# SELECTIVE SERVICE SYSTEM

# CLAIM DOCUMENTATION FORM - ALIEN OR DUAL NATIONAL (RIPS/RIMS)

Date Issued

Complete and Return Not Later than

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	Registrant's Selective Service No. Full Name Com			ame Complete Ad	ete Address L			ocal Board No. Area Office Address		
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orm, with nformatio	the on and	documents at I print or typ	tached, to the Are the correct info	a Office showi mation.	n above. If yo	our address	is different from	sh the informatio om that shown ab	im for classification and requested. Requested ove, line out the incompart of the incompart	
									Y IMPRISONMENT FOI	
ART I. C	CHEC	K THE BOXI	S THAT APPLY	TO YOU AND	FURNISH TH	E INFORM	IATION REQU	ESTED.		
. 🗆 A	LIE	N					_			
I	am a	citizen of _								
					(Name of Co	ountry)				
I	was a	admitted to the	e United States a	s (check one)	🗆 an imm	nigrant				
					a non-ii	mmigr <b>a</b> nt.	My registration	on number (INS I	Form 151 or 551) or	
_	_				anen ie	gistration i	number (INS I	form 1-9-4) is	otti 131 01 331) or	
a.	u		from the United S							
		My address	outside the Unit	ed States is			(E	ate)		
b. с.		•	stered with Select f from the diplon to adjustment to	and agency of	i your country	y of citizen.	ship, written ir	e English, describ	egistration. ing the exempt status	
						_		itn:		
					(Name and Ad-	dress of Empl	loyer)			
		In connection	n with this emplo	yment I (checl		have have not ex	ecuted a waive	er of rights n <del>ri</del> vil	eges, exemptions and	
		Attach proof	from the diploma	ntic agency of			iii accordance	with Section 247(	b) of the Immigration as the exempt status)	
		I have reside	I in the United St	ates for a total	of less than	one vear			. ,	
d.						•		Departed the U.S.)		
a.			(Dates Entered ti	æ 0.3.)			(Dates	Departed the U.S.)		
a.	A	Attach proof			our country o	of citizenshi			a the even	
		Attach proof			our country o	of citizenshi			g the exempt status)	

3. 🗆	TREATY ALIEN			
	Note: Nationals of the follo	owing countries may app	ly for relief from military s	ervice in the Armed Forces of the United States
	Argentina Austria Costa Rica	Honduras Ireland Italy	Liberia Norway	Switzerland Taiwan
	Estonia	Latvia	Paraguay Spain	
	I am a national of	Name of Country)	and wish to apply for reli-	of from military service in the Armed Forces of
	United States. Please send of States (SSS Form 130).	me an application by Ali	en for Relief from Training	and Service in the Armed Forces of the United
	(Attach a consular certificat	te attesting to your natio	nality.)	
PART II	I. LIST ALL LETTERS A	AND DOCUMENTS YO	U ARE SUBMITTING W	
			O ARE SUBMITTING W	TH THIS FORM.
ART III	. CERTIFICATION			
	(SIGNATURE OF I	REGISTRANT)		DATE)
			V	DATE)
: Military S		Priva		
not requin	Selective Service Act and Selective Se	ervice Regulations authorisms	cy Act Statement	
principal o	Selective Service Act and Selective Seed to provide that information.	ervice Regulations authorizes t		eive the information requested on this form. However, you
	use of the requested information is to	series the Calantina Camila	he Selective Service System to rec	eive the information requested on this form. However, you ement and/or reclassification promptly and equitably. This
Fed	use of the requested information is to ay be furnished to the following agen	assist the Selective Service to access for the purposes indicated	he Selective Service System to rec adjudicate your claim for postpond :	
T	use of the requested information is to ay be furnished to the following agen partment of Justice - to review and p ident to the Military Selective Service	assist the Selective Service to a icies for the purposes indicated process suspected violations of e Act.	the Selective Service System to rec adjudicate your claim for postpone : the Military Selective Service Act	ement and/or reclassification promptly and equitably. This and to litigate civil actions occurring under or
for t	use of the requested information is to ay be furnished to the following agen partment of Justice - to review and p ident to the Military Selective Service leral Bureau of Investigation - to lo	assist the Selective Service to access for the purposes indicated process suspected violations of Act.	the Selective Service System to rec adjudicate your claim for postpone the Military Selective Service Act violation of the Military Selective	ement and/or reclassification promptly and equitably. This and to litigate civil actions occurring under or
	use of the requested information is to ay be furnished to the following agen partment of Justice - to review and p ident to the Military Selective Service ieral Bureau of Investigation - to loo nigration and Naturalization Service United States citizenship.	assist the Selective Service to a notes for the purposes indicated process suspected violations of e Act. cate an individual suspected of the - to provide information for u	the Selective Service System to rec adjudicate your claim for postpond: the Military Selective Service Act violation of the Military Selective tse in determining an individual's	ement and/or reclassification promptly and equitably. This and to litigate civil actions occurring under or eservice Act.
Depa Depa	use of the requested information is to ay be furnished to the following agen partment of Justice - to review and partment of Justice - to review and pident to the Military Selective Service level Bureau of Investigation - to longigration and Naturalization Service United States citizenship.  artment of State - for determination artment of Health and Human Service.	assist the Selective Service to a ncies for the purposes indicated process suspected violations of Act. cate an individual suspected of the to provide information for u of an alien's eligibility for pos	the Selective Service System to rec adjudicate your claim for postpond: the Military Selective Service Act violation of the Military Selective ise in determining an individual's sible entry into the United States and to the Child Support Enforceme	ement and/or reclassification promptly and equitably. This and to litigate civil actions occurring under or eservice Act.  Eligibility for reentry into the United States and and United States citizenship.
Depa	use of the requested information is to ay be furnished to the following agen partment of Justice - to review and partment of Justice - to review and pident to the Military Selective Service level Bureau of Investigation - to longigration and Naturalization Service United States citizenship.  artment of State - for determination artment of Health and Human Service.	assist the Selective Service to a ncies for the purposes indicated process suspected violations of Act. cate an individual suspected of the to provide information for u of an alien's eligibility for pos	the Selective Service System to rec adjudicate your claim for postpond: the Military Selective Service Act violation of the Military Selective ise in determining an individual's sible entry into the United States and to the Child Support Enforceme	ement and/or reclassification promptly and equitably. This and to litigate civil actions occurring under or essential Service Act.  Eligibility for reentry into the United States and united States citizenship.

### PROCEDURAL DIRECTIVE CLAIM DOCUMENTATION FORM - ALIEN OR DUAL NATIONAL SSS FORM 26 (RIPS/RIMS)

#### 1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for reclassification as an Alien or Dual National (Class 4-C), or treaty alien (Class 4-T).

## 2. PREPARATION

The form is prepared in original only following the timely submission by a registrant of a claim for Class 4-C or Class 4-T. The Area Office fills in the information in the heading of the form. The registrant completes Parts I through III, following instructions on the form.

# 3. <u>DISTRIBUTION</u>

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

#### 4. <u>DISPOSAL</u>

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).