

REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.

The public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Headquarters, U.S. Military Entrance Processing Command, Operations Directorate, 2834 Green Bay Road, North Chicago, IL 60064-3094.

Read Privacy Act Statement on back before completing form.

A. SERVICE PROCESSING FOR NUMBER OF DAYS B. PRIOR SERVICE Yes No C. SELECTIVE SERVICE CLASSIFICATION D. SELECTIVE SERVICE REGISTRATION NUMBER

1. SOCIAL SECURITY NUMBER 2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)

3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)

5. CITIZENSHIP (X one) 6. SEX (X one) 7.a. ETHNIC CATEGORY (X one) 8. MARITAL STATUS (Specify) 7.b. RACIAL CATEGORY (X all that apply) 9. NUMBER OF DEPENDENTS

10. DATE OF BIRTH (YYYYMMDD) 11. RELIGIOUS PREFERENCE (Optional) 12. EDUCATION (Yrs/Highest Ed Gr completed) 13. PROFICIENT IN FOREIGN LANGUAGE (X one) 1st 2nd

14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) 15. PLACE OF BIRTH (City, State, and Country)

16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? (X one) Yes No b. ENLIST UNDER STUDENT TEST (X one) Yes No c. TEST TYPE INITIAL SPECIAL CONFIRMATION d. RETEST TYPE 1ST RETEST 2ND RETEST 6 MONTH RETEST IMMEDIATE RETEST AUTHORIZED e. PREVIOUS TEST VERSIONS 1. 2. f. PREVIOUS TEST DATES (YYYYMMDD) 1. 2.

17.a. RECRUITER ID/SSN b. STATION ID 18. TEST ADMINISTRATOR SSN/ID 19. TEST ADMINISTRATOR SIGNATURE

20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X one) Yes No b. EXAM TYPE FULL INSPECT SPECIAL CONSULT RE-EXAM OTHER c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)

21. APPLICANT'S SIGNATURE 22. MIRS CODING WKID ST DATE INT DATE INT

23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR I certify that I am the person identified on this form: Photo ID? (X one) Yes No If Yes, type/organization: ID Number: 24. RIGHT THUMBPRINT RIGHT THUMBPRINT, FIRST ATTEMPT (Affix thumbprint with thumbnail pointed to the left.)

25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that: a. I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program. b. I was tested with the ASVAB on or about at (Most Recent Date Tested) (School, City, and State) c. Request for student test scores (high school look-up) at (Most Recent Date Tested) (School, City, and State) d. Yes, I want to keep my AFQT scores from the student test listed in "c" above. e. Current or last high school attended (High School) OR (13 Digit Code) f. (Signature of Applicant) (Social Security Number) (Date)

MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals, businesses or organizations to release to Representatives of USMEPCOM my complete medical records. This release of medical information is for the sole purpose of further evaluation of my medical acceptability into the Armed Services. Hard-copy records are to be obtained by me at no cost to the Government and made available for medical pre-screening review. USMEPCOM has my permission to access/obtain all electronic medical records for this purpose.

26. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm you have no current medical insurer): 27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm you have no current medical provider):

28. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code) 29. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)

30. CERTIFICATION BY RECRUITING PERSONNEL I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature: (Signature of Recruiter (or representative, if authorized)) (Printed/Typed Name of Recruiter or representative) (Date) (Printed/Typed Name of Recruiter (if not recorded above)) (Recruiter ID/SSN) (Local Recruiting Activity) (Bn, NRD, Sq or RS Location) APPLICANT SSN

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 504, Persons Not Qualified; 505, Regular components: qualifications, term grade; and 12102, Reserve Components; Qualifications; 14 U.S.C. 351, Enlistments; term, grade; and 632, Functions and powers vested in the Commandant; DoDI 1304.2, Accession Processing Data Collection Forms; DoDI 1304.26, Qualification Standards for Enlistment, Appointment, and Induction; AR 601-270, OPNAVINST 1100.4C Ch-2, AFI 36-2003_IP, MCO 1100.75E, and COMDTINST M 1100.2E, Military Entrance Processing Station (MEPS); AR 601-210, Active and Reserve Components Enlist Program; AFD 36-20, Accession of Air Force Military Personnel; and E.O. 9397 (SSN), as amended.

PURPOSE(S): Military recruiters use the information you provide on this form to collect additional information from the individuals, schools, and employers you list so that we can determine if you meet recruitment standards. If you do meet these standards and enlist, the information you provide on this form starts your Official Military Personnel File. During the recruiting process we use the information on this form to verify your identity. This form also contains a section where you are asked to provide your signed consent for your medical provider(s) to release your medical records to the Department of Defense.

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

DISCLOSURE: Voluntary. However, if you fail to provide the requested information you might not be able to enlist. Your Social Security Number is used during the recruiting process to conduct background screening (e.g., law enforcement, medical, or educational record checks, former employer checks, work status, etc.). Keep all of your records together during the enlistment process, and ensure your test results are properly recorded.

Applicable system of records notices:

Accession:

U.S. Military Entrance Processing Command:

<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/>

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

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

<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/>)

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

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

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

Official Military Personnel Files:

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

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

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

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

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