

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 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/RSSOPA, Randolph AFB TX 78150-5421.

PROGRAM NPS PS ROTC DATE PIR INITIATED _____ RIC _____

Form Approved OMB No 0701-0079 Expires 31 Dec 2006

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 (Just state & expiration date) _____ 12. RELIGIOUS PREFERENCE _____

13. SEX FEMALE MALE 14. COLOR HAIR _____ 15. COLOR EYES _____ 16. HEIGHT MAX _____ 17. WEIGHT MAX _____ 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) 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 SCHOOL ATTENDED (If GEO, 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) _____ DD FORM 368 (When required) - DATE MAILED AND AGENCY _____

1. CHARGE _____ 2. DATE/PLACE (City and State) _____ 3. AGE _____ 4. DISPOSITION _____ 5. COURT _____ 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 YES NO 2. PREV PHYSICAL FOR ANY BR OF SVC (If yes, explain in remarks) YES NO YES NO 3. BR/COMP _____ 4. GRADE _____ 5. TYPE DISC _____ 6. RE CODE _____ 7. SPN/SDN _____ 8. DOS _____ 9. TAFMS (Amount) _____ 10. PAU-SCAMOS (From DD 214 or 368) _____

11. UNIT ADDRESS (For RESIDING member) _____ 12. SOURCE OK WITH DMDC AND PROJECT CAPTURE (as required) ENLISTED WVR AUTH DISQUALIFIED DETERMINATIONS _____ DATE _____

SECTION VI. ADDITIONAL DATA

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

REQUIRED ACTIONS

ACTION COMPLETED	AF FORM 883	AF FORM 2030	AF FM 3010 (if applicable)	DO FORM 2246	GAVER/EXPLD APPLICANT PAMPHLET	VERIFIED PROOF OF CITIZENSHIP	BIRTH VERIFICATION	CLASS RANK	GPA
DATE									

SECTION VIII. REFERRALS (Applicant's name can be used as reference)

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

SECTION X. RESULTS OF MEPS PROCESSING AND ASSIGNMENT RESERVATION

5. CASE FILE TO MEPS (Date and method) MAILED _____ DELIVERED _____ APPL HANDCARRIED (Needs SQ approval)	6. MEPS BRIEFING (Check when complete) TRAVEL <input type="checkbox"/> LOGGING <input type="checkbox"/> GTEPAI OPTION <input type="checkbox"/>	MEDICAL EXAM TESTING (Special, etc.) <input type="checkbox"/>	ENTNAC <input type="checkbox"/>	DEP ENLIST AGREEMENT <input type="checkbox"/>	BENEFITS (GI Bill, etc.) <input type="checkbox"/>	DOCUMENTS (SSN, B.C. Diploma, Mediacd, etc.) <input type="checkbox"/>	BEHAVIOR MEPS REPORTING (Date, time, place) <input type="checkbox"/>					
2. PROFILE P U L H E S X	3. MEPS HTWT	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. GTEPAI (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, GTEPAI BOS, etc.)

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 882)

INSTRUCTIONS: 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 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, MARITAL 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

