**12 PEOPLE WHO KNOW YOU WELL**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year To Month/Year	Telephone Number ( ) Day ( ) ( ) Night ( )
	Home or Work Address	City (Country)	State ZIP Code
#2	Name	Dates Known Month/Year To Month/Year	Telephone Number ( ) Day ( ) ( ) Night ( )
	Home or Work Address	City (Country)	State ZIP Code
#3	Name	Dates Known Month/Year To Month/Year	Telephone Number ( ) Day ( ) ( ) Night ( )
	Home or Work Address	City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page →

**13 YOUR SPOUSE**

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

1 - Never married  
 2 - Married

3 - Separated  
 4 - Legally Separated

5 - Divorced  
 6 - Widowed

**a Current Spouse** Complete the following about your current spouse only.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			Country(ies) of Citizenship
Date Married	Place Married (Include country if outside the U.S.)		State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)			State ZIP Code

**b Former Spouse(s)** Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.)		State ZIP Code Telephone Number	( )

**14 YOUR RELATIVES AND ASSOCIATES**

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- 1 - Mother (first)
- 5 - Foster parent
- 9 - Sister
- 13 - Half-sister
- 17 - Other Relative\*
- 2 - Father (second)
- 6 - Child (adopted also)
- 10 - Stepbrother
- 14 - Father-in-law
- 18 - Associate\*
- 3 - Stepmother
- 7 - Stepchild
- 11 - Stepsister
- 15 - Mother-in-law
- 19 - Adult Currently Living With You
- 4 - Stepfather
- 8 - Brother
- 12 - Half-brother
- 16 - Guardian

\* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associate)-include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
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<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page →

**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2. **Citizenship Certificate:** Provide the date and location issued (City and State).
- 3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
- 4. **Other:** Provide an explanation in the "Additional Information" block.

<b>#1</b>	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information
<b>#2</b>	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information

**16 YOUR MILITARY HISTORY**

- |  |     |    |
|--|-----|----|
| <b>a</b> Have you served in the United States military?        | Yes | No |
| <b>b</b> Have you served in the United States Merchant Marine? |     |    |

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:  
 1 - Air Force    2 - Army    3 - Navy    4 - Marine Corps    5 - Coast Guard    6 - Merchant Marine    7 - National Guard
- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.
- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	
To								
To								

**17 YOUR FOREIGN ACTIVITIES**

- |   |     |    |
|---|-----|----|
| <b>a</b> Do you have any foreign property, business connections, or financial interests?  | Yes | No |
| <b>b</b> Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?  |     |    |
| <b>c</b> Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.) |     |    |
| <b>d</b> In the last 7 years, have you had an active passport that was issued by a foreign government?  |     |    |

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit:    1 - Business    2 - Pleasure    3 - Education    4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Part 2 OFFICIAL USE ONLY

<b>19</b>	<b>YOUR MILITARY RECORD</b>	Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.			

Month/Year	Type of Discharge		

<b>20</b>	<b>YOUR SELECTIVE SERVICE RECORD</b>	Yes	No
(a) Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b. (b) Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.			

Registration Number	Legal Exemption Explanation

<b>21</b>	<b>YOUR MEDICAL RECORD</b>	Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?			

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

<b>22</b>	<b>YOUR EMPLOYMENT RECORD</b>	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

- Use the following codes and explain the reason your employment was ended:
- 1 - Fired from a job
  - 2 - Quit a job after being told you'd be fired
  - 3 - Left a job by mutual agreement following allegations of misconduct
  - 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
  - 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

<b>23</b>	<b>YOUR POLICE RECORD</b>	Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.			

- (a) Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- (b) Have you ever been charged with or convicted of a firearms or explosives offense?
- (c) Are there currently any charges pending against you for any criminal offense?
- (d) Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- (e) In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- (f) In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

**24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY** Yes No

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- (a) Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- (b) Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- (c) In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

**25 YOUR USE OF ALCOHOL** Yes No

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code

**26 YOUR INVESTIGATIONS RECORD** Yes No

(a) Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below; if "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code & clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

<b>Codes for Investigating Agency</b> 1 - Defense Department 2 - State Department 3 - Office of Personnel Management 4 - FBI 5 - Treasury Department 6 - Other (Specify)	<b>Codes for Security Clearance Received</b> 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - C 6 - L 7 - Other
--	--

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

(b) To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

**27 YOUR FINANCIAL RECORD** Yes No

- (a) In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- (b) In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- (c) In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- (d) In the last 7 years, have you had any judgments against you that have not been paid?

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →



# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I **Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I **Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in Ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number	
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code) ( )

## UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature ( <i>Sign in ink</i> )	Full Name ( <i>Type or Print Legibly</i> )	Date Signed
Other Names Used	Social Security Number	
Current Address ( <i>Street, City</i> )	State	ZIP Code
Home Telephone Number ( <i>Include Area Code</i> ) (      )		

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**A-6.13**

**CONTINUATION SHEET FOR QUESTIONNAIRES  
 SF 86, SF 85P, AND SF 85**

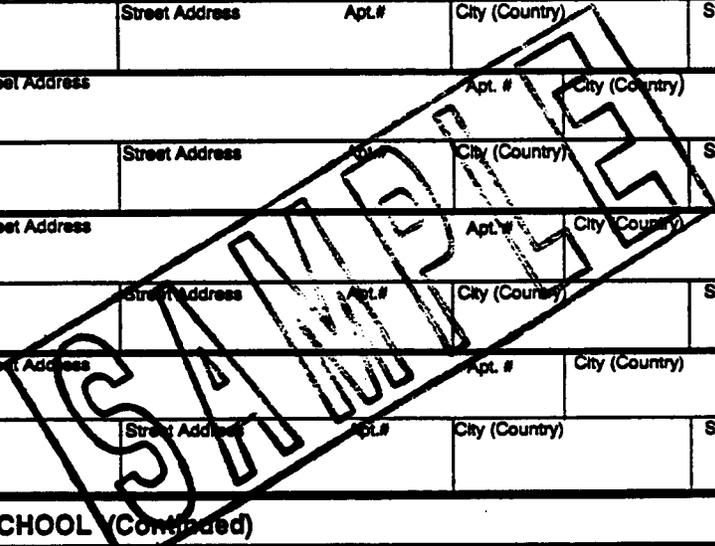
For use with the SF 86, Questionnaire for National Security Positions;  
 SF 85P, Questionnaire for Public Trust Positions;  
 and SF 85, Questionnaire for Non-Sensitive Positions

**INSTRUCTIONS:** Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
-----------	-----------------------------

**WHERE YOU HAVE LIVED (Continued)**

#1	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#4	Month/Year To	Month/Year	Street Address	Apt.#	City (Country)	State	ZIP Code	
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )



**WHERE YOU WENT TO SCHOOL (Continued)**

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	State	Month/Year Awarded	
Street Address and City (Country) of School			State	ZIP Code				
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	State	Month/Year Awarded	
Street Address and City (Country) of School			State	ZIP Code				
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	State	Month/Year Awarded	
Street Address and City (Country) of School			State	ZIP Code				
Name of Person Who Knew You			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number ( )

# YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

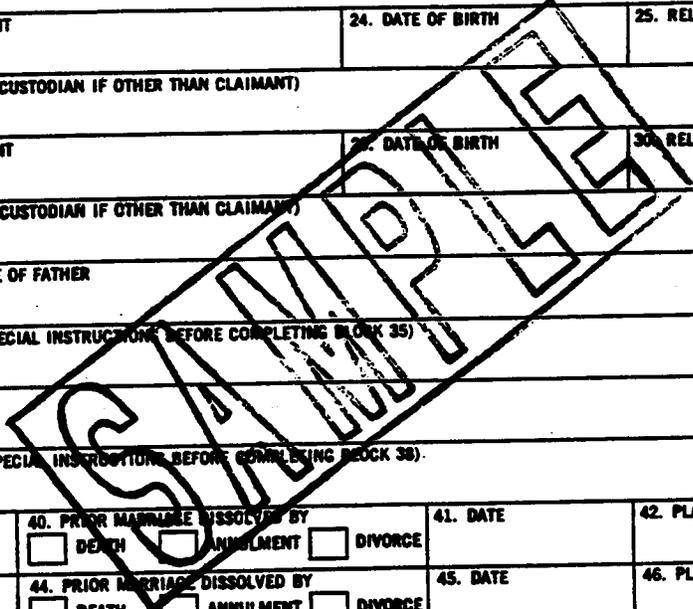
Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Enter your Social Security Number before going to the next page →

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.		2. SHIP OR STATION		3. [REDACTED]		4. [REDACTED]		
5. NAME OF SPOUSE				6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP		
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)				9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE		
11. ADDRESS OF SPOUSE						12. DEP		
13. NAME OF CHILD OR DEPENDENT				14. DATE OF BIRTH		15. RELATIONSHIP		
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							17. DEP	
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH		20. RELATIONSHIP		
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							22. DEP	
23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRTH		25. RELATIONSHIP		
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							27. DEP	
28. NAME OF CHILD OR DEPENDENT				29. DATE OF BIRTH		30. RELATIONSHIP		
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							32. DEP	
33. NAME OF FATHER								
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)							35. DEP	
36. NAME OF MOTHER								
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)							38. DEP	
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE		42. PLACE (CITY & STATE OR COUNTRY)		
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE		46. PLACE (CITY & STATE OR COUNTRY)		
47. OTHER				48. ADDRESS		49. RELATIONSHIP		
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)				51. ADDRESS		52. RELATIONSHIP		
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES				54. ADDRESS		55. RELATIONSHIP	56. %	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION				58. ADDRESS		59. %		
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)				61. ADDRESS		62. RELATIONSHIP	63. %	
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)				65. ADDRESS		66. POLICY NUMBER		
67. RELIGION		68. [REDACTED]		69. [REDACTED]		70. RANK / RATE	71. PAGE	72. OF PAGES
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN <input type="checkbox"/>	76. USNR <input type="checkbox"/>	



77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

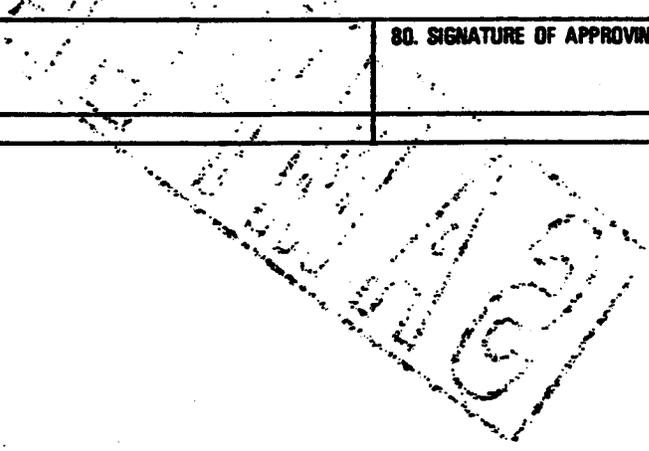
78. REMARKS

Is beneficiary designation of S. G. L. I. on file?  YES -  NO DATE (if Yes)

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE



CERTIFICATION OF DESIGNATOR

I have reviewed the data entered on this form and certify that it is correct.  
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU*

**1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)**

**Section 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.**

**2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED**

**This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.**

**3. ROUTINE USES**

**The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.**

**4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION**

**In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.**

**This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.**

**Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.**

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OF SPONSOR

DATE

DD Form 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE

SN 0102-LF-002-0051

U.S. Government Printing Office: 1990-527-001/20095



# DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB) REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved  
OMB No. 0704-0269  
Expires Apr 30, 1993

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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0269), Washington, DC 20503. PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND COMPLETED FORM TO DODMERB/DR, USAF ACADEMY, CO 80840-6518.

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, U.S.C 133, 3012, 5031, 8013, and EO 9397.

**PRINCIPAL PURPOSE(S):** The medical examination is used to determine medical acceptability for one or more of the five military service academies, the Uniformed Services University of the Health Sciences (USUHS), for the Air Force, Army and Navy Reserve Officer Training Corps (ROTC). This information is used to advise each program manager of initial status and all update actions on the applicant.

**ROUTINE USE(S):** Medical consultations may be necessary with parents/legal guardians to clarify/explain the applicant's medical status. Examinations may be released to civilian contractors, governmental agencies and private physicians associated with medically certifying applicants for military service.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number is necessary to make positive identification of your records.

<b>1. NAME</b> (Last, First, Middle Initial)	<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. TELEPHONE NO.</b> (Include area code)
<b>4. PURPOSE OF EXAMINATION</b> <span style="font-size: 2em; font-weight: bold;">DODMERB</span>	<b>5. EXAMINATION FACILITY OR EXAMINER AND ADDRESS</b> (Include Zip Code)	
		<b>6. DATE OF EXAMINATION</b> (YYMMDD)

### SECTION I - Mark applicable boxes in items 7 through 10

<b>7. How would you rate your present health?</b>	<b>8. Are you on any special diet?</b>	<b>9. Have you ever used any of the following?</b>	<b>10. If you wear contact lenses, how many days have they been removed prior to this exam?</b>
Excellent	Yes	Amphetamines	1-3
Very Good	No	Barbiturates	4-20
Good		Chemical Inhalants	21 and over
Fair		Hallucinogens	Type Lenses: Hard
Poor		Marijuana	Soft

### SECTION II - Mark each item (11 through 87) "Yes" or "No." If you do not know the answer for a particular item, leave it blank. Every item marked "Yes" must be explained in the REMARKS section of the reverse.

Yes	No	A. Do you or did you ever	Yes	No	B. (Cont'd.) Have you ever had or do you now have	Yes	No	C. (Cont'd.) Have you ever had or do you now have
		11. Wear glasses			40. Coughed up or vomited blood			70. Sleepwalking episodes
		12. Wear contact lenses or ocular eye retainers (if "Yes" complete item 10)			41. Stomach, liver, or intestinal trouble			71. Easy fatigability
		13. Have any allergies			42. Gallbladder, bile duct, or kidney stones			72. Car, train, sea, or air sickness
		14. Take any medications regularly			43. Yellow jaundice or dark urine			73. X-ray or other radiation therapy
		15. Stutter or stammer			44. Hemorrhoids or anal disease			74. Sensitivity to chemicals, dust, sunlight, etc.
		16. Wear a bone or joint brace or support			45. Black or bloody stools			75. Learning disabilities or speech problems
		B. Have you ever had or do you now have			46. Frequent or painful urination			C. FEMALES ONLY - Have you ever
		17. Frequent, severe, or migraine headaches			47. Bed wetting since age 12			76. Been treated for a female disorder, painful periods, or cramps
		18. Fainting or dizzy spells			48. Blood, protein, or sugar in urine			77. Had a change in menstrual pattern
		19. Periods of unconsciousness			49. History of diabetes or sugar diabetes in family			78. Been pregnant or are you now pregnant
		20. Head injury or skull fracture			50. Kidney stone			79. Taken birth control pills (if yes, give dates and product names)
		21. Epilepsy, seizures, or convulsions			51. Hernia or rupture			80. Date of last menstrual period (YYMMDD)
		22. Loss of memory or amnesia			52. Any bone or joint trouble; bursitis			D. Have you ever
		23. Depression, excessive worry or nervousness; anxiety			53. Broken bones or amputations			81. Been refused employment or been unable to hold a job or stay in school because of:
		24. Any mental condition or illness			54. Steel pins, plates, or staples in any bones			a. Inability to perform certain movements?
		25. Frequent trouble sleeping			55. Back pain or trouble			b. Inability to assume certain positions?
		26. Eye trouble (exclude glasses, contact lenses)			56. Paralysis, lameness, or weakness			c. Other medical reasons?
		27. Vision change or double vision			57. Foot trouble			82. Been rejected for or discharged from military service because of physical, mental or other reasons?
		28. Hearing loss			58. Rheumatic fever			83. Been denied or rated up for life insurance?
		29. Ear, nose, or throat trouble			59. Tuberculosis or positive TB test			84. Received, is there pending, or have you applied for pension or compensation for existing disability?
		30. Sinusitis or sinus trouble			60. VD, syphilis, gonorrhea, herpes, etc.			85. Had, or have you ever been advised to have, any surgical operations?
		31. Hay fever or allergic rhinitis			61. Skin conditions such as acne, psoriasis, hand or foot rashes, eczema, or dry skin			86. Consulted or been treated by clinics, hospitals, physicians, healers, or other practitioners for other than minor illnesses?
		32. Severe tooth or gum trouble			62. Adverse reaction to serum, drugs, medicine, food, or bites or stings			87. Had any illness or injury other than those already noted?
		33. Thyroid trouble			63. A weight problem			
		34. Chronic cough or lung disease			64. Recent gain or loss of weight			
		35. Asthma or wheezing			65. Excessive bleeding or easy bruising			
		36. Unusual shortness of breath			66. Tumor, growth, cyst, or cancer			
		37. Pain or pressure in chest			67. Considered or attempted suicide			
		38. Palpitation or pounding heart						
		39. Heart trouble or heart murmur						
		40. High blood pressure						

88. REMARKS (Every "Yes" response in Items 1 through 87 must be explained in the space below. Give dates and complete details including names of doctors and hospitals or clinics and the current status of the condition. Continue on a separate sheet and attach to this form if additional space is needed.)

89. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

a. TYPED OR PRINTED NAME OF EXAMINEE

b. SIGNATURE

c. DATE SIGNED  
(YYMMDD)

NOTE: HAND TO DOCTOR OR NURSE OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL PERSONNEL ONLY

90. EXAMINER'S SUMMARY AND ELABORATION OF PERTINENT DATA (Answer each comment in all "Yes" and blank answers (indicating the item number before each comment), develop by interview any additional medical history deemed pertinent, and record pertinent findings here. If additional space is needed, continue on a separate sheet and attach to this form.)

**SAMPLE**

91. PHYSICIAN OR EXAMINER

a. TYPED OR PRINTED NAME

b. SIGNATURE

c. DATE SIGNED  
(YYMMDD)

92. NUMBER OF  
ATTACHED  
SHEETS

MARK HERE FOR GUARD OR RESERVE PRE-ENROLLMENT →		APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT								Form approved OMB No. 0704-0020 Expires Aug 31, 1990	
SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)			2. SEX	3. SSN (or SN)		4. STATUS		5. BR OF SERVICE		
							MIDN		USNR		
	6. PAY GRADE	7. RANK	8. GEN. CAT	9. TYPE OF CARD ISSUED		10. ID NO.		11. LAST UPDATE (YYYYMMDD)		12. V/I	
	XXX	XXXX	III	2RES				XXXX		I	
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION					
					XXX						
15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY	19. UIC		20. HOME TELEPHONE NO. (Include Area Code)		
						US	68141				
21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT	26. WEIGHT	27. MEDICARE		28. MARITAL STATUS		
							N		XXX		
29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)					32. END ELIG REASON		
XXXX				MC N MS N C N T N EU N EL N					XXXX		
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle)			34. SEX	35. RELATIONSHIP	36. SSN		37. ID NO.			
	AND NO OTHERS										
	38. LAST UPDATE (YYYYMMDD)		39. V/I	40. CURRENT RESIDENCE ADDRESS			41. SUPPLEMENTAL ADDRESS INFORMATION				
	42. CITY		43. STATE	44. ZIP CODE		45. COUNTRY	46. HOME TELEPHONE NO. (Include area code)		47. DATE OF BIRTH (YYYYMMDD)		
	48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT	55. WEIGHT		56. DATE OF MARRIAGE (YYYYMMDD)	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)					60. END ELIG REASON	
					MC MS C T EU EL						
61. NAME (Last, First, Middle)			62. SEX	63. RELATIONSHIP	64. SSN		65. ID NO.				
66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS			69. SUPPLEMENTAL ADDRESS INFORMATION					
70. CITY		71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. (Include area code)		75. DATE OF BIRTH (YYYYMMDD)			
76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT		84. DATE OF MARRIAGE (YYYYMMDD)		
85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)					88. END ELIG REASON		
				MC MS C T EU EL							
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL		
	I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII on reverse. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)										
90. SIGNATURE								91. DATE SIGNED (YYYYMMDD)			
SECTION IV VERIFIED BY	92. TYPED NAME (Last, First, Middle)			93. PAY GRADE	94. UNIT/COMMAND NAME						
	ROBINSON, J. F.			GS5	NROTCU, MAINE MARITIME ACADEMY						
	95. TITLE		96. UIC	97. DUTY PHONE NO.		98. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)					
MILPERCLK		68141	207-326-2465		NROTC UNIT MAINE MARITIME ACADEMY CASTINE, ME 04421-0137						
99. SIGNATURE			100. DATE VERIFIED (YYYYMMDD)								
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)			102. PAY GRADE	103. UNIT/COMMAND NAME						
					NROTCU, MAINE MARITIME ACADEMY						
	104. TITLE		105. UIC	106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)					
		68141	207-326-2465		NROTC UNIT MAINE MARITIME ACADEMY CASTINE, ME 04421-0137						
108. SIGNATURE			109. DATE ISSUED (YYYYMMDD)								
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								111. DATE SIGNED (YYYYMMDD)		
	110. SIGNATURE										

SECTION VII - PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S. Code 133; Executive Order 9397, November 22, 1943 (Social Security Number).

**PRINCIPAL PURPOSE:** Used by applicant to apply for a Uniformed Services Identification Card.

**ROUTINE USE:** Used by appropriate authority to evaluate an applicant's eligibility to be issued a Uniformed Services Identification Card. Defense Enrollment Eligibility Reporting System is a routine user of information provided on this application.

**DISCLOSURE:** Voluntary; however, failure to complete the form may result in disciplinary or administrative action and non-enrollment in the Defense Enrollment Eligibility Reporting System.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical care, exchange, commissary, and theater. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Services Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS  
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR  
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

*(ACT June 25, 1948, 18 U.S. Code 287, 1001)*

U.S. ARMED FORCES IDENTIFICATION CARD

**ARMED FORCES OF THE UNITED STATES**

	ISSUING AUTHORITIES WILL PRINT RECIPIENT'S SURNAME HERE PRIOR TO REQUISITIONING ACTUAL PHOTOGRAPH	<b>U.S. NAVY</b> 
GRADE		ACTIVE
SIGNATURE		EXPIRATION DATE
		SOCIAL SECURITY NO.

GENEVA CONVENTION IDENTIFICATION CARD

PROPERTY OF UNITED STATES GOVERNMENT

**IDENTIFICATION FOR PURPOSES OF THE GENEVA CONVENTION  
 RELATIVE TO TREATMENT OF PRISONERS OF WAR OF AUGUST 12, 1949.**

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR
COLOR EYES	SKIN	GENEVA CONVENTION CATEGORY	
DATE OF ISSUE	SIGNATURE OF ISSUING OFFICER		

**WARNING:** For official use of the person identified herein. Use or possession except as prescribed is unlawful, and will make the offender liable to heavy penalty. 18 USC 499, 506 and 701.

IF FOUND, PLEASE PROMPTLY RETURN TO THE NEAREST ARMED FORCES INSTALLATION OR PLACE IN NEAREST U.S. MAIL BOX.	<b>POSTMASTER:</b> RETURN POSTAGE GUARANTEED. RETURN TO BUREAU OF NAVAL PERSONNEL DEPARTMENT OF THE NAVY WASHINGTON, D.C. 20370
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PROPERTY OF UNITED STATES GOVERNMENT

24932021  
 100 FORM 107 (REV. 1-67) (ACTIVES) 1 JUN 54 518 0103 LF 000 0301

# REQUEST FOR DISCHARGE OR CLEARANCE FROM RESERVE COMPONENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, US Code 3012; EO 9397.

**PRINCIPAL PURPOSE:** To obtain discharge or clearance from Reserve Component upon entry on active duty in the US Armed Forces. This information becomes a part of your military records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions concerning you. Your social security number is necessary to identify you and your records, and to properly report your earnings as a member of the Armed Forces to the Social Security Administration.

**ROUTINE USES:** To document your discharge or clearance from the Reserve Component, and for such other routine personnel management actions as required for service on active duty in the US Armed Forces.

**DISCLOSURE:** Voluntary; however, failure to furnish information will result in delay or denial of discharge action from Reserve Component.

## I. REQUEST FOR CLEARANCE

<b>1. RESERVE UNIT</b>		<b>2. RECRUITING OFFICE</b>	
a. NAME		a. NAME	
b. ADDRESS (Street, City, State, Zip Code)		b. ADDRESS (Street, City, State, Zip Code)	
<b>3. MEMBER DATA</b>			
a. NAME (Last, First, Middle Initial)		b. SSN	c. PAY GRADE
d. RATE			
e. CURRENT MAILING ADDRESS (Street, City, State, Zip Code)			
f. NAME OF CURRENT UNIT		g. ADDRESS OF CURRENT UNIT (City, State, Zip Code)	
h. DATE OF CURRENT ENLISTMENT (YYMMDD)	i. BASIC PAY ENTRY DATE (YYMMDD)	<b>ACKNOWLEDGMENT OF SERVICE MEMBER</b> I understand that I will attend all scheduled meetings of this unit until such time as I am enlisted into another service. I also understand that I am to keep my commander informed of any changes in my enlistment status.	
k. ACTIVE CURRENT SERVICE ENLISTMENT (YYMMDD)	l. INACTIVE SERVICE (YYMMDD)		
m. PAY GRADE	n. RATE	o. MOS/AFSC	(1) SIGNATURE
(2) DATE SIGNED			
<b>4. a. INDIVIDUAL IN ITEM 3 HAS APPLIED FOR ENLISTMENT IN THE UNITED STATES (Enter service component)</b>			
b. REQUEST THAT HE / SHE BE GRANTED CLEARANCE TO ENLIST AND THE CLEARANCE BE RETURNED TO (Name)			
(1) ADDRESS SHOWN HERE (Street, City, State, Zip Code)			
(2) ADDRESS SHOWN IN 2b			
<b>c. RECRUITER</b>			
(1) TYPED NAME (Last, First, Middle Initial)		(2) PAY GRADE	(3) SIGNATURE
(4) DATE SIGNED			

## II. APPROVAL / DISAPPROVAL OF CLEARANCE

<b>5. (X applicable item(s))</b>			
a. CLEARANCE FOR ENLISTMENT IS GRANTED		b. INDIVIDUAL IS RECOMMENDED FOR ENLISTMENT	
c. INDIVIDUAL IS NOT RECOMMENDED FOR ENLISTMENT		d. CLEARANCE IS NOT GRANTED (Explain on reverse)	
<b>6. COMMANDER DATA</b>			
a. NAME (Last, First, Middle Initial)		b. PAY GRADE	c. SIGNATURE
d. DATE SIGNED			

## III. NOTICE OF ENLISTMENT

<b>7. RESERVE UNIT</b>		<b>8. NAME OF ENLISTING UNIT</b>	
a. NAME		a. NAME	
b. ADDRESS (City, State, Zip Code)		b. ADDRESS (City, State, Zip Code)	
<b>9. ENLISTMENT DATA</b>			
a. DATE OF ENLISTMENT (YYMMDD)	b. SERVICE COMPONENT	c. PERIOD OF ENLISTMENT	d. PAY GRADE
e. PLACE OF ENLISTMENT (City and State)			
<b>10. REQUEST DISCHARGE CERTIFICATE BE ISSUED AND FORWARDED TO</b> (Name of activity and complete mailing address, including Zip Code)			<b>11. DATE COPY OF ORDERS TO ACTIVE DUTY MAILED TO RESERVE UNIT (YYMM)</b>
<b>12. APPROVING OFFICIAL</b>			
a. NAME (Last, First, Middle Initial)		b. PAY GRADE	c. SIGNATURE
d. DATE SIGNED			

**UNITED STATES NAVAL RESERVE (INCLUDING THE MERCHANT MARINE RESERVE,  
UNITED STATES NAVAL RESERVE), STATEMENT OF UNDERSTANDING (4/7/97)**

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\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Social Security Number

1. In accordance with provisions set forth in United States Code, 46 App. S1295b, I understand that, as a condition of appointment to the United States Merchant Marine Academy, I am required to apply for an appointment as, to accept if tendered an appointment as, and to serve as a commissioned officer in the United States Naval Reserve (including the Merchant Marine Reserve, United States Naval Reserve), United States Coast Guard Reserve, or any other Reserve unit of an armed force of the United States for at least six (6) years following the date of graduation from the Academy. In support of this requirement, I hereby acknowledge and understand the following:

a. Federal statutes and pertinent regulations applicable to personnel in the United States Navy may change without notice and such changes may affect my status as Midshipman, Merchant Marine Reserve, United States Naval Reserve (MMR, USNR) or commissioned officer, and/or obligations to serve as such.

b. My appointment as Midshipman, MMR, USNR, will be terminated on the day preceding appointment to a commissioned status, date of disenrollment from the Academy, or other reason for discontinuance of training.

c. A commission as an officer in the armed forces of the United States is held at the pleasure of the President.

d. Upon acceptance of a commission, I will be required to serve at least (8) years as a Reserve officer from my date of appointment to a commissioned grade.

e. Any portion of this eight-year period not served on active duty will be served on inactive duty.

f. A resignation of my commission as a Reserve officer submitted prior to completion of this eight-year period will normally not be accepted, and after this period may be accepted or rejected by the President as the needs of the nation may then require.

g. Sections 671a and 671b of Title 10, United States Code, state the following:

**UNITED STATES NAVAL RESERVE (INCLUDING THE MERCHANT MARINE RESERVE,  
UNITED STATES NAVAL RESERVE), STATEMENT OF UNDERSTANDING (4/7/97)**

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**S671a. Members: service extension during war**

Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for six months thereafter.

**S671b. Members: service extension when Congress is not in session**

(a) Notwithstanding any other provision of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than six months enlistments, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the armed forces that expire before the thirtieth day after Congress next convenes or reconvenes.

(b) An extension under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order.

2. When appointed as a commissioned officer in the USNR, I understand that during my initial military service obligation (MSO), I may fulfill my commissioned service participation requirements by completing one or a combination of the following:

a. Serve on full time active duty for a period of at least three years with the remainder of obligated service in the Ready Reserve, either Selected Reserve (SELRES) or Individual Ready Reserve (IRR).

b. Complete the participation requirements as a MMR, USNR officer in either the Merchant Marine Individual Ready Reserve Group (MMIRRG) or the SELRES, or a combination of the two programs, for the first six (6) years of my obligation. The final two (2) years of obligated service may be completed in the IRR.

3. If appointed as a commissioned officer in the MMR, USNR, I hereby acknowledge and understand that:

a. During my initial MSO, as a member of the MMIRRG, I must fulfill the following participation requirements:

(1) Complete two weeks of Annual Training (AT) each anniversary year unless such requirement is waived by Commander, Naval Surface Reserve Force (COMNAVSURFRESFOR)

**UNITED STATES NAVAL RESERVE (INCLUDING THE MERCHANT MARINE RESERVE,  
UNITED STATES NAVAL RESERVE), STATEMENT OF UNDERSTANDING (4/7/97)**

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(2) Complete the MMR Annual Report within 60 days of the completion of each calendar year and forward the report to COMNAVSURFRESFOR

(3) Answer all official Navy correspondence, including timely submission of the Annual Qualification Questionnaire, and keep COMNAVSURFRESFOR informed of all address and telephone number changes

(4) Obtain physical examinations when required and complete an Annual Certificate of Physical Condition during years that a complete medical examination is not required

(5) Notify COMNAVSURFRESFOR whenever there is a change in my physical condition that may interfere with the performance of my Reserve obligations

b. Meeting the participation requirements in paragraph 3a satisfies my Reserve obligation. However, it does not provide sufficient points during my anniversary year for me to achieve a qualifying year for retirement in the Naval Reserve. In order to achieve a qualifying year for retirement, the following additional training opportunities are available:

(1) Completion of correspondence courses approved by the Chief of Naval Education and Training (CNET)

(2) Drilling voluntarily with a Naval Reserve unit under non-pay Inactive Duty for Training (IDT) Drill Participation Authorization (IPA) issued by COMNAVSURFRESFOR

(3) Performing professional training as authorized by COMNAVSURFRESFOR

(4) Performing pay/non-pay Active Duty for Training (ADT) under orders issued by COMNAVSURFRESFOR

c. If I am able to fulfill the eligibility, drilling, and training requirements for the USNR SELRES, I may then fulfill my Naval Reserve obligation by affiliating with a Naval Reserve unit in either a pay or non-pay status.

4. As a MMR, USNR officer in the MMIRRG, I further understand that:

a. I will be a member of the Ready Reserve (USNR-R)

b. If I fail to satisfactorily perform the participation requirements in paragraph 3, I will be placed in the IRR until the term of my MSO is completed. During this period, I will not be allowed to participate in MMR training. Unsatisfactory participation also makes me eligible for an adverse separation action and notification to Secretary of Transportation for failure to serve as a Reserve officer.

**UNITED STATES NAVAL RESERVE (INCLUDING THE MERCHANT MARINE RESERVE,  
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c. My U.S. Merchant Marine Officer License must be maintained in addition to any other requirements of COMNAVSURFRESFOR in order to continue participation in the MMR, USNR program after satisfactory completion of my MSO

d. My membership in the Ready Reserve (USNR-R) may be terminated in accordance with law

e. Should I fail at any time to fulfill all the requirements contained in this statement, I will be subject to call to active duty, transfer to the Standby Reserve (USNR-S2), retirement, or discharge, as appropriate; and be subject to payment of all costs of education provided by the Federal Government.

5. I have read and completely understand the meaning and contents of the above. No promises, either written or oral, have been made to me in connection with my application for appointment as a midshipman or commissioned officer in the United States Naval Reserve except as specified above. I acknowledge receipt of a copy of this document.

\_\_\_\_\_  
Witnessing Officer Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Full Name/Grade of  
Witnessing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number  
of Witnessing Officer

**PRIVACY ACT NOTIFICATION**

Under the authority of 5 USC 301, the use of identifying data on this form pertaining to you such as name and social security number will be used for identification purposes while a member of the MMR, USNR Midshipman Program. This information will be maintained in official Navy records and will not be divulged without your written authorization to anyone other than officials or offices involved with this program. You are not required to provide this information; however, failure to do so may result in your not being selected for the MMR, USNR Midshipman Program.

\_\_\_\_\_  
(Type or print full name)

\_\_\_\_\_  
(Social Security No.)

Having volunteered for training in the Merchant Marine Reserve, United States Naval Reserve Program under the provisions of the Maritime Education and Training Act of 1980 (Public Law 96-453) at one of the State Maritime Academies, Colleges, or Schools,

1. I agree and understand that:

a. I must apply for, and accept if offered, an appointment as Midshipman, USNR and concurrent enlistment in the USNR (inactive); and,

b. The Secretary of the Navy may release me from my obligation under this agreement and terminate my appointment as Midshipman, USNR at any time if, in the opinion of the Secretary, the best interests of the naval service require such action; and,

c. I must register with the Selective Service Registration Representative, if required under the Military Selective Service Act (MSSA); and,

d. I must complete the course of instruction at the Academy, unless separated by the Academy; and,

e. I must fulfill the requirements for a license as an officer in the Merchant Marine of the United States within three (3) months of my graduation from the Academy; and,

f. I must maintain a license as an officer in the Merchant Marine of the United States for at least six (6) years following the date of graduation from the Academy; and,

g. I must apply for, and accept if tendered, an appointment as a commissioned officer and serve in the United States Naval Reserve or any other Reserve component of an armed force of the United States, for at least eight (8) years following the date of graduation from the Academy; and,

h. I must serve the foreign and domestic commerce and the national defense of the United States for at least five (5) years following the date of graduation from the Academy:

(1) As a merchant marine officer serving on vessels documented under the laws of the United States or on vessels owned and operated by the United States or by any State or Territory of the United States; or

(2) As an employee in the United States maritime-related industry, profession, or marine science (as determined by the Secretary of Transportation), if the Secretary of Transportation determines that service under subparagraph (1) is not available to me; or

TRAINING AND SERVICE AGREEMENT  
MERCHANT MARINE RESERVE, USNR  
(STATE MARITIME ACADEMIES/COLLEGES/SCHOOLS)  
CNET 1534/3 (Rev. 9-00)

(3) As a commissioned officer on active duty in an armed force of the United States or in the National Oceanic and Atmospheric Administration; or

(4) By combining the service specified in subparagraphs (1), (2), and (3); and,

i. I must report to the Secretary of Transportation on compliance to this paragraph.

j. If the Secretary of Transportation determines that any individual who has executed the Maritime Administration Training and Service Agreement required for receipt of Student Incentive Payment (SIP) has failed to fulfill the requirements of paragraph 1d of this agreement, such individual may be ordered by the Secretary of the Navy to active duty in the United States Navy to serve in an enlisted status for a period of time not to exceed two (2) years. In cases of hardship, as determined by the Secretary of Transportation, this paragraph may be waived; and,

k. If the Secretary of Transportation determines that any individual has failed to fulfill the requirements of 1e, f, g, h, or i of this agreement, such individual may be ordered to active duty to serve a period of time not less than two (2) years and not more than the unexpired portion (as determined by the Secretary of Transportation) of the service required in subparagraph h above. The Secretary of Transportation, in consultation with the Secretary of Defense, shall determine in which service the individual shall be ordered to active duty to serve such period of time. In cases of hardship, as determined by the Secretary of Transportation, this paragraph may be waived.

2. Immediately following the completion of my required training and having volunteered for appointment as a commissioned officer in the Merchant Marine Reserve, United States Naval Reserve, I hereby acknowledge and understand that:

a. (1) A commission as a Reserve officer of the United States Navy is held at the pleasure of the President; and,

(2) Upon acceptance of a commission, I will be required to serve at least eight (8) years as a Reserve officer in the United States Navy from my date of appointment to a commissioned grade; and,

(3) Any portion of this eight-year period not served on active duty will be served on inactive duty; and,

(4) A resignation of my commission as a Reserve officer submitted prior to completion of this eight-year period will normally not be accepted and, after this period, may be accepted or rejected by the President as the needs of the service may then require; and,

b. Upon acceptance of a Naval Reserve commission: I will be a member of the Merchant Marine Reserve, United States Naval Reserve. As such I agree and understand that:

(1) I will be a member of the Ready Reserve (USNR-R).

(2) During my initial service obligation period, I will fulfill one or a combination of the participation requirements listed below:

(a) If I am actively sailing

1. I will sail on my license at sea for at least four (4) months during every two (2) consecutive years following the acceptance of my commission.

2. I will forward appropriate sailing documentation to the Commander, Naval Surface Reserve Force within thirty (30) days after the completion of every complete year following the acceptance of my commission.

3. I will apply for and perform at least twelve (12) days of annual active duty training (AT) during every complete year following the acceptance of my commission unless such requirement is waived by the Commander, Naval Surface Reserve Force, in addition:

4. I may drill, with pay, in Training Category "A", Selected Reserve (SELRES), if I am able to fulfill the training requirements for such training as outlined in BUPERSINST 1001.39C (Administrative Procedures for Naval Reservists on Inactive Duty).

5. I may drill non-pay with a Naval Reserve Unit while temporarily ashore; assignment will be made by Commander, Naval Surface Reserve Force with concurrence of the Reserve Center Commander Officer.

6. I may complete correspondence courses approved for officers by the Chief of Naval Education and Training.

7. I may perform projects, active duty training, or equivalent training recommended by the program sponsor (CNO N4), or the program technical manager (Commander, Military Sealift Command), of the Merchant Marine Reserve Program, which have been approved by Commander, Naval Surface Reserve Force.

(b) If permanently employed ashore, I must request a waiver of the sailing requirements outlined in subparagraph (a) above from Commander, Naval Surface Reserve Force. If such waiver is granted, I will participate in a combination of activities to fulfill my obligation as outlined in subparagraphs 9e and 9f of OPNAVINST 1534.1B (Merchant Marine Reserve, U.S. Naval Reserve Program).

c. If I fail to satisfactorily perform the participation requirements specified in subparagraphs 2b(2)(a) and 2b(2)(b) above, I will be placed in the General Individual Ready Reserve (IRR) until the term of this Training and Service Agreement is completed. During this period, I will not be allowed to participate in Merchant Marine Reserve training.

d. My membership in the Ready Reserve (USNR-R) may be terminated in accordance with law.

e. Should I fail at any time to fulfill all the requirements of this agreement, I will be subject to call to active duty, transfer to the Standby Reserve (USNR-S2), retirement, or discharge, as appropriate.

f. Sections 671a and 671b of Title 10, United States Code, currently provide as follows:

671a. Members: service extension during war. Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for six months thereafter.

671b. Members: service extension when Congress is not in session.

(a) Notwithstanding any other provision of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than six months enlistments, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the Armed Forces of the United States, that expire before the thirtieth day after Congress next convenes or reconvenes.

(b) An extension, under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order.

g. Federal statutes and pertinent regulations applicable to personnel in the United States Navy may change without notice and such changes may affect my status as a Midshipman, MMR, USNR, or commissioned officer and obligations to serve as such.

3. I further acknowledge that: My appointment as Midshipman, USNR, will be terminated on the day preceding: appointment to a commissioned status, date of disenrollment from the Academy, or other reason for discontinuance of training.

4. I have read and completely understand the meaning and contents of the above. No promises, either written or oral, have been made to me in connection with my application for appointment as a Midshipman or commissioned officer in the United States Naval Reserve except as specified above. I acknowledge receipt of a copy of this document.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Full printed or typed name of  
witness

\_\_\_\_\_  
Full printed or typed name of  
applicant

#### Privacy Act Notification

Under the authority of 5 USC 301, the use of identifying data on this form pertaining to you, such as name and social security number, will be used for identification purposes while a member of the MMR, USNR Midshipman Program. This information will be maintained in official Navy Records and will not be divulged without your written authorization to anyone other than officials or offices involved with this program. You are not required to provide this information; however, failure to do so may result in your not being selected for the MMR, USNR Midshipman Program.

# ENLISTMENT / REENLISTMENT DOCUMENT

## ARMED FORCES OF THE UNITED STATES

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

**PRINCIPAL PURPOSES:** To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

**ROUTINE USES:** To document your enlistment/reenlistment agreement with the U. S. Armed Forces; to record voluntary changes in your enlistment/reenlistment agreement; to determine dates of service and seniority; and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

**DISCLOSURE IS VOLUNTARY:** However, failure to furnish information will result in denial of enlistment or reenlistment.

### A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER					
3. HOME OF RECORD (Street, City, State, ZIP Code)		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State)					
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD)	6. DATE OF BIRTH (YYMMDD)	7. PREVIOUS MILITARY SERVICE			YEARS	MONTHS	DAYS
		a. Total Active Military Service					
		b. Total Inactive Military Service					

### B. AGREEMENTS

8. I am enlisting /reenlisting in the United States (list branch of service) \_\_\_\_\_ this date for \_\_\_\_\_ years and \_\_\_\_\_ weeks beginning to pay grade \_\_\_\_\_. The additional details of my enlistment / reenlistment are in Section C and Annexes)

#### a. FOR ENLISTMENT IN A DELAYED ENTRY ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) \_\_\_\_\_ for enlistment in the Regular component of the United States (list branch of service) \_\_\_\_\_ for not less than \_\_\_\_\_ years and \_\_\_\_\_ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (if none, so state.)

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) \_\_\_\_\_

(Continued on reverse side.)

**9. FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

**10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

**11. FOR ENLISTEES / REENLISTEES IN THE NAVY OR MARINE CORPS:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** This form registers me under the Military Selective Service Act. The Department of Defense may transmit information from my personnel records, including name, social security number, birthdate, and address to the Selective Service System to meet registration and information reporting requirements.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE
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**D. CERTIFICATION AND ACCEPTANCE**

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

**I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW:** (If none, X "NONE" and initial.)  NONE \_\_\_\_\_ (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE	c. DATE SIGNED (YYMMDD)
---------------------------------------	-------------------------

14a. On behalf of the United States (list branch of service) \_\_\_\_\_, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

SERVICE REPRESENTATIVE INFORMATION		
b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**

**15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):**  
 I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

**16. IN THE NATIONAL GUARD (ARMY OR AIR):**  
 I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law and regulations. So help me God.

**17. IN THE NATIONAL GUARD (ARMY OR AIR):**  
 I do hereby acknowledge to have voluntarily enlisted /reenlisted this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ in the \_\_\_\_\_ National Guard and as a Reserve of the United States (list branch of service) \_\_\_\_\_ with membership in the \_\_\_\_\_ National Guard of the United States for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE	b. DATE SIGNED (YYMMDD)
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19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT / REENLISTMENT OFFICER INFORMATION		
b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

## OFFICER APPOINTMENT ACCEPTANCE AND OATH OF OFFICE

1. NAME (LAST, FIRST, MIDDLE)		2. STATUS BEFORE APPT.		3. PC	
ADDRESS					
4. SSN	5.	6. DESIG.	7. S	8.	9. OSC
10. CSC	11. BC				
12. DATE OF BIRTH	13. PERM. GRADE	14. PERM. GRADE DATE	15. PRES. GRADE	16. PRES. GRADE DATE	17. NULL & VOID DATE
TYPE OF DUTY <input type="checkbox"/> 18. ACTIVE <input type="checkbox"/> 19. INACTIVE		TYPE OF APPOINTMENT <input type="checkbox"/> 20. TEMPORARY <input type="checkbox"/> 21. PERMANENT		STATUS <input type="checkbox"/> 22. CONFIRMED <input type="checkbox"/> 23. AD INTERIM	
26. AUTHORITY		27. PLSD		28.    29. SUPERS USE ONLY	

THE PRESIDENT OF THE UNITED STATES HAS APPOINTED YOU AS AN OFFICER IN THE U.S. NAVY UNDER THE CONDITIONS INDICATED IN THIS DOCUMENT. IF APPOINTMENT IS ACCEPTED YOU MUST COMPLETE OATH OF OFFICE. IF IT IS NOT ACCEPTED SIGN AND DATE DECLINATION. INDICATE REASONS FOR NON-ACCEPTANCE:

AUTHENTICATED: \_\_\_\_\_

### OATH OF OFFICE

From: \_\_\_\_\_  
 To: Secretary of the Navy

I  
 HAVING BEEN APPOINTED  
 IN THE U.S. NAVY UNDER THE CONDITIONS INDICATED IN THIS DOCUMENT, DO ACCEPT SUCH APPOINTMENT AND DO SOLEMNLY SWEAR (OR AFFIRM) THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES AGAINST ALL ENEMIES, FOREIGN AND DOMESTIC, THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE SAME; THAT I TAKE THIS OBLIGATION FREELY, WITHOUT ANY MENTAL RESERVATION OR PURPOSE OF EVASION; AND THAT I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES OF THE OFFICE ON WHICH I AM ABOUT TO ENTER, SO HELP ME GOD.

Copy to:

\_\_\_\_\_  
 (SIGNATURE OF APPOINTEE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE AND GRADE OF WITNESSING OFFICER)

### DECLINATION OR DISQUALIFICATION

- NOT OFFERED
- NOT ACCEPTED

\_\_\_\_\_  
 (APPOINTEE/COMMANDING OFFICER SIGNATURE) (DATE)

REASON \_\_\_\_\_



## THE CONCEPT OF HONOR

Never before has the individual character of the American Sailor and Marine weighed so heavily on the calculus of potential conflict. For all the intrinsic excellence of our technology, experience demonstrates that its successful employment in battle continues to depend upon the integrity, courage, commitment, and professional excellence of those called upon to bring it to bear in defense of freedom. With ruthless efficiency and finality, the awesome violence of modern warfare distinguishes forces filled with these attributes from those rendered hollow by their absence. Unlike previous conflicts in our history, technology no longer permits us the luxury of awaiting the first battle to determine whether our forces are ready. The pace of conflict will afford us little, if any, chance to profit from our mistakes.

Military systems, which often operate under extreme duress, are built on a foundation of absolute trust and fidelity. You don't learn that when you get to the fleet; you take it to the fleet. This may seem to be a harsh standard, but it's not that difficult to understand what your obligations are.

## THE HONOR CODE

For the Naval Reserve Officer Training Corps midshipman, those obligations are succinctly stated in the following honor code:

**A midshipman does not lie, cheat, or steal**

This is to certify that I have read and understand the Midshipman Honor Code effective this date \_\_\_\_\_.

\_\_\_\_\_  
(Signature of midshipman)

\_\_\_\_\_  
(Signature of Commanding Officer)

SHIP OR STATION NROTC UNIT, MAINE MARITIME ACADEMY, CASTINE, ME 04421

I UNDERSTAND THAT IN ORDER TO BE COMMISSIONED IN THE U.S. NAVAL RESERVE/MERCHANT MARINE RESERVE PROGRAM. I MUST MEET THE FOLLOWING REQUIREMENTS:

COMPLETE THE FOLLOWING COURSES:

- NV-210 MERCHANT MARINE OFFICER I
- NV-220 MERCHANT MARINE OFFICER II
- NV-442 MERCHANT MARINE OFFICER III (ENSIGN PREPARATION)

(AND)

ACHIEVE MINIMUM PRT REQUIREMENTS EACH SEMESTER

QUALIFY AS A FIRST CLASS SWIMMER ONCE OR-

RE-QUALIFY ANNUALLY AS A THIRD CLASS SWIMMER

CNETINST 1534.1E reads in part:

"Midshipmen who fail to achieve minimum PRT requirements or who exceed percent body fat limits shall be placed on remedial programs ... Such members shall be counseled and placed on probation in writing. The probation letter should clearly state the reason for the probation, the requirement to be removed from probation, and the term of the probation. Physical readiness or weight reduction probations should not exceed one academic term. Failure to make measurable progress to achieve standards within the time specified in the probation letter shall be taken as evidence of lack of aptitude for commissioned service. In these cases review boards should be convened to consider the case and provide a recommendation to the officer in charge relative to retention of the individual in the program. Following board consideration the Officer in Charge should forward his recommendation for retention or disenrollment to CNET N-2."

2. Disenrollment from the MMR/USNR Program as a result of lack of aptitude will result in loss of Student Incentive Payments from the U.S. Maritime Administration and you may be ordered by the Secretary of the Navy to active duty in the United States Navy to serve in an enlisted status for a period of time not to exceed two (2) years.

\_\_\_\_\_  
Midshipman's Signature/Date

WITNESSED:

\_\_\_\_\_  
JOHN F. ROBINSON, GS-5  
MILPERCLK  
By direction

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS  
USNR

THIS FORM IS LOCALLY PREPARED AND USED AS A  
CHECKLIST ON THE LEFT SIDE OF  
MIDSHIPMAN/OFFICER SERVICE RECORDS

**MMR, USNR CHECKLIST**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

HOR: \_\_\_\_\_

SIP: YES/NO START DATE: \_\_\_\_\_

DESIGNATOR: \_\_\_\_\_ EST COMM. DATE: \_\_\_\_\_

DODMERB QUAL DATE: \_\_\_\_\_

COMMISSIONING PHYSICAL DATE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ NEAREST PAY PHONE: \_\_\_\_\_

<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
_____ TRAINING AND SERVICE AGREEMENT	CORRESPONDENCE
_____ OATH	
_____ DD/4	
_____ 5520	
_____ DD 398/2	
_____ ID APPLICATION	
_____ BIRTH CERTIFICATE	
_____ DRUG AND ALCOHOL	
_____ PRIVACY ACT	

## **MMR Student Performance File**

(Right Side)

- \_\_\_ MMR/USNR SIP Program Requirements
- \_\_\_ Record of counseling
- \_\_\_ College Transcript

**SAMPLE**

(Left Side)

- \_\_\_ Miscellaneous Information (Chronological Order)  
(Warning, Probation, LOA, Commendation, Etc)

# ANNUAL CERTIFICATE OF PHYSICAL CONDITION

Date: \_\_\_\_\_

## Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Middle Init.		2. SSN		3. Rate/Rank	
4. Designator/MOS/NEC		5. Sex	6. Age	7. Date of Birth	
8. Known Allergies			9. Unit of School and NIC		
10. Home Address		Street		City	
11. State	Zip + 4 Code	Home Phone Number		Work Phone Number	
12. Location of Health Record			13. Location of Dental Record		
14. Date of last Complete Physical Examination			15. Purpose of Examination		
16. Date of last Dental Exam		17. Type of Examination		18. Class	19. Date of last PAP and results
				20. Date of last Mammogram and results	
21. Date of last HIV Blood Test		22. Blood Pressure <i>Reserves Only</i>		23. Body Fat %	
				24. Height	
				25. Weight	

SAMPLE

(Continued on Reverse)

**ANNUAL CERTIFICATE OF PHYSICAL CONDITION**

1. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you now, or have you been under a physician's care during the past 12 months?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you taken prescription medications in the past 12 months?

( ) NO ( ) YES If yes, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any physical defect(s), family or mental problems which might restrict your performance on active duty or prevent your mobilization?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE: \_\_\_\_\_

MEDICAL DEPT. REP. SIGNATURE: \_\_\_\_\_

REVIEWING OFFICER'S SIGNATURE: \_\_\_\_\_

REVIEWING OFFICER'S COMMENTS: \_\_\_\_\_

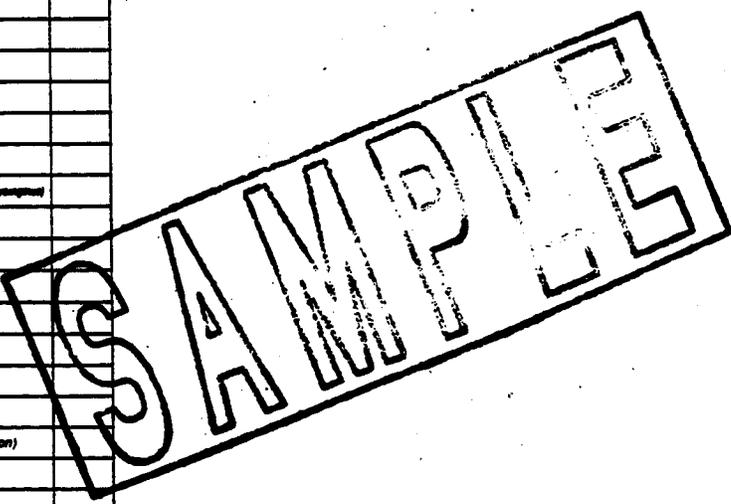
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
12. DATE OF BIRTH	13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column, enter "N" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (INTERNAL CANALS) (auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 66, 69 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parietal movements symmetrical)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicose veins, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, Prolapse) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Excluding feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

**NOTES:** (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)



44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td><td>1</td><td>2</td><td>3</td><td>Missing</td><td>1</td><td>2</td><td>3</td><td>Replaced by Dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial denture</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td></tr> <tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial denture	32	31	30	Teeth	0																				<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td><td>1</td><td>2</td><td>3</td><td>Missing</td><td>1</td><td>2</td><td>3</td><td>Replaced by Dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial denture</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td></tr> <tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial denture	32	31	30	Teeth	0																				<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td><td>1</td><td>2</td><td>3</td><td>Missing</td><td>1</td><td>2</td><td>3</td><td>Replaced by Dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial denture</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td></tr> <tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial denture	32	31	30	Teeth	0																																																																			
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(Continue in item 73)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. ECG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

**MEASUREMENTS AND OTHER FINDINGS**

51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <input type="checkbox"/> SLIMDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE													
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																			
A. SITTING		B. RECLUMBENT		C. STANDING (2 MIN.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECLUMBENT		E. AFTER STANDING 3 MIN.											
SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.											
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																	
RIGHT 20'		CORR. TO 20'		BY		S.		CX		CORR. TO		BY													
LEFT 20'		CORR. TO 20'		BY		S.		CX		CORR. TO		BY													
62. HETEROPHORIA (Specify distance)																									
ES°		EX°		R.H.		L.H.		PRISM DIV.		PRISM CORR. CT		PC		PD											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				66. UNCORRECTED													
RIGHT				LEFT								CORRECTED													
67. FIELD OF VISION				68. NIGHT VISION (Test used and score)				69. RED LENS TEST				70. INTRAOCULAR TENSION													
71. HEARING				72. ALDHIOMETER								73. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)													
RIGHT WV		/15 SV		/15		250		500		1000		2000		3000		4000		5000		6000		8000		10000	
LEFT WV		/15 SV		/15		RIGHT		LEFT																	

*(Use additional sheets if necessary)*

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnosed with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)												76. A. PHYSICAL PROFILE											
												P U L H E S											
77. EXAMINEE (Check)												B. PHYSICAL CATEGORY											
A. <input type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR																							
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER												A B C E											
79. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE											
80. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)												SIGNATURE											
82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY												SIGNATURE						NUMBER OF ATTACHED SHEETS					

### REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SOCIAL SECURITY OR IDENTIFICATION NO.	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)		4. POSITION (title, grade, component)	
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
		Lived with anyone who had tuberculosis				Wear glasses or contact lenses	
		Coughed up blood				Have vision in both eyes	
		Bled excessively after injury or tooth extraction				Wear a hearing aid	
		Attempted suicide				Stutter or stammer habitually	
		Seen a sleepwalker				Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)															
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)							
			Scarlet fever, erysipelas					Cramps in your legs							"Trick" or locked knee
			Rheumatic fever					Frequent indigestion							Foot trouble
			Swollen or painful joints					Stomach, liver, or intestinal trouble							Neuritis
			Frequent or severe headache					Gall bladder trouble or gallstones							Paralysis (include infantile)
			Dizziness or fainting spells					Jaundice or hepatitis							Epilepsy or fits
			Eye trouble					Adverse reaction to serum, drug, or medicine							Car, train, sea or air sickness
			Ear, nose, or throat trouble					Broken bones							Frequent trouble sleeping
			Hearing loss					Tumor, growth, cyst, cancer							Depression or excessive worry
			Chronic or frequent colds					Rupture/hernia							Loss of memory or amnesia
			Severe tooth or gum trouble					Piles or rectal disease							Nervous trouble of any sort
			Sinusitis					Frequent or painful urination							Periods of unconsciousness
			Hay Fever					Bed wetting since age 12							
			Head injury					Kidney stone or blood in urine							
			Skin diseases					Sugar or albumin in urine							
			Thyroid trouble					VD—Syphilis, gonorrhea, etc.							
			Tuberculosis					Recent gain or loss of weight							
			Asthma					Arthritis, Rheumatism, or Gout							
			Shortness of breath					Bone, joint or other deformity							
			Pain or pressure in chest					Lameness							
			Chronic cough					Loss of finger or toe							
			Palpitation or pounding heart					Painful or "trick" shoulder or elbow							
			Heart trouble					Recurrent back pain							
			High or low blood pressure												

13. WHAT IS YOUR USUAL OCCUPATION?	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
------------------------------------	---

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		<p>15. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>A. Sensitivity to chemicals, dust, sunlight, etc.</p> <p>B. Inability to perform certain motions.</p> <p>C. Inability to assume certain positions.</p> <p>D. Other medical reasons (If yes, give reasons.)</p> <p>16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)</p> <p>17. Have you ever been denied life insurance? (If yes, state reason and give details.)</p> <p>18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)</p> <p>19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)</p> <p>20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)</p> <p>21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)</p> <p>22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)</p> <p>23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for fitness or unsuitability.)</p> <p>24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)</p>
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>		
<p>TYPED OR PRINTED NAME OF EXAMINEE</p>		<p>SIGNATURE</p>
<p><b>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."</b></p> <p>25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>		
<p>TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER</p>	<p>DATE</p>	<p>SIGNATURE</p>
		<p>NUMBER OF ATTACHED SHEETS</p>

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

USDIS000Z  
DIS NACC  
FT HOLABIRD MD

DATE OF BIRTH DOB  
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

**SAMPLE**

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

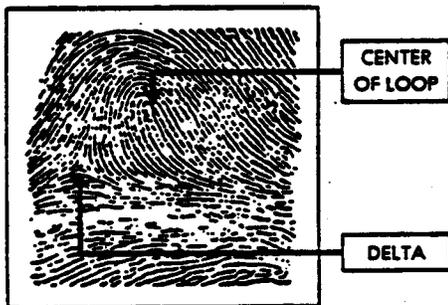
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20537**

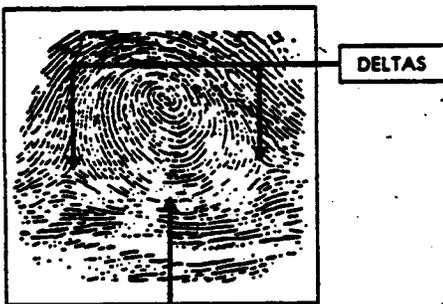
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

**TO OBTAIN CLASSIFIABLE FINGERPRINTS:**

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED. BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

LEAVE THIS SPACE BLANK

**INSTRUCTIONS:**

- \*1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  - \*\*3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. . RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (PP). ALIEN REGISTRATION NO. (AR). PORT SECURITY CARD NO. (PS). SELECTIVE SERVICE NO. (SS). VETERANS' ADMINISTRATION CLAIM NO. (VA).

**PART I - IDENTIFICATION DATA**

Name		Date of Birth	Place of Birth		SSN
Status	<input type="checkbox"/> OFFICER	<input type="checkbox"/> ENLISTED	<input type="checkbox"/> CIVILIAN	Grade	Service
Service Date					
Citizenship Verified					
<input type="checkbox"/> U. S. NATIVE	<input type="checkbox"/> U. S. NATURALIZED		_____ (Certificate Number)		
<input type="checkbox"/> IMMIGRANT ALIEN (See Comments)	_____ Registration Number		<input type="checkbox"/> PHILIPPINE NONIMMIGRANT ALIEN (See Comments)		

**PART II - RECORD OF INVESTIGATION**

TYPE	AGENCY	DATE	CASE CONTROL NO.	TYPE	AGENCY	DATE	CASE CONTROL NO.
<b>SAMPLE</b>							

**PART III - RECORD OF CLEARANCE**

DATE	CLEARANCE (Indicate Interim or Final)	BASIS/DATE	CERTIFYING COMMAND (Signature, Typed Name and Command)	REMARKS

DATE: \_\_\_\_\_ COMMENTS \_\_\_\_\_



**APPOINTMENT TERMINATION  
 DISENROLLMENT AUTHORIZATION**  
 Midshipman USNR  
 CNET Form 1533/29 (8-79) (Formerly NAVPERS 1533/8)

STANDARD DOCUMENT NUMBER

FROM:

TO:

VIA:  
 Commanding Officer, NROTC Unit,

1. The Secretary of the Navy has approved the recommendation for the termination of your appointment as Midshipman, Naval Reserve by disenrollment from the NROTC Program for the following reason(s):

REASON FOR DISENROLLMENT	CODE	EFFECTIVE DATE

2. In accordance with the agreement which you executed upon entering the Scholarship NROTC Program you will now:
- Be disenrolled from the NROTC Program and revert to your enlisted status currently held in \_\_\_\_\_
  - Be disenrolled from the NROTC Program and discharged from the naval service.
  - \_\_\_\_\_

3. Provided you discontinue scholastic instruction at the above educational institution, you are entitled, in accordance with Joint Travel Regulations, to an allowance for travel from this institution to your home of record at the time you were accepted in the NROTC Program.

APPR	SUBHEAD	OBJ CL	BU CONT	SA	AAA	TC	TANG NO.	COST CODE	EST CODE

4. The disenrollment, when effected, shall be reported by an appropriate entry in the Officer Candidate Accounting and Reporting System.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
By Direction

**FIRST ENDORSEMENT**

FROM  
 Commanding Officer, NROTC Unit  
 TO

- 1. Delivered.
- 2. Officials of the educational institution to which this NROTC Unit is attached have stated that you  are  are not continuing scholastic instruction at the institution at other than government expense.
- 3. Your official records indicate that your home of record at the time of acceptance was:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>RECORD OF DISENROLLMENT FROM OFFICER CANDIDATE - TYPE TRAINING</b>				DATE SUBMITTED
TO: <i>(Appropriate agency of the service concerned) (Include Zip Code)</i>		FROM: <i>(Appropriate agency of the service concerned) (Include Zip Code)</i>		
SECTION I - IDENTIFICATION INFORMATION ON STUDENT AT TIME DISENROLLED				
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. RATE OR GRADE	3. BRANCH OF ARMED FORCES	4. FILE OR SERVICE NUMBER
5. SOCIAL SECURITY ACCOUNT NUMBER		6. BIRTH		7. SEX
a. DATE		b. PLACE		
8. HOME OF RECORD ADDRESS			9. OTHER	
SECTION II - PROGRAM INFORMATION APPLICABLE AT TIME DISENROLLED				
10. TRAINING STATION ADDRESS		11. TYPE OF PROGRAM <i>(OCS, ROTC, Academy, NavCad, etc.)</i>	12. SPECIFIC TYPE OF TRAINING <i>(Supply, Pilot training, Bombardier, Infantry, Artillery, etc.)</i>	
13. DATE ENTERED PROGRAM		14. DATE DISENROLLED	15. DATE SCHEDULED FOR COMMISSION <i>(if training had been completed successfully)</i>	
SECTION III - REASONS AND CIRCUMSTANCES FOR DISENROLLMENT				
SECTION IV - EVALUATION TO BE CONSIDERED IN THE FUTURE FOR DETERMINING ACCEPTABILITY FOR OTHER OFFICER TRAINING				
1. <input type="checkbox"/> <b>HIGHLY</b> RECOMMENDED 2. <input type="checkbox"/> RECOMMENDED AS AN <b>AVERAGE</b> CANDIDATE 3. <input type="checkbox"/> SHOULD NOT BE CONSIDERED WITHOUT WEIGHING THE "NEEDS OF THE SERVICE" AGAINST THE REASONS FOR THIS DISENROLLMENT 4. <input type="checkbox"/> RECOMMENDED <b>IF</b> PHYSICAL DEFECTS ARE CORRECTED OR IF SUCH DEFECTS ARE NOT DISQUALIFYING FOR OTHER PROGRAMS 5. <input type="checkbox"/> <b>DEFINITELY NOT RECOMMENDED</b> 6. <input type="checkbox"/> OTHER REMARKS				
REMARKS				
TYPED NAME AND GRADE			SIGNATURE	

**APPLICATION FOR COMMISSION OR WARRANT RANK, U.S. NAVY OR NAVAL RESERVE**

**INSTRUCTIONS:** This questionnaire, in conjunction with form DD-398-2, will establish a permanent record for use in evaluating your qualifications for appointment. In your future career it may well play an important part in determining the kinds of duty to which you will be assigned. Answer all questions completely. (Applicants for medical programs may omit 12a and 13a). Write "none" in any blank not applicable to you.

Public reporting burden for this collection is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paper Work Reduction Project 0703-0029, Washington, DC 20503

**PRIVACY ACT STATEMENT**

Title 10 United States Code, Sections 961, 600, 2107, 2122 and 6019 which prescribes qualifications for enlistment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U. S. Navy or branches of the services not withstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN).

To determine the applicant's eligibility for enlistment into the United States Navy. This information provided is FOR OFFICIAL USE ONLY and will become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify and locate existing records.

To obtain background information provided by the applicant and by a Selection Board to determine applicant's qualifications for commission.

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. If after you enlist it is found that you concealed a record, you may be discharged from the U.S. Navy as a fraudulent enlistment and may be subject to a fine and/or imprisonment.

**AUTHORITY:**

**PRINCIPAL PURPOSES:**

**ROUTINE USES:**

**DISCLOSURE:**

1. Name (First, Middle-Maiden Name (if any) - Last)	2. Status
Mr.	<input type="checkbox"/> Military-Active
Mrs.	<input type="checkbox"/> Civilian <input type="checkbox"/> Military - Inactive
Miss	

3. SSN: \_\_\_\_\_

4. (a) Present Address (unit) \_\_\_\_\_ (Date) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(b.) Mailing Address (Street and Number) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(Address to which orders or official correspondence should be mailed)

5. Home of Record \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

<p>6. Officer Program Preferences</p> <p>Active Duty <input type="checkbox"/> Inactive Duty <input type="checkbox"/></p> <p>First Choice: _____</p> <p>Second Choice: _____</p> <p>Third Choice: _____</p>	<p>7. Date Available to Commence Officer Training: _____</p>	<p>8. Marital Status</p> <p>Single <input type="checkbox"/> Married <input type="checkbox"/></p> <p>Dependents:</p> <p>Spouse <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Number of Children: <input type="checkbox"/></p>
--	--	---

9. Previous Military Service:  
Have you previously applied for a commission or program leading to a commission? (i.e., OCS, ROTC, OTS, PLC, Service Academy, etc.) \_\_\_ No \_\_\_ Yes (If "yes", complete block 9a.)

9a. Nature of Application	Result		
	Date	Accepted/Rejected	Circumstances Regarding Disenrollment

10.  Yes  No Have you ever claimed or been granted a pension, disability allowance, disability compensation, or retired pay from the U. S. Government?  
 Yes  No Are you presently receiving such compensation?

11. Education	Date	Major	Minor
High School:			
College Degree: Associate of Arts/Science			
Bachelor of Arts/Science			
Master of Arts/Science			
Doctorate (Type _____)			

Colleges Attended (List all colleges attended in chronological order by academic year, or portion of year.)

From	Dates (Mo/Yr)		School	Degree Awarded	
	To			Yes	No

12. Athletic Experience	Sport/Team	Number of Years	Awards/Scholarships	Swimming Ability: Can you swim 200 yards using the crawl, breast stroke, side stroke, and back stroke 50 yards each and can you swim 50 feet under water and can you tread water?  Yes <input type="checkbox"/> No <input type="checkbox"/>
a. High School (to include both school and non-school sponsored teams)				
b. College (to include both school & non-school sponsored teams)				

c. Post College Athletic Activities: \_\_\_\_\_

d. Current Personal Fitness Program: \_\_\_\_\_ (Date Commenced: \_\_\_\_\_)

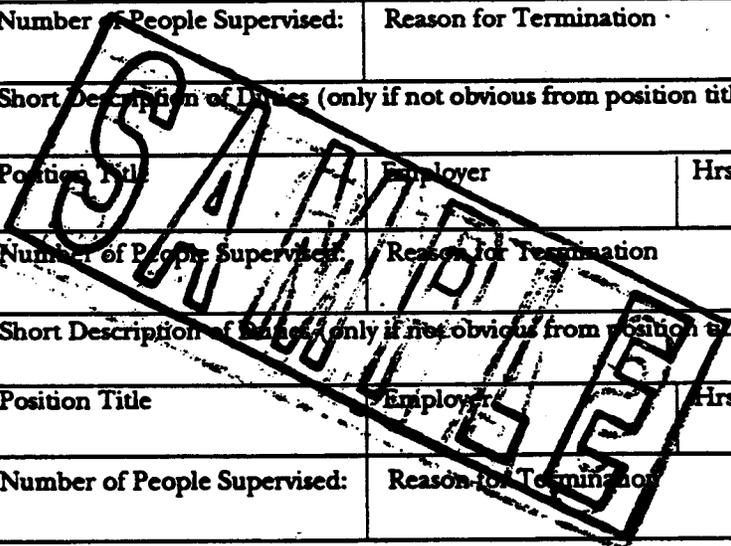
13. Extra Curricular Activities	Organization	Offices Held
a. High School Years (highlight the most important)		
b. College Years		
c. Post College Activities		

14. Employment History: (List chronologically by work commencement date)

Dates (Month/Year)

From To

From	To	Position Title	Employer	Hrs/Wk	Salary Per Yr or Per Hr
		Number of People Supervised:	Reason for Termination		
		Short Description of Duties (only if not obvious from position title)			
		Position Title	Employer	Hrs/Wk	Salary Per Yr or Per Hr
		Number of People Supervised:	Reason for Termination		
		Short Description of Duties (only if not obvious from position title)			
		Position Title	Employer	Hrs/Wk	Salary Per Yr or Per Hr
		Number of People Supervised:	Reason for Termination		
		Short Description of Duties (only if not obvious from position title)			
		Position Title	Employer	Hrs/Wk	Salary Per Yr or Per Hr
		Number of People Supervised:	Reason for Termination		
		Short Description of Duties (only if not obvious from position title)			
		Position Title	Employer	Hrs/Wk	Salary Per Yr or Per Hr
		Number of People Supervised:	Reason for Termination		
		Short Description of Duties (only if not obvious from position title)			



15. Scholarship, Honors, and Awards (date received):

16. Knowledge of Foreign Languages: Language	How Acquired (school, family, work, etc)	READ			SPEAK			UNDERSTAND		
		Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

17. Special Training/Experience/Knowledge:  
Computer Language/Program Fluency:

18. Flying Experience:  
License/Ratings: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Other experience or training that might be of value to the Navy:

Model	Hours	Model	Hours

19. Professional, Occupational, Business or Trade License(s)

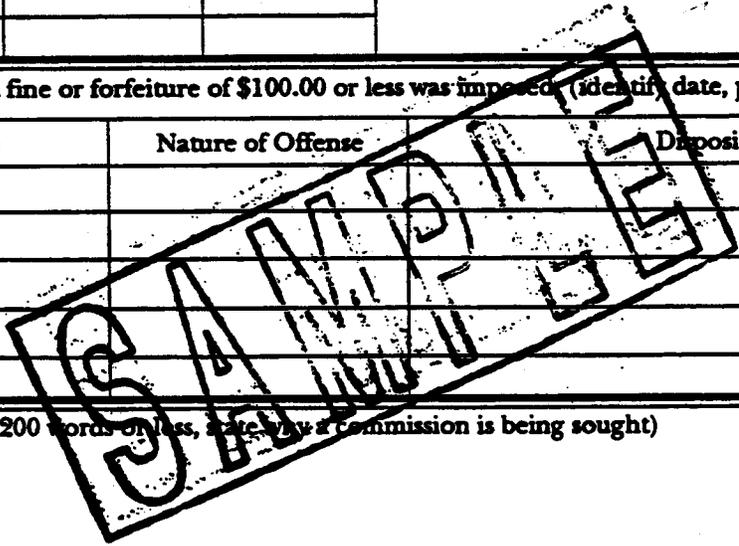
Type of License	First License Yr.	Most Recent License Yr.	City, State or Territory

Have you ever had an application or a license suspended or revoked?  
No  Yes  If "Yes" amplify on attached sheet of paper.

20. Traffic violations for which a fine or forfeiture of \$100.00 or less was imposed (identify date, place, nature and disposition):

Date	Place	Nature of Offense	Disposition

21. Motivational Statement: (In 200 words or less, state why a commission is being sought)



22. I certify that all statements made in this application and any additional statements pertaining thereto are entirely true and complete to the best of my knowledge and belief. I understand that failure to answer any correspondence promptly or to accept any appointment tendered me will subject my application or appointment to cancellation without further notice.

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Signature)

**SAMPLE APPLICATION FOR ACTIVE DUTY AS AN  
UNRESTRICTED LINE OFFICER**

Date

From: Midshipman First Class \_\_\_\_\_, USNR  
To: Commander, Navy Recruiting Command (Code 13)  
Via: (1) OIC/CO, DNS/NROTC Unit,  
\_\_\_\_\_ Academy, \_\_\_\_\_  
(2) Chief of Naval Personnel (Pers-252)

Subj: APPLICATION FOR ACTIVE DUTY

Ref: (a) MILPERSMAN 1320-150

Encl: (1) Duty Preference Sheet  
(2) Academic Transcript  
(3) Report of Medical Examination (SF 88)  
(4) Report of Medical History (SF 93)

1. I hereby apply for extended active duty as an unrestricted line officer effective (date) in accordance with reference (a). I will graduate from the U.S. Merchant Marine Academy on (date) and be commissioned Ensign, USNR, in the Merchant Marine Reserve, USNR Program. Upon graduation, I will receive a Bachelor of Science Degree in Marine Transportation and a U.S. Coast Guard license as a Third Mate, Unlimited tonnage, All Oceans.

2. If accepted, I agree to serve on full-time active duty for a period of five (5) consecutive years. Enclosure (1) indicates my preference as to type of duty I desire. Enclosures (2), (3), and (4) are provided for information.

3. It is requested that I be ordered to my first duty station via Surface Warfare Officer School.

4. My official home of record is: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

**SAMPLE REQUEST FOR PILOT/NAVAL FLIGHT OFFICER TRAINING**

Date

From: Midshipman First Class \_\_\_\_\_, USNR  
To: Commander, Navy Recruiting Command (Code 13)  
Via: (1) OIC/CO, DNS/NROTC Unit  
\_\_\_\_\_ Academy,  
(2) Chief of Naval Personnel (PERS-433E)

Subj: REQUEST FOR (PILOT TRAINING) (NAVAL FLIGHT OFFICER TRAINING)

Ref: (a) MILPERSMAN 1320-150

Encl: (1) Academic Transcript  
(2) Navy Recruiting District (Area) Memorandum of Certification of AQT/FAR Scores  
(3) Report of Medical Examination (SF 88)  
(4) Report of Medical History (SF 93)

1. I hereby apply for (pilot training) (Naval Flight Officer (NFO) training) under reference (a).

2. Enclosures (1) through (4) are forwarded in accordance with the requirements of reference (a). My date of birth is \_\_\_\_\_.

3. One of the following certifications must be included (as paragraph 3):

a. For pilot training: I certify that I have not been previously separated from any flight training program of the Army, the Navy, or the Air Force for reasons other than temporary physical disqualification.

b. For NFO training: I certify that I (have) (have not) been previously separated from a flight training program of the Army, the Navy, or the Air Force for reasons other than physical or flight failure. (If requesting a waiver for NFO training, indicate reasons for previous disenrollment.)

4. I will receive a Bachelor of Science Degree in Marine Transportation from the \_\_\_\_\_ Academy on (date), having pursued the courses of study delineated in enclosure (1). Additionally, I expect to be licensed by the U.S. Coast Guard as a Third Mate.

5. I will accept a commission as an Ensign, USNR, in the U.S. Naval Reserve Program on (date).

6. If selected for the requested training and I enter active service, I agree to the following:

a. For pilot training: Not to resign from the naval service during the course of instruction and to serve on active duty for a period of 7 years (8 years for jet training) or until completion of previously incurred obligated service, whichever is longer, subsequent to completion of training with the Naval Air Training Command, unless released earlier by the Navy.

b. For NFO training: Not to resign from the naval service during the course of instruction and to serve on active duty for a period of 6 years or until completion of previously incurred obligated service, whichever is longer, subsequent to completion of training with the Naval Air Training Command, unless released earlier by the Navy.

c. That the period of minimum service specified in the paragraph above will be served whether or not I retain the designation of Naval Aviator or Naval Flight Officer for the full period, unless released earlier by the Navy.

d. That if I am disenrolled for any reason I will serve on active duty until the completion of incurred minimum required service, unless released earlier by the Navy.

e. That if I am disenrolled because of physical disqualification, I will serve on active duty until the completion of previously incurred minimum required service unless released earlier by the Navy Department.

f. If selected, I request a reporting date for training no earlier than (date), and will remain on inactive duty until commencement of travel to my initial duty station.

7. My official home of record is: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

NAME (Last, first, middle)	PROGRAM FOR WHICH APPLYING	DATE
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**PERSONAL QUALITIES**

**DESCRIPTIVE:**

*Observe the applicant and write 6 adjectives or phrases which you believe to be most descriptive of the applicant.*

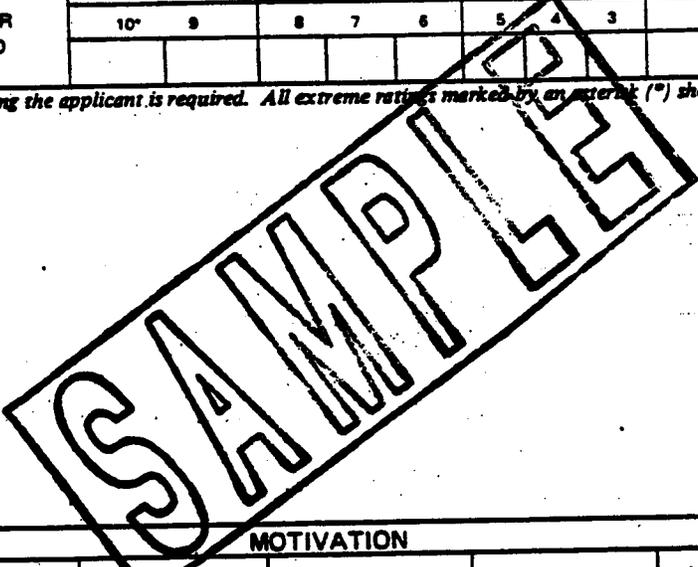
1.	2.	3.
4.	5.	6.

**EVALUATIVE:**

*Consider the applicant as a potential naval officer, and evaluate him on the following:*

	*OUTSTANDING	EXCELLENT	GOOD	ADEQUATE	*UNSATISFACTORY
APPEARANCE AND POISE					
ORAL COMMUNICATION AND EXPRESSION OF IDEAS					
LEADERSHIP POTENTIAL					
YOUR WILLINGNESS TO HAVE INDIVIDUAL SERVE UNDER YOUR COMMAND WHEN COMMISSIONED	PARTICULARLY LIKE TO HAVE	PREFER TO MOST	BE PLEASED TO HAVE	BE SATISFIED WITH	PREFER NOT TO HAVE
	10 9	8 7 6	5 4 3	2 1	0

**COMMENTS:** (A summary statement evaluating the applicant is required. All extreme ratings marked by an asterisk (\*) should be further commented upon in this page.)



**MOTIVATION**

PROGRAM MOTIVATION <i>(Indicate the applicant's motivation for the program for which applying.)</i>	VERY HIGHLY MOTIVATED FOR PROGRAM	DEFINITELY MOTIVATED FOR PROGRAM	MOTIVATED FOR NAVY, PROGRAM NOT IMPORTANT	MOTIVATED FOR COMMISSION, PROGRAM AND SERVICE NOT IMPORTANT	UNABLE TO DETERMINE

**POTENTIAL**

POTENTIAL AS A CAREER NAVAL OFFICER <i>(Complete for Naval Academy, NROTC, and ECP applicants only.)</i>	OUTSTANDING (1)	EXCELLENT (2)	GOOD (3)	AVERAGE (4)	LESS THAN AVERAGE (5)

**COMMENTS:** (Supplement or qualify the motivation rating and potential as a career naval officer, as appropriate.)

SIGNATURE OF INTERVIEWER	TYPED OR PRINTED NAME OF INTERVIEWER	GRADE, CORPS (if any), BRANCH OF SERVICE.
--------------------------	--------------------------------------	---

# INFORMATION FOR COMPLETING INTERVIEWER'S APPRAISAL SHEET

1. The purpose of the interview is to evaluate accurately and impartially the characteristics of the candidate to determine potential as a commissioned officer and motivation toward service in the Navy.
2. The interview should take a minimum of 15 minutes. A period of 15-30 minutes is usually adequate, although more time may be necessary on occasion.
3. Discussion topics should draw out the applicant. Suggested topics include: Navy programs, service life, school experiences, personal interests, goals in life, current events, sports, family attitude toward application, and any others suggested by a review of the application file.
4. Marking is difficult. Your judgements form an important part of each applicant's file, and usually represent the only personal contact with the applicant reported by an official of the Navy. Be fair and impartial, neither too easy nor too hard on the applicant. Mark only on what you have observed personally, not on the opinions or comments of others.
5. No marks should be put on this form until the interview has been completed.
6. If it appears that the space for comments will not be sufficient, phrases may be used rather than complete sentences.
7. Below is a check list of characteristics which interviewing officer can observe and of adjectives which can be used to describe these characteristics in applicants. This list is meant only to assist the interviewer in preparing for the interview and in making a written evaluation afterward. It is not intended to be all-inclusive.

## Characteristics/Descriptive Adjectives:

### Bearing

Good posture  
Slouch  
Forceful  
Apathetic  
Casual  
Formal

Grooming  
Careless  
Neat  
Clean  
Unclean  
Well-kept  
Inappropriately dressed

### Composure

Poised  
Awkward  
Relaxed  
Nervous  
Confident  
Insecure

### Attitude

Sincere  
Flippant  
Enthusiastic  
Indifferent  
Cooperative  
Uncooperative  
Contentious  
Pleasant  
Forthright  
Secretive  
Arrogant  
Modest

### Oral Expression

Articulate  
Inarticulate  
Responsive  
Unresponsive  
Taciturn  
Loquacious

### General Impression

Impressive  
Unimpressive  
Dull  
Interesting  
Mature  
Immature

### Voice Quality

Strident  
Soft-spoken  
Speaks Clearly  
Inaudible

NAVCURT 1100/13 (REV. 3-61) S/N 0114-LF-011-0065

★ U.S. Government Printing Office: 1963-006-010/0067 2-1

CHARACTER APPRAISAL (Privileged information)  
NAVCUIT 1110/28 (9-73) (Formerly NAVPERS 1110/28)  
S/N 0114-LF-121-0380

DEPARTMENT OF THE NAVY

\_\_\_\_\_  
(Date)

Dear:

Reference is made to: \_\_\_\_\_ who is applying for:

- Selection as an Officer Candidate School Candidate in the United States Naval Reserve.
- Selection as an Aviation Officer Candidate in the United States Naval Reserve.
- Interservice Transfer Program (Inactive) in the United States Naval Reserve.
- Appointment as a Commissioned Officer in the United States Naval Reserve.

The person whose name appears above has submitted your name as:

- a character reference
- an employment reference. (The applicant states that he/she was in your employ  
from \_\_\_\_\_ to \_\_\_\_\_  
as \_\_\_\_\_ (Job Title)

I authorize the employee named above to release the information requested herein:

\_\_\_\_\_  
(Signature of Applicant) (Date)

Is/was applicant in your employ?

If so, what is/was nature of duties?

How long have you known applicant?

What is the extent of your contact with applicant?

In order to assist us in evaluating the applicant's potential as a Naval Officer, it is requested that you complete the form on the reverse side and return it in the enclosed postage-free envelope.

Your interest and cooperation in this matter will be greatly appreciated.

Sincerely yours,

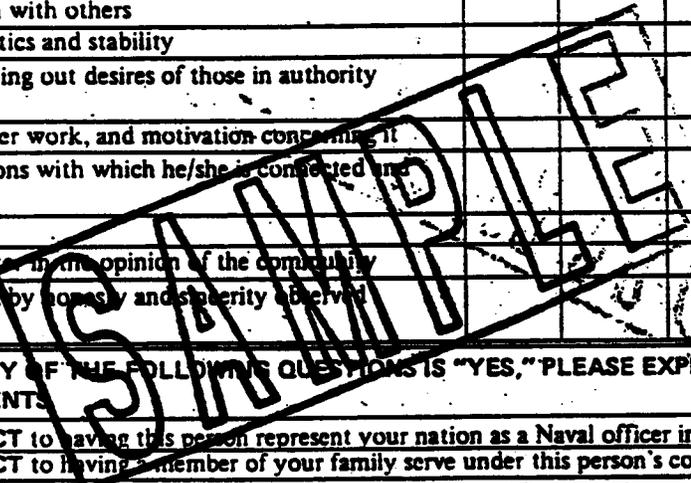
The information you furnish will be held in strictest confidence. A prompt reply will enable us to process the application more efficiently.

The guidelines below are furnished to assist you in evaluating the applicant's personal characteristics.

AS COMPARED TO THE MAJORITY OF PERSONS IN THE APPLICANT'S AGE AND EXPERIENCE GROUPS, the applicant is considered to be:

- OUTSTANDING:** Of superior caliber  
**GOOD:** Above average.  
**UNSATISFACTORY:** Not acceptable.
- EXCELLENT:** Well above average. Very few superiors.  
**SATISFACTORY:** Generally average.

PLEASE CHECK YOUR ESTIMATE OF THE APPLICANT'S QUALITIES LISTED BELOW AS COMPARED WITH THOSE OF OTHER INDIVIDUALS OF SIMILAR AGE AND EXPERIENCE:	OUT- STAND- ING	EXCEL- LENT	GOOD	SATIS- FAC- TORY	UNSAT- ISFAC- TORY	NOT OB- SERVED
1. Ability to make logical decisions						
2. Ability to originate and act upon ideas of his/her own						
3. Reaction to frustration and opposition						
4. Ability to lead others: to direct them in carrying out his/her wishes						
5. Degree of cooperation with others						
6. Emotional characteristics and stability						
7. Attitude toward carrying out desires of those in authority over him/her						
8. Attitude toward his/her work, and motivation concerning it						
9. Loyalty to organizations with which he/she is connected and to his/her associates						
10. Personal appearance						
11. Reputation or character in the opinion of the community						
12. Integrity as evidenced by honesty and sincerity observed by you						



IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," PLEASE EXPLAIN IN THE SPACE ALLOWED FOR COMMENTS.	NO	YES
13. WOULD YOU OBJECT to having this person represent your nation as a Naval officer in a foreign country?		
14. WOULD YOU OBJECT to having a member of your family serve under this person's command?		
15. To the best of your knowledge, has the applicant ever been discharged from employment? If so, what was the reason?		
16. Is the applicant related to you by blood or marriage?		
17. To the best of your knowledge, has the applicant ever been arrested, fined or convicted? If so, for what reason?		
18. Does the applicant appear to have evidence of chronic illness?		
19. To the best of your knowledge, has the applicant ever had any serious accidents, diseases or nervous disorders?		
20. Do you have any reason to question this person's loyalty to the United States?		
21. To the best of your knowledge, is there any history of unfavorable reputation or any undesirable habits (immorality, use of drugs, excessive use of alcohol, etc.) which the applicant may have?		
22. Do you have any reason to believe this person advocates overthrowing or altering our constitutional form of government by force or other illegal means?		
23. To the best of your knowledge, does this person belong to any organization which advocates the above (Item 22)?		

ADDITIONAL COMMENTS OR EVALUATION (If you have answered YES to any questions 13 through 23, please explain):

SAMPLE

Relationship to Candidate (employer, friend of family, etc.)	My Position is:	Signature:	Date:
--	-----------------	------------	-------

# ROTC/ECP DUTY RECOMMENDATION TRANSMITTAL LETTER

From: Midshipman  
 To: Chief of Naval Education and Training (N27/083)  
 Via: Commanding Officer, NROTC Unit

Subj: DUTY PREFERENCE/RECOMMENDATION ICO  
(Name/SSN)

Ref: (e) CNET P1533/3, Chapter 10

- Encl: (1) Unofficial Academic Transcript  
 (2) Stamped Page of MEDCOM/NAMI Physical (SF 88)  
 (3) Special Packages (for designators 118X/119X)

### MIDSHIPMAN COMMENTS

**REMARKS:** (Brief of skills, language ability, academic honors, or personal desires pertinent to assignment)

**ACADEMIC MAJOR:** (Complete description including any minors or areas of concentration not mentioned in degree, also include classification; B.S., B.A., etc.)

**A. I AM MEDICALLY QUALIFIED FOR THE UNRESTRICTED LINE COMMUNITY (URL).  
 I RESPECTFULLY REQUEST TO BE CONSIDERED FOR  
 (1160/1170/1390/1370/1180/1190/1160G/1160E/1700N.)**

**NOTE:** PLEASE PROVIDE THREE DIFFERENT URL CHOICES.

THE FOURTH RL/SC CHOICE WILL BE USED ONLY IF MIDSHIPMAN IS FOUND NOT PHYSICALLY QUALIFIED FOR URL PRIOR TO COMMISSIONING.

1ST	2ND	3RD	4TH
URL	URL	URL	RL/SC

ASTB

AQR	PBI	FOBI	PFAR	FOFAR	AOR
-----	-----	------	------	-------	-----

**B. I AM MEDICALLY UNQUALIFIED FOR THE UNRESTRICTED LINE COMMUNITY.  
 I RESPECTFULLY REQUEST TO BE CONSIDERED FOR THE RESTRICTED LINE/STAFF CORPS.  
 (CALL N27/083 FOR RL/SC DESIGNATOR OPTIONS.)**

1ST	2ND	3RD	4TH
RL/SC	RL/SC	RL/SC	RL/SC

**C. I HAVE CHOSEN THE MEDICAL FIELD OR: (CIRCLE ONE)  
 IF NOT SELECTED FOR THIS MEDICAL FIELD, I THEN WISH TO PURSUE THE URL COMMUNITY OF:  
 (SEE SELECTIONS IN PARAGRAPH (A) ABOVE.)**

1975	OR	2900	URL	
------	----	------	-----	--

REQUESTING A DELAY IN ACTIVE DUTY START DATE? YES/NO (CIRCLE ONE)  
 IF SO, HOW MANY MONTH ARE REQUESTED? (<12 MONTHS) \_\_\_\_\_

\_\_\_\_\_  
 (Signature and date)

FIRST ENDORSEMENT ON \_\_\_\_\_

From: Commanding Officer, NROTC Unit \_\_\_\_\_

To: Chief of Naval Education and Training (Code N27/083)

Subj: ROTC/ECP SERVICE SELECTION

I certify that this midshipman has met all pre-requisites necessary for selection in his/her 1st choice of designator and for commissioning. (Additional comments are welcome.)

SAMPLE

PNS POINTS	CURRENT PRT	PQ FOR 1ST CHOICE DESN

\_\_\_\_\_  
(Signature and date)

SAMPLE REQUEST FOR RELEASE FROM THE USNR  
FOR STATE ACADEMIES

Date

From: Midshipman First Class \_\_\_\_\_, USNR  
To: Chief of Naval Education and Training (OTE6/082)  
Via: OIC/CO, Department of Naval Science/NROTC Unit,  
\_\_\_\_\_ Academy, \_\_\_\_\_

Subj: REQUEST FOR RELEASE FROM THE U.S. NAVAL RESERVE

Ref: (a) MILPERSMAN 1300-080  
(b) MILPERSMAN 1920-160

1. I request authorization to resign from the U.S. Naval Reserve in order to accept appointment as a Second Lieutenant in the U.S. Army Reserve on active duty.

\_\_\_\_\_  
(Signature)

-----  
1301  
Ser  
Date

FIRST ENDORSEMENT on Midshipman First Class \_\_\_\_\_,  
USNR ltr of (date)

From: OIC/CO, Department of Naval Science/NROTC Unit  
\_\_\_\_\_ Academy, \_\_\_\_\_

To: Chief of Naval Education and Training (OTE6/082)

1. Forwarded, recommending approval.

2. If approved, it is recommended that the Chief of Naval Education and Training terminate the individual's status as Midshipman, USNR effective (date), such action to be contingent on receipt of evidence that the individual accepts an appointment as Second Lieutenant, U.S. Army Reserve on (date).

\_\_\_\_\_  
(Signature)

Copy to:  
Superintendent  
Midshipmen Personnel  
Midshipman Commander, U.S. Army Reserve Components  
Personnel and Administration Center, St. Louis, MO

**ACCEPTANCE AND OATH OF OFFICE**

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**ACCEPTANCE**

I, \_\_\_\_\_, having  
been permanently appointed a MIDSHIPMAN, USNR from the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, do accept such  
appointment.

\_\_\_\_\_  
(Signature of appointee in full)

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**OATH OF OFFICE**

I, \_\_\_\_\_ having been  
appointed a Midshipman, do solemnly swear (or affirm) that  
I will support and defend the Constitution of the United  
States against all enemies, foreign or domestic; that I  
will bear true faith and allegiance to the same, that I  
take this obligation freely, without any mental reservation  
or purpose of evasion; and that I will well and faithfully  
discharge the duties of the office on which I am about to  
enter: So help me God.

\_\_\_\_\_  
(Signature of appointee in full)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature and rank of witnessing  
officer)

**OFFICER BIOGRAPHY SHEET**  
 NAVPERS 5720/1 (Rev. 8-78) S/N 0106-LF-067-2006

DATE \_\_\_\_\_

This form is to be completed in duplicate and submitted in accordance with current BuPers Manual Article 5020140

**PRIVACY ACT STATEMENT**

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. To provide in centralized form routine biographical information and specialized publicity items such as "unusual war experiences." Media and public relations type information for official news releases is expected if individual is involved in some news worthy event and if the individual has authorized release of such information. Completion of this form is completely voluntary; no action will be taken if the individual does not provide the requested information.

NAME (Surname)	(First)	(Middle)	GRADE	DATE RANK	SSN & DESIGNATOR
HOME TOWN FOR PUBLICITY PURPOSES		DATE OF BIRTH	PLACE OF BIRTH		

NAME AND ADDRESS OF DESIRED HOME TOWN NEWSPAPER

FATHER'S NAME AND ADDRESS

MOTHER'S MAIDEN NAME AND ADDRESS

PRESENT RESIDENCE OF SPOUSE OR NEXT OF KIN

OFFICIAL (Permanent) ADDRESS OF OFFICER

DATE AND PLACE OF MARRIAGE

NAME AND HOMETOWN OF SPOUSE

NAMES OF CHILDREN

DATE OF BIRTH

SPECIAL CIVILIAN ACHIEVEMENTS, SOCIETIES, CLUBS, ATHLETICS, HOBBIES

SCHOOLS OR COLLEGES ATTENDED PRIOR TO ENTERING NAVY

DEGREES

AS APPLICABLE: USNA CLASS—MIDSHIPMEN SCHOOL AND CLASS—NROTC SCHOOL AND CLASS—OCS CLASS

DATE BEGAN NAVAL SERV.

DATE COMMISSIONED

GRADE COMMISSIONED IN

SPECIAL NAVY DESIGNATIONS AND DATES (Aviator, Submarine, Surface Warfare, EDO, A-100, LDO)

SPECIAL NAVY ACHIEVEMENTS, ADVANCED NAVY SCHOOLING

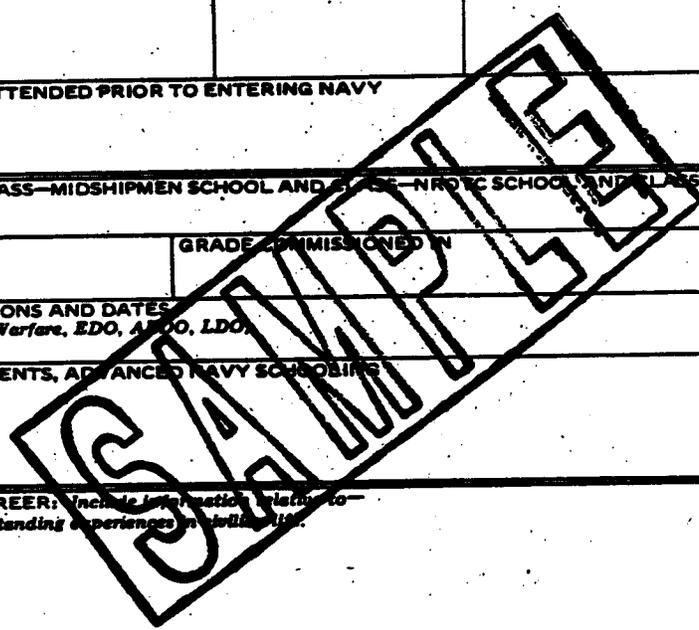
BRIEF BIOGRAPHY OF CAREER: Include information relating to—  
 (a) Occupation and outstanding experiences in civilian life.

(b) Newsworthy data on personal life.

(c) Unusual war experiences, campaigns, operations.

(d) List decorations (M of H, Navy Cross, etc., PUC + NUC with units, include stars + devices).

(e) List campaign and service medals, with stars, clasps, etc. (Use additional sheet as necessary).



(f) Outline chronologically all Armed Forces service (include enlisted service, reserve activity, PUC or NUC awards): (Estimate dates, if unknown)

FROM MO - YR.	TO MO - YR.	SHIP-UNIT-STATION	PRIMARY DUTIES	REMARKS: (and noteworthy collateral duties, etc.)
<div data-bbox="451 682 1075 1386" style="border: 2px solid black; padding: 10px; transform: rotate(-15deg); font-size: 48px; font-weight: bold; letter-spacing: 5px;">                     SAMPLE                 </div> <div data-bbox="776 1348 982 1390" style="font-size: 12px;">                     (Use additional sheets as necessary)                 </div>				

(g) List all promotions with effective date of rank.

(h) Has photograph been submitted in accordance with current BuPers Manual Article?

YES  NO

(i) I authorize the release of the foregoing for publicity purposes.

DATE SUBMITTED

SIGNATURE

**OFFICER'S REPORT OF HOME OF RECORD  
AND  
PLACE FROM WHICH ORDERED TO A TOUR OF ACTIVE DUTY**

14

**PRIVACY ACT STATEMENT:** Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. Completion of this form is mandatory. Failure to provide the required information may result in entitlement to travel and transportation allowances being denied.

**L  
INSTRUCTIONS**

**1. General.**

In general, officers are entitled to receive travel and transportation allowances for travel performed or to be performed under competent orders (1) upon appointment, or call to active duty, from home or from the place from which ordered to active duty to first duty station, and (2) upon separation from the service, placement upon the temporary disability retired list, release from active duty, or retirement, from last duty station to home or to the place from which ordered to active duty. (See Article 501-1140, BUPERS Manual.) This form is used for the purpose of determining entitlement to allowances under these situations, therefore extreme care must be used in preparing this document. Once prepared, entries hereon may not be changed or corrected unless specifically authorized by the Chief of Naval Personnel. This form is for use only by those individuals appointed to officer status or who reported for active duty in an officer status on and after 1 January 1957.

**2. Preparation.**

a. Prepare and sign in duplicate (as indicated) for each officer, Regular or Reserve, upon:

(1) Appointment to officer status for immediate extended active duty—complete all items.

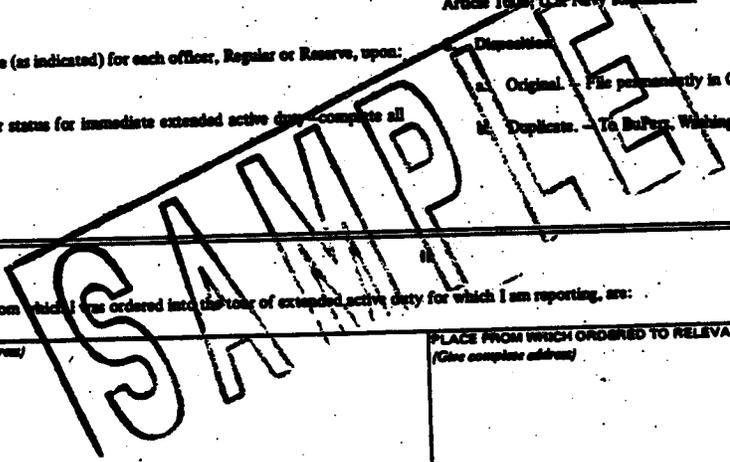
(2) Appointment to officer status for inactive service—complete all items except the two captioned "Place From Which Ordered to Relevant Tour of Extended Active Duty" and "Date of Entry on Relevant Tour of Extended Active Duty." Insert "Not Applicable" in these items.

(3) Each reporting for a tour of extended active duty from an inactive-duty officer status—complete all items.

b. "Home of Record" and Place From Which Ordered To Relevant Tour of Extended Active Duty" entries shall be determined by referring to the GUIDES provided on the reverse of this form.

c. The Certifying Officer shall be the commanding officer, executive officer, or other officer designated by the commanding officer. Signature shall be affixed in accordance with Article 1600, U.S. Navy Regulations.

- Disposition**
- a. Original. — File permanently in Officer Service Record (NavPers 1070/66).
  - b. Duplicate. — To BuPers, Washington, D.C. 20370 (Attn: Pers 37211)



My home of record, and the place from which I was ordered into the tour of extended active duty for which I am reporting, are:

HOME OF RECORD (Give complete address)

PLACE FROM WHICH ORDERED TO RELEVANT TOUR OF EXTENDED ACTIVE DUTY (Give complete address)

DATE OF ENTRY ON RELEVANT TOUR OF EXTENDED ACTIVE DUTY

SIGNATURE OF OFFICER

DATE SIGNED

CERTIFYING OFFICER'S SIGNATURE, GRADE AND TITLE

NAME (Last, first, middle)

GRADE

DESIGNATOR

SOCIAL SECURITY NO.

GUIDES

1. These guides are furnished to assist in completing entries on the obverse side of this form. Certifying officers, in addition, must give full consideration to all documents in the officer's service record or in his personal possession which relate to the occasion and bear directly on the item being determined:

a. Officer appointed from Midshipman status at the Naval Academy or NROTC Unit (other than those appointed Midshipman from an active duty enlisted status)—both his home of record, and the place from which he was ordered into the relevant tour of active duty are one and the same, i.e., the place to which his permit or authorization to report at the Naval Academy or NROTC Unit for admission as a Midshipman was addressed. Note that the relevant tour of active duty for Naval Academy and NROTC (Regular) graduates, other than those appointed Midshipman from an active duty enlisted status, commences upon entry at the Academy or NROTC Unit even though such service may or may not be considered an active duty for other purposes.

b. Officer appointed from an active enlisted status—

- (1) who at the time of enlistment was immediately placed on active duty—both his home of record, and the place from which he was ordered into a relevant tour of active duty are one and the same, i.e., the place he indicated as his home address at the time of such enlistment and which was recorded on the enlistment contract.
- (2) who reenlisted after a break in active service—same as b. (1) preceding.
- (3) who immediately reenlisted with no break in active service—the home of record is the place he indicated as his home address at the time of such reenlistment and which was recorded on the enlistment contract; and the place from which he was ordered into a relevant tour of active duty is the place such reenlistment was effected (for reenlistment on ships, either Home Port or Home Yard may be used).

If, however, at the time of enlistment or reenlistment, he was ordered reactively, and subsequently was called to active duty in an enlisted status, his home of record, and the place from which he was ordered into a relevant tour of active duty are one and the same, i.e., the place recorded on the enlistment contract as the home address unless information to the contrary is contained in the service record or on the recall orders (note carefully the place to which such recall orders were addressed).

c. Officer appointed from Naval Academy or NROTC Unit as a Midshipman status who had been appointed Midshipman from an active duty enlisted status—same as b. preceding.

d. Officer appointed from other than active duty status (except from civilian life, NROTC Contract student, enlisted member on inactive duty, etc.)—his home of record is the place he personally declares to be his home at the time of appointment. The place from which he was ordered into a relevant tour of active duty is the place to which his orders to active duty as an officer were addressed (not the via address).

e. Officer called or ordered to active duty from an inactive duty officer status—his home of record, and the place from which he was ordered into a relevant tour of active duty are normally one and the same, i.e., the address to which his orders to active duty were addressed. If it can be determined from documents on file in the OFFICER'S Service Record, however, that the address to which his orders were directed was a temporary one, the home of record is the permanent address recorded for the individual, and the place from which ordered into a relevant tour of active duty is the address to which his orders were directed (Note: Article 301080, BuPers Manual, requires that "When a change in address occurs in the case of a member of the Naval Reserve, it is incumbent upon the individual concerned to notify the custodian of his records of the new mailing address, specifying whether permanent or temporary").

# OFFICER PHOTOGRAPH SUBMISSION SHEET

## PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Department Regulations. Purpose of this information is to accompany submission of the photograph. The photograph is used for identification, and for official press releases, when authorized. The photograph and attached information sheet are filed in the officer's official record which is used in the personnel management of Naval Officers. Completion of this form and submission of the photograph are mandatory. Failure to provide either the required information or the photograph may result in administrative action being taken.

NAME (Print) \_\_\_\_\_  
(Last) (First) (Initial) (Social Security No.)  
\_\_\_\_\_  
(Grade) (Designator) (Date Photograph Taken)

### INSTRUCTIONS FOR SUBMISSION OF PHOTOGRAPH

PER MILPERSMAN 5020140

1. Photographs shall be submitted by all officers of the Navy and the Naval Reserve regardless of status, as follows:
  - a. Upon original appointment to commissioned grade.
  - b. Within 1 year (but no less than 3 months) of the convening date of the promotion board in which the member is in zone for promotion to CWO-3 through CWO-4, or O-3 through O-8.
2. The photograph shall be a black and white or color full-length three-quarter view in the summer khaki uniform (summer whites may be used where khakis are not authorized for summer wear); uncovered, with the left shoulder forward, against a plain contrasting background, the size approximately four inches in width and five inches in height.
3. A menu board of hand-lettered title board (two inch high letters), with the member's last name, first and middle initial(s), rank, designator, SSN, date the photograph was taken (in year, month and day sequence), shall be placed at or near the member's left foot.
4. Group pictures are not acceptable.
5. Photographs submitted become property of the Navy Department and may be used for routine purposes in accordance with the Privacy Act of 1974, and if authorized by the individual for public affairs releases.
6. OPNAVINST 5290.1, Naval Imaging Program (NAVIMP) Policy and Responsibilities authorized naval activities having an established photographic laboratory, when requested, to produce photographs for this purpose.

(Attach photograph with staples)

7. Secure photograph against breakage or creasing, label shipping container in upper left-hand corner "PHOTOGRAPH" and forward to the Bureau of Naval Personnel, PERS 313C1, 2 Navy Annex, Washington, DC 20370-3130.
8. I authorize release of my photograph for public affairs releases:  YES  NO

(Signature) \_\_\_\_\_

PHOTOGRAPH

CIVILIAN EDUCATION (Above High School)	DATES ATTENDED		DEGREES CONFERRED		MAJOR
	FROM	TO	TITLE	DATE	

A. BACKGROUND INFORMATION

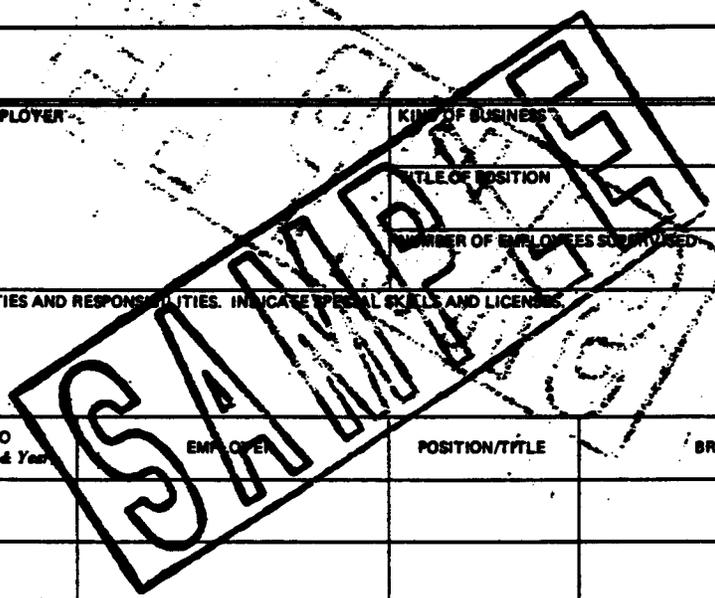
SIGNIFICANT FOREIGN TRAVEL, LANGUAGE CAPABILITIES, HOBBIES, ETC.

SIGNIFICANT CIVIC RESPONSIBILITIES AND COMMUNITY ACTIVITIES

MILITARY DECORATIONS

B. CIVILIAN EMPLOYMENT

PRESENT	NAME AND ADDRESS OF EMPLOYER		KIND OF BUSINESS		TIME IN PRESENT POSITION
PREVIOUS	FROM (Month & Year)	TO (Month & Year)	EMPLOYER	POSITION/TITLE	BRIEF DESCRIPTION OF DUTIES



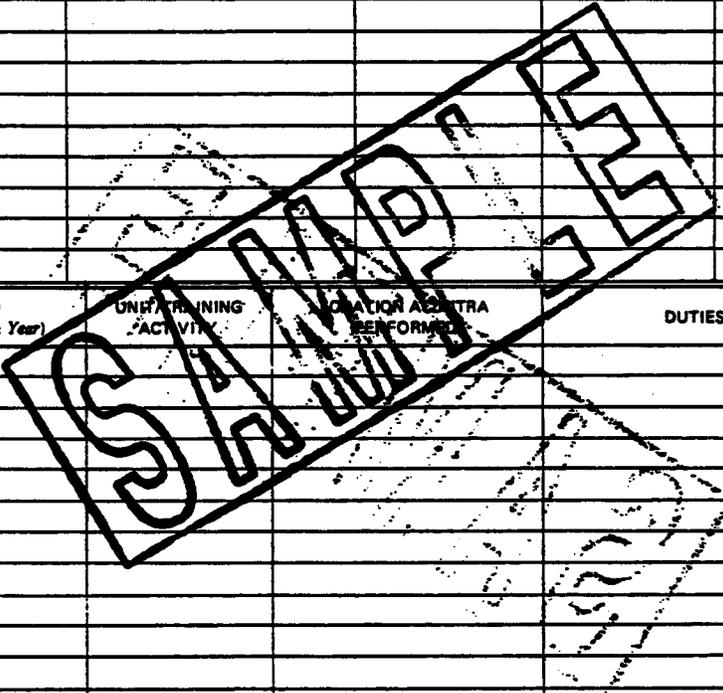
**C. MISCELLANEOUS PERSONAL DATA**

RESERVE UNIT ASSIGNED	BILLET ASSIGNED/TIME IN BILLET	DATE OF BIRTH
HOME PHONE NO.	OFFICE PHONE NO.	NO. OF DEPENDENTS
SECURITY CLEARANCE/BASED ON/DATE		
HOME ADDRESS		

I certify that the data contained herein is true and correct to the best of my knowledge.		SIGNATURE	DATE
NAME (Last, First, Middle)	RANK	SSN/DESIGNATOR	DATE OF PRESENT RANK
			DATE FIRST COMMISSIONED

23 JAN 1995  
 PRIVACY STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 Departmental Regulations. The principal purpose of the information is to obtain civilian and military information on inactive reserve officers to determine eligibility for assignment in the Naval Air Reserve Program. You are required to provide this information. Failure to do so may result in a determination that you are not eligible for assignment.

	SHORE DUTY			SEA DUTY		
	INCLUSIVE DATES (Month & Year)	COMMAND/ ACTIVITY	DUTIES (Primary & Collateral)	INCLUSIVE DATES (Month & Year)	TYPE SHIP/ SQUADRON	DUTIES (Primary & Collateral)
D. ACTIVE MILITARY SERVICE (Do not include Organized Reserves)						
E. ORGANIZED RESERVE ASSIGNMENTS	INCLUSIVE DATES (Month & Year)	SQUADRON/UNIT LOCATION	DUTIES	INCLUSIVE DATES (Month & Year)	SQUADRON/UNIT LOCATION	DUTIES
F. ACCUTRA	FROM (Month & Year)	TO (Month & Year)	UNIT/TRAINING ACTIVITY	LOCATION ACCUTRA PERFORMED	DUTIES/COURSE(S) TAKEN	



G. NAVY AND CIVILIAN FLIGHT EXPERIENCE

SIGNIFICANT NAVAL AVIATION EXPERIENCE PILOT/INFO/FLIGHT SURGEON

MODEL	HOURS	C/LS	PC DESIG	YR FLOWN	TOTAL HOURS	TOTAL JET HOURS	HRS LAST 5 YEARS	TOTAL C/LS	CIVILIAN FLYING HOURS				
									S.E. PROP	M.E. PROP	JET	HELO	
DATE OF DESIGNATION													
HTA						NFO/TYPE							

SAMPLE LETTER FOR A MIDSHIPMAN WHO REFUSES COMMISSION

1534  
Ser  
Date

From: OIC/CO, DNS/NROTC Unit, \_\_\_\_\_  
To: Chief of Naval Education and Training (OTE6/082)  
Subj: FAILURE TO ACCEPT COMMISSION - MERCHANT MARINE RESERVE,  
UNITED STATES NAVAL RESERVE (MMR, USNR) MIDSHIPMAN PROGRAM  
Ref: (a) CNETINST 1534.1G  
Encl: (1) (Individual's) ltr of (date)

1. Per reference (a), this report is submitted on the following individual who has refused (his/her) commission in the USNR.

Name: \_\_\_\_\_ (Full Name)  
SSN: \_\_\_\_\_  
Program: MMR, USNR - SIP Program  
School: \_\_\_\_\_  
Degree: BS Nautical Science (Grad: (date))  
USCG License: (Deck) Third Mate Unlimited  
Issued: (Date)

2. Mr./Ms. \_\_\_\_\_ was a midshipman in good standing throughout his/her association with the MMR, USNR Program. He/she completed all required naval science courses. Late in his/her Spring semester 19\_\_20\_\_, just prior to graduation, he/she was required to take his/her spring Physical Readiness Test (PRT), which he/she failed. Although given time for remedial workouts, he/she did not take the PRT again prior to graduation. His/her commission was held in abeyance until his/her return from a (academy) training cruise in which he/she served as a deck watchstander. Following cruise, he/she was notified of the remaining requirement to complete the PRT to obtain his/her commission which was still being offered. Following a personal interview, Mr./Ms. (individual) indicated his/her desire not to complete the PRT nor accept his/her commission. He/she then provided a written statement (enclosure (1)) citing moral reasons for his/her decision not to accept his/her commission.

3. I request that CNET notify the Maritime Administration to initiate action as required in this case. I recommend that Mr./Ms. (individual) be placed in active enlisted service in the U.S. Coast Guard or U.S. Navy to pay back the \$12,000 in Student Incentive Payments expended by the government to educate him/her.

\_\_\_\_\_  
(Signature)

FORMATS FOR REQUIRED REPORTS

<u>TITLE</u>	<u>REPORT CONTROL SYMBOL</u>	<u>PAGE</u>
SAMPLE LETTER FOR ANNUAL REPORT		B-1
ANNUAL REPORT OF DEPARTMENT OF NAVAL SCIENCE/NROTC UNIT AT U.S. MERCHANT MARINE AND STATE MARITIME ACADEMIES	CNET 1534-1	B-2
SEMIANNUAL COMMISSIONING REPORT	CNET 1534-2	B-3
SEMIANNUAL ROSTER OF MMR, USNR MIDSHIPMEN	CNET 1534-3	B-4

SAMPLE LETTER FOR ANNUAL REPORT

1534  
Ser  
Date

From: OIC/CO, DNS/NROTC Unit, \_\_\_\_\_  
To: Chief of Naval Education and Training (OTE6/082)

Subj: ANNUAL REPORT (CNET REPORT CONTROL SYMBOL 1534-1)

Ref: (a) CNETINST 1534.1G

Encl: (1) Department of Naval Science Annual Report for FY \_\_\_\_

1. In accordance with reference (a), enclosure (1) is hereby submitted.

\_\_\_\_\_  
(Signature)

Copy to:  
MARAD (M-250)

(NAME OF MARITIME ACADEMY)  
 ANNUAL REPORT OF DEPARTMENT OF NAVAL SCIENCE/NROTC UNIT  
 AT U.S. MERCHANT MARINE AND STATE MARITIME ACADEMIES  
 REPORT FOR FY \_\_\_\_\_  
 (CNET REPORT CONTROL SYMBOL 1534-1)

1. Student Population Numbers and Demographics:

a. Number of students under instruction at the institution as of (date):

	<u>Deck</u>	<u>Engine</u>	<u>Dual</u>
Freshman:			
Sophomore:			
Junior:			
Senior:			
Fifth Year:			

b. Demographics:

	<u>Males</u>		<u>Females</u>	
	<u>Total</u>	<u>Minority</u>	<u>Total</u>	<u>Minority</u>
Freshman:				
Sophomore:				
Junior:				
Senior:				
Fifth Year:				

2. MMR, USNR Participation: (Indicate the number of minority participants in each category below the parentheses following each total.)

	<u>Max SIPs Available Per Class</u>	<u>MMR, USNR Applicants/MIDN on SIP or USMMA</u>		<u>MMR, USNR Applicants/MIDN Non-SIP</u>	
		<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Freshman:					
Sophomore:					
Junior:					
Senior:					

3. NROTC Participation: (Indicate number of minority participants in parentheses following the total in each category.)

	<u>4YR School</u>		<u>CNET School</u>		<u>Coll. Prog.</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Freshman:						
Sophomore:						
Junior:						
Senior:						

4. Officer production during past fiscal year (from 1 October 19 /20 to 30 September 19 /20 ): (In all categories below indicate number of minority appointees in parentheses following the total in that category.)

a. USNR/MMR officer appointments of those students who had received SIP (include USMMA in this category):

	<u>1625 (Deck)</u>	<u>1675 (Engine)*</u>	<u>Total</u>
Male:			
Female:			
Total:			

b. USNR/MMR officer appointments of those students who did not receive SIP:

	<u>1625 (Deck)</u>	<u>1675 (Engine)</u>	<u>1665 (Dual)</u>	<u>Total</u>
Male:				
Female:				
Total:				

c. USNR active duty appointments (non-NROTC): (If any of the below are TAR appointments, indicate in parentheses, following the total number in that designator, the number of officers with TAR appointments (i.e., (1 TAR).)

	<u>Male</u>		<u>Female</u>	
	<u>SIP</u>	<u>Non-SIP</u>	<u>SIP</u>	<u>Non-SIP</u>
Pilot (139X):				
NFO (137X):				
SWO (116X):				
SWO(N) (116X):				
SUB (117X):				
SPECWAR (118X):				
SPECO (119X):				
SUPPLY (310X):				
CEC (510X):				
REST. LINE:				

d. NROTC Active Duty Appointments:

	<u>Male</u>	<u>Female</u>
Pilot (139X):		
NFO (137X):		
SWO (116X):		
SWO(N) (116X):		
SUB (117X):		
SPECWAR (118X):		
SPECO (119X):		
SUPPLY (310X):		
CEC (510X):		
REST. LINE:		

Male		Female	
<u>SIP</u>	<u>Non-SIP</u>	<u>SIP</u>	<u>Non-SIP</u>

USMC:  
 USCG:  
 USAF:  
 USA:  
 NOAA:

5. Academic/Cruise Calendar: In this section provide inclusive dates of academic terms and inclusive cruise dates of the training ships for the upcoming year.

6. Roster of Department Staff: In this section list the names of all military and civilian staff members. The names should be followed by a listing of each members principal departmental duties, courses each member teaches, and main collateral duty assignments made by the institution. Last, list main voluntary institution and community service activities for each member.

7. Institutional Direction: In this section the following should be discussed:

a. Major construction or development projects which are planned or already under way.

b. Significant academic research projects or centers of excellence in institution programs including offering of additional majors or degree programs.

c. Changes or impending changes in level of Federal or State support and OIC's estimate of effect.

d. Changes or expected changes in key institution leadership.

e. Estimate of the level of quality of student being attracted to the institution.

8. Level of Institution Support: In this section discuss the support provided to the Naval Science Department by the institution. Include: assessment of adequacy of office, classroom, and storeroom facilities; budget support; personnel support; data processing equipment; telephone bill support; use of vehicles; etc.

9. Significant Events/VIP Visits: List significant events and visitors both for the unit and the school. Include field trips and orientation visits/speakers.

SAMPLE LETTER FOR  
SEMIANNUAL COMMISSIONING REPORT

1534  
Ser  
Date

From: OIC/CO, DNS/NROTC Unit, \_\_\_\_\_  
To: Chief of Naval Education and Training (OTE6/082)

Subj: SEMIANNUAL COMMISSIONING REPORT  
(CNET REPORT CONTROL SYMBOL 1534-2)

Ref: (a) CNETINST 1534.1G

1. In accordance with reference (a), the following is the semiannual commissioning report for the quarter ending (date):

<u>NAME</u>	<u>SSN</u>	<u>DESIGNATOR</u>	<u>DATE COMMISSIONED</u>
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2. The following MMR, USNR Midshipmen (SIP) have graduated but commissioning has been delayed:

<u>NAME</u>	<u>SSN</u>	<u>DATE GRADUATED</u>	<u>REASON FOR DELAY</u>
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3. Remarks (if any):

\_\_\_\_\_  
(Signature)

Copy to:  
MARAD (M-250)

SAMPLE LETTER FOR  
SEMIANNUAL ROSTER OF MMR, USNR MIDSHIPMEN

1534  
Ser  
Date

From: OIC/CO, DNS/NROTC Unit, \_\_\_\_\_  
To: Chief of Naval Education and Training (OTE6/082)

Subj: SEMIANNUAL ROSTER OF MMR, USNR MIDSHIPMEN  
(CNET REPORT CONTROL SYMBOL 1534-3)

Ref: (a) CNETINST 1534.1G

1. In accordance with reference (a), the following roster of MMR, USNR midshipmen enrolled as of (1 October/1 April 19\_\_20\_\_) is submitted. Non-SIP Midshipmen are indicated by an asterisk.

<u>NAME</u>	<u>SSN</u>	<u>DATE APPOINTED AS MIDSHIPMAN</u>	<u>ESTIMATED DATE OF COMMISSION</u>
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(List names in chronological order of appointment date and then alphabetically)

2. The following applicants for Midshipmen appointment have been delayed in receiving appointments for the reasons indicated:

<u>NAME</u>	<u>SSN</u>	<u>ESTIMATED DATE OF APPOINTMENT</u>	<u>REASON FOR DELAY</u>
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(Delay should not be due to Midshipman failure to complete application processing in a timely fashion.)

\_\_\_\_\_  
(Signature)

Copy to:  
MARAD (M-250)