Public reporting burden for this collection of information is estimated to average 50 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 (0701-0079), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number. ***Please DO NOT RETURN your form to the above address. Return completed form to: HQ USAFRS/RSOPA, Randolph AFB TX 78150-5421.***

Form Approved
OMB No 0701-0079
Expires 31 Dec 2006

PROGRAM ☐ NPS ☐ PS ☐ ROTC | DATE PIR INITIATED | RIC

SECTION I. IDENTIFICATION DATA

1. NAME *(Last, First, Middle (Maiden, if any), Jr., Sr., etc.)*
2. NICKNAME(S) AKA
3. SSN (VERIFIED) ☐ YES ☐ NO
4. HOME TELEPHONE NO
5. WORK TELEPHONE NO
6. CURRENT ADDRESS *(Street, City, County, State, Zip Code, or Country)*
7. IN CASE OF EMERGENCY NOTIFY *(Relationship, Full Name, Address & Telephone No. if different than applicant)*
8. PLACE OF BIRTH *(City, County, State and Country)*
9. AGE
10. DATE OF BIRTH
11. DRIVERS LICENSE NO *(List state & expiration date)*
12. RELIGIOUS PREFERENCE
13. SEX ☐ FEMALE ☐ MALE
14. COLOR HAIR
15. COLOR EYES
16. HEIGHT
17. WEIGHT MAX ACTUAL
18. MARITAL STATUS ☐ S ☐ M ☐ W ☐ D ☐ I ☐ L ☐ A
19. NO OF DEPENDENTS

SECTION II. CITIZENSHIP DATA

1. CITIZENSHIP ☐ US *(Birth)* ☐ US *(Derived/Acquisition)* ☐ US *(Naturalized)* ☐ US NAT'L ☐ NON-US *(Specify)* _____
2. IF ALIEN, LIST ALIEN REGISTRATION NUMBER
3. POPULATION GROUP ☐ AMERICAN INDIAN ☐ ASIAN ☐ WHITE ☐ BLACK ☐ OTHER *(Specify)* _____
4. ETHNIC GROUP

SECTION III. EDUCATION DATA

1. NAME AND ADDRESS OF HIGH SCHOOL OR LAST SHCOOL ATTENDED *(If GED, enter date and place obtained)*
2. GRAD DATE
3. YEARS COMPLETED
4. NAME AND ADDRESS OF COLLEGE/UNIV/TRADE/VOC SCHOOL
5. GRAD DATE YRS COMPL/ SEM HOURS
6. DEGREE OR MAJOR

SECTION IV. LAW VIOLATIONS

LAW VIOLATIONS
(EXPLAIN THAT AN INVESTIGATION WILL BE CONDUCTED, FULL DISCLOSURE IS ESSENTIAL)
☐ NO ☐ YES *(Explain in blocks below)*

1. CHARGE	2. DATE/PLACE *(City and State)*	3. AGE	4. DISPOSITION	5. COURT

DD FORM 369 *(When required)* - DATE MAILED AND AGENCY

6. DATE SENT	7. AGENCY *(Include City and State)*	8. DATE RECEIVED	9. DATE SENT TO MEPS

SECTION V. PREVIOUS SERVICE DATA

1. PREVIOUS TEST FOR ANY BR OF SVS *(If yes, explain in remarks)* ☐ YES ☐ NO
2. PREV PHYSICAL FOR ANY BR OF SVC *(If yes, explain in remarks)* ☐ YES ☐ NO
3. BR/COMP
4. GRADE
5. TYPE DISC
6. RE CODE
7. SPN/SDN
8. DOS
9. TAFMS *(Amount)*
10. PAFSC/MOS *(From DD 214 or 368)*
11. UNIT ADDRESS *(For RESING member)*
12. SQ/RSO CK WITH DMDC AND PROJECT CAPTURE *(as required)* ☐ ENLISTED ☐ DISQUALIFIED ☐ WVR AUTH ☐ DETERMINATIONS

DATE _____

SECTION VI. ADDITIONAL DATA

1. CAP AWARD *(Specify*	2. HS OR COL ROTC *(Specify)*	3. AUTH ENL GRADE	4. AUTH FOR ENL GR AETCR 33-2 *(Table and Rule)*	5. TYPE WAIVER REQUIRED	6. MANDATORY FILMS *(Enter date shown, if required)*	7. PRIMARY INTEREST *(Check one)*
				☐ MED ☐ DRUG ☐ PS ☐ MORAL ☐ DEPENDENCY ☐ OTHER (Specify) _____	BMT _____ APTITUDE AREA _____ SECURITY SPECL _____ OTHER _____	☐☐☐☐☐☐☐☐ M A T T R E S S

REQUIRED ACTIONS

ACTION COMPLETED	AF FORM 883	AF FORM 2030	AF FM 3010 (If applicable)	DD FORM 2246	GAVE/EXPLD APPLICANT PAMPHLET	VERIFIED PROOF OF CITIZENSHIP	BIRTH VERIFICATION
DATE							

SECTION VII. ROTC DATA

1. SAT/PSAT/ACT RESULTS	CLASS RANK	GPA
2. SCHOOL APPLIED TO		
3. DATE APPLICATION SUBMITTED		

SECTION VIII. REFERRALS *(Applicant's name can be used as reference* ☐ *YES* ☐ *NO)*

1. NAME	2. ADDRESS	3. TELEPHONE	4. PREAPPROACH	5. DISPOSITION

SECTION IX. MEPS INFORMATION

1. EST RESULTS	DATE	TEST ID	SCORE	EST RE-TEST	DATE	TEST ID	SCORE	2. ASVAB RESULTS	DATE	TEST ID	PLACE *(MEPS, MET site, school)*	AFQT	M	A	G	E	COMP
3. SPECIAL TEST *(AFDAT, DLAB, EDPT, etc.) (Enter type/date/score)*								4. ASVAB RESULTS	DATE	TEST ID	PLACE *(MEPS, MET site, school)*	AFQT	M	A	G	E	COMP

5. CASE FILE TO MEPS *(Date and method)*

MAILED _____

DELIVERED _____

APPL HANDCARRIED *(Needs SQ approval)* _____

6. MEPS BRIEFING *(Check when complete)*

☐ TRAVEL ☐ MEDICAL EXAM ☐ DEP ☐ DOCUMENTS *(SSN, B.C. Diploma, Mediacl, etc.)*

☐ LOOGING ☐ TESTING *(Special, etc.)* ☐ ENLIST AGREEMENT ☐ BEHAVIOR

☐ GTEP/AI OPTION ☐ ENTNAC ☐ BENEFITS *(GI Bill, etc.)* ☐ MEPS REPORTING *(Date, time, place)*

SECTION X. RESULTS OF MEPS PROCESSING AND ASSIGNMENT RESERVATION

1. DATE OF PHYSICAL	2. PROFILE P U L H E S X	3. MEPS HT/WT	4. NORMAL COLOR VISION	5. NORMAL DEPTH PERCEPTION	6. REASON FOR DISQ *(If applicable)*	7. MEDICAL CONSULTATION *(If applicable)*
	☐☐☐☐☐☐☐					

8. PROJECTED ACTIVE DUTY DATE	9. GTEP/AI *(Specify)*	10. DATE ASGN RESERVE	11. DEP DATE *(or reason for no DEP)*	12. BASE OF ASSIGNMENT *(PS and NPS with BOC or DDA)*

13. DATE ASGN CANCELLED	14. REASON FOR CANCELLATION	15. REBOOKING INFO *(Proj DOE, GTEP/AI, BOS, etc.)*

SECTION XI. **REMARKS AND FOLLOW-UP INFORMATION**

During initial processing, follow-up as often as required. After applicant is fully qualified and accepts an assignment reservation (and DEPS if authorized), follow-up at least monthly. Record all follow-up actions on this form and future appointments on the planning guide. When applicants are within one month of EAD, follow-up must be at least every two weeks. At each contact, ask direct and probing questions regarding INVOLVEMENT WITH LAW ENFORCEMENT AGENCIES, DRUG ABUSE, MARITAL AND DEPENDENCY STATUS, MEDICAL PROBLEMS OR INJURIES, PROJECTED GRADUATION FOR HIGH SCHOOL SENIORS, ETC. At a minimum, a monthly safety briefing covering the hazards of drunk driving, the use of seat belts and seasonal hazards will be given. Applicants within 5 pounds of their maximum weight should be rechecked at least every two weeks. Also, use each contact to ensure motivation for Air Force enlistment continues and to PERPETUATE new leads, and annotate in Section VIII.

REMARKS AND FOLLOW-UP ACTION *(State if entry is by other than recruiter)*

DATE	REMARKS	FOLLOW-UP DATE	DATE	REMARKS	FOLLOW-UP DATE

DATE	REMARKS	FOLLOW-UP DATE	DATE	REMARKS	FOLLOW-UP DATE

SECTION XII. **PIR CERTIFICATION**

COMPLETED ACTION REASON	DATE AND SIGNATURE OF RECRUITER *(After completed action)*	DATE AND SIGNATURE OF FLIGHT CHIEF *(After completed action)*

REMARKS AND FOLLOW-UP INFORMATION *(Continued)*	NAME *(Last, First, Middle Initial)*	SSN

(This IMT is subject to the Privacy Act of 1974 - Use AF IMT 883)

INSTRUCTIONS: During intial processing, follow-up as often as required . After applicant is fully qualified and accepts an assignment reservation (and DEPs if authorized), follow-up at least monthly. Record all follow-up actions on this IMT and further appointments on the planning guide. When applicants are within one month of EAD, follow-up must be at least every two weeks. At each contact, ask direct and probing questions regarding INVOLVEMENT WITH LAW ENFORCEMENT AGENCIES, DRUG ABUSE, MARITIAL AND DEPENDENCY STATUS, MEDICAL PROBLEMS OR INJURIES, PROJECTED GRADUATION FOR HIGH SCHOOL SENIORS, etc. Applicants within 5 pounds of their maximum weight should be rechecked at least every two weeks. Also, use each contact to ensure motivation for Air Force enlistment continues and to PERPETUATE new leads, and annotate in Section VIII.

REMARKS AND FOLLOW-UP ACTIONS *(State if entry is by other than recruiter.)*

DATE	REMARKS	FOLLOW-UP DATE	DATE	REMARKS	FOLLOW-UP DATE

REMARKS AND FOLLOW-UP ACTIONS *(State if entry is by other than recruiter.)*

DATE	REMARKS	FOLLOW-UP DATE	DATE	REMARKS	FOLLOW-UP DATE