



SELECTIVE SERVICE SYSTEM

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

Date Issued _____

Complete and Return Not Later than _____

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as an alien or dual national. Check the box beside each statement in Part I that applies to you and furnish the information requested. Request this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PART I. CHECK THE BOXES THAT APPLY TO YOU AND FURNISH THE INFORMATION REQUESTED.

1. **ALIEN**

I am a citizen of _____
(Name of Country)

I was admitted to the United States as (check one) an immigrant
 a non-immigrant. My registration number (INS Form 151 or 551) or
 alien registration number (INS Form 1-9-4) is _____

a. I departed from the United States on _____
 My address outside the United States is _____ (Date)

b. After I registered with Selective Service I acquired status within one of the groups exempt from registration.
Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

c. I am subject to adjustment to non-immigrant status because of my employment with:

 (Name and Address of Employer)

In connection with this employment I (check one) have
 have not executed a waiver of rights, privileges, exemptions and
 immunities in accordance with Section 247(b) of the Immigration
 and Nationality Act (8 U.S.C. 1257(b)).
Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

d. I have resided in the United States for a total of less than one year
 _____ (Dates Entered the U.S.) _____ (Dates Departed the U.S.)

Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

2. **DUAL NATIONAL**

I am a national of the United States and of _____
 (Name of Country)

(Attach a consumer certificate attesting to your nationality other than that of the United States.) (continued on reverse)

3. TREATY ALIEN

Note: Nationals of the following countries may apply for relief from military service in the Armed Forces of the United States:

Argentina	Honduras	Liberia	Switzerland
Austria	Ireland	Norway	Taiwan
Costa Rica	Italy	Paraguay	
Estonia	Latvia	Spain	

I am a national of _____ and wish to apply for relief from military service in the Armed Forces of the United States. Please send me an application by Alien for Relief from Training and Service in the Armed Forces of the United States (SSS Form 130).

(Name of Country)

(Attach a consular certificate attesting to your nationality.)

PART II. LIST ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.

PART III. CERTIFICATION

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is true, accurate and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorizes the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Immigration and Naturalization Service - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**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. DISTRIBUTION

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. DISPOSAL

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