Vocational Report

Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 5.

Print all answers in ink or use a typewriter. If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 6.

If you are completing this form on behalf of someone else, you must answer each question as it applies to the applicant.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, go to Section 3.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	Employee's Name								
	2	Employee's Social Security Number								
	3	Employee's Railroad Retirement C Number, if different from Item 2	laim							
Applicant Identification	4	Applicant's Name								
	5	Applicant's Address (Include Street Address, City, State, ZIP Code a County)								
	6	Daytime Telephone Number		Area Code		Τe	lephor	ne Num	nber	
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Section 3		Information About Your Work			4					
Work History	(List all railroad and nonrailroad jobs Include jobs <u>both</u> within and outsid and performed only heavy unskilled you began to work.) NOTE: If you have more than 3 jobs to list, contir	e the rail labor for list only (road industry. (If r 35 years or more one job in Item 7,	you have e, list all <u>do not c</u>	e a 6''' of the	grade jobs yo	educat ou hav	tion or e had :	less since
							Dates \	Norke	t	Hours
		Job Title		Type of Business Iroad or Nonrailro		Fr MO	om YR	Т мо	0 YR	per Week
		a.			•					
		b.								
		С.								
Regular Occupation	8	Enter an "X" in the appropriate box: Are you applying for an employee of	nal disability annu	uity?			o to Ite to Iter			
	9	Enter the title of your usual railroad	e last 5 years.		_					
	10	Enter the title of your usual railroa	ad job in t	he last 15 years.						
	11	Enter an "X" in the appropriate bo Which job did you claim as your r	cupation?			ob in It ob in It				

Description of	12 a. In tl				·									
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Section 4		Certification					
Certification	21 Enter an "X" in the appropriate box: □ Yes – Go to Note and Iter I will have a guardian or other representative sign this report on my behalf. □ Yes – Go to Item 22						
		Note : If answered "Ye applicant must sign this			or other repres	entative o	f the
	22	I know that civil and criminal pena withholding information to misrepr Railroad Retirement Act. I affirm to represents the complete truth.	esent a	a fact mate	rial to determi	ning a righ	nt to a payment under the
		Signature (First Name, Middle Initial, Last Name)					
			Month	Day	Year		
		Date					
	23	If this certification is signed by main sign below, giving their full address		in Item 22	2, two witnesse	es who kno	ow the person signing must
		a. Signature of Witness					
		Address (Number and Street)					
_		City, State, ZIP Code					
		b. Signature of Witness					
-		Address (Number and Street)					
		City, State, ZIP Code					

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).

We estimate this form takes an average of 30 to 40 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

ection	How to Return Your Report
D (
Beto	re you return your report, check to make sure that:
٠	Every question that applies to you has been answered.
٠	You have entered "unknown" in any answer space for which you were unable to answer question.
٠	You have signed and dated the report.
٠	You have included all the needed proofs listed in the letter you received with this report.
Wher If you RRB posta weigh unles	n you received your report, you should have also received a pre-addressed envelope. do not have this envelope, you can use any envelope as long as it is addressed to the office shown below. No matter which envelope you use, you must put the correct ge on the envelope. Be careful to provide enough postage because your report may more than a standard letter. The U.S. Postal Service will not deliver your report s it has the correct postage.
lf you	I need information or assistance, contact:
U.:	S. RAILROAD RETIREMENT BOARD
	·
2	TELEPHONE NUMBER:
lf for	some reason you cannot contact that office, you should contact:
	U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, ILLINOIS 60611-2092