

**PROCEDURAL DIRECTIVE
REGISTRATION FORM
SSS FORM 1(DOS)
(RIMS)**

1. PURPOSE

To provide a documentary record of a person's registration under the Military Selective Service Act, also, used to create the registrant computerized record in the Registrant Information Management System data base.

2. PREPARATION

The Registration Form is prepared in an original only by the registrant. Except as otherwise authorized by the Director, the SSS FORM 1(DOS) will be provided in United States Embassy or Consulate. The SSS FORM 1(DOS) form is completed and mailed to the Selective Service Data Management Center by the overseas embassy/consulate SSS registrar.

3. DISTRIBUTION

The completed Registration Forms will be forwarded by the registrar and mailed to the Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the computerized record based on information contained on the form.

4. DISPOSAL

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.



Register on-line (www.sss.gov)
or complete this form.

SELECTIVE SERVICE SYSTEM REGISTRATION FORM

D O S

DO NOT WRITE IN THIS SPACE

OMB APPROVAL 3240-0002

(Previous Editions may be used)

SSS Form 1 (June 01)

1 DATE OF BIRTH

Name of Month Day Year of Birth

2 SEX

MALE
 FEMALE

3 SOCIAL SECURITY NUMBER

4 PRINT FULL LEGAL NAME

Last First Middle JR. II, III, etc

5 CURRENT MAILING ADDRESS

Number and street Apt. or Room No.
City State or Foreign Country Zip Code (must be entered)

6 I AFFIRM THE FOREGOING STATEMENTS ARE TRUE

Today's Date

Signature of Registrant

Should you NOT receive a Registration Acknowledgment within 90 days contact Selective Service.
If you're concerned about privacy of personal data, you may mail this card to Selective Service in an envelope.
Please apply proper first class postage.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

MEN WHO ARE AGE 18 THROUGH 25 ARE REQUIRED TO REGISTER

and can do so on-line at:

www.sss.gov

or they can complete this form.

HOW TO COMPLETE THIS FORM

- Read the Privacy Act Statement.
- Use ink when completing this form.
- Print all entries except your signature.

Complete Blocks 1 through 6 as follows:

- Block 1:** Print your date of birth. Use a three letter abbreviation for the month, and numerals for the day and year (Example: APR 17, 1999).
- Block 2:** Check the correct box.
- Block 3:** Print your Social Security Account Number.
- Block 4:** Print your full legal name in the order listed.
- Block 5:** Print your current mailing address. Include ZIP Code.
- Block 6:** Sign and date this form and provide it back to the embassy or consular official.

- Selective Service will send you a Registration Acknowledgment in the mail.
- If you do not receive a Registration Acknowledgment within 90 days, it is your responsibility to contact the Selective Service System at the following address:

Selective Service System
Registration Information Office
P.O. Box 94638
Palatine, IL 60094-4638

PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Account Number. The principal purpose of the required information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis.

- Department of Justice — to review and process suspected violations of the Military Selective Service Act, or perjury, and for defense of a civil action arising from administrative processing under such Act.
- Bureau of Census — for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.
- Department of State & U.S. Citizenship and Immigration Services — to collect and evaluate data to determine a person's eligibility for entry/re-entry into the United States and for U.S. citizenship.
- Department of Defense & U.S. Coast Guard — to exchange data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.
- Department of Labor — to assist veterans in need of data concerning reemployment rights, and to determine eligibility for benefits under the Workforce Investment Act.
- Department of Education — to determine eligibility for student financial assistance.
- Office of Personnel Management & U.S. Postal Service — to determine eligibility for employment.
- Department of Health and Human Services — to determine a person's proper Social Security Account Number and for locating parents pursuant to the Child Support Enforcement Act.
- State and Local Governments — to provide data which may constitute evidence and facilitate the enforcement of state or local law.
- Alternative Service Employers — to exchange information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.
- General Public — Registrant's Name, Selective Service Number, Date of Birth and Classification (Military Selective Service Act, Section 6, 50 U.S.C. App. 456h).

Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.

**PROCEDURAL DIRECTIVE
REGISTRATION FORM
SSS FORM 1 (UT1)**

1. PURPOSE

To provide a documentary record of the registration of a person registered under the Military Selective Service Act, and to serve as physical proof of the registration in support of the computerized record in the Registration Information and Management System (RIMS) data base. The SSS Form 1 UT1 (WIA) is the *Workforce Investment Act* and is use by registration age males who participate in the Workforce Investment Act Program

2. PREPARATION

The Registration Form is prepared in an original by the registrant.

3. DISTRIBUTION

The completed Registration Form will be given to the person completing the form by the coordinator of the Department of Labor Workforce Investment Act Program and they, in turn, will send the form to the Selective Service System Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the registrant data base based on information contained on the form.

4. DISPOSAL

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.



SELECTIVE SERVICE SYSTEM
Registration Form
 READ PRIVACY ACT STATEMENT ON REVERSE
 PLEASE PRINT CLEARLY

---DO NOT WRITE IN THE ABOVE SPACE---

U T I

SSS Form 1 (Oct 91) (Previous Editions may be used)

1	DATE OF BIRTH Name of Month _____ Day _____ Year of Birth _____	2	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3	SOCIAL SECURITY ACCOUNT NUMBER _____
4	PRINT FULL LEGAL NAME Last _____ First _____ Middle _____ Jr., II, III, etc.				
5	CURRENT MAILING ADDRESS Number and Street _____ City _____ State or Foreign Country _____ Apt. or Room No. _____				
6	PERMANENT MAILING ADDRESS Number and Street _____ City _____ State or Foreign Country _____ Apt. or Room No. _____				
7	CURRENT TELEPHONE NUMBER Area Code _____ Number _____				
8	I AFFIRM THE FOREGOING STATEMENTS ARE TRUE Today's Date _____ Signature of Registrant _____				

YOU SHOULD RECEIVE A REGISTRATION ACKNOWLEDGMENT WITHIN 90 DAYS
 Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

<input type="checkbox"/> ID <input type="checkbox"/> NO ID	Postal Data Stamp _____ _____ _____ _____
Clerk Initials _____	OMB APPROVAL 2240-0002

**MEN WHO ARE AGE 18 THROUGH
25 ARE REQUIRED TO REGISTER**

HOW TO COMPLETE THIS FORM

- Read the Privacy Act Statement.
- Use ink when completing this form.
- Print all entries except your signature.

Complete Blocks 1 through 7 as follows:

- Block 1 — Print your date of birth. Use a three letter abbreviation for the month, and numerals for the day and year (Example: APR 17, 1989).
- Block 2 — Check the correct box.
- Block 3 — Print your Social Security Account Number.
- Block 4 — Print your full legal name in the order listed.
- Block 5 — Print your current mailing address. Include Zip Code.
- Block 6 — Print your permanent mailing address. Include Zip Code. If it is the same as your current mailing address (Block 5), leave this block blank.
- Block 7 — Print your telephone number.
- Block 8 — When you have completed your form to this point, recheck it and take it to the postal clerk for verification, then sign and date in the presence of a postal clerk.

- If you do not receive a Registration Acknowledgment within 90 days, it is your responsibility to contact the Selective Service System at the following address:

Selective Service System
Registration Information Office
P. O. Box 4638
North Suburban, IL
60197-4638

PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Account Number. The principal purpose of the required information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis.

Department of Justice—for review and processing of suspected violations of the Military Selective Service Act (MSSA), or for perjury, and for defense of a civil action arising from administrative processing under such Act.

Department of State & Immigration and Naturalization Service—for collection and evaluation of data to determine a person's eligibility for entry/re-entry to the United States and for United States Citizenship.

Department of Defense & U.S. Coast Guard—for exchange of data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.

Department of Labor—to assist veterans in need of data concerning reemployment rights, and for determination of eligibility for benefits under the Job Training Partnership Act.

Department of Education—to determine eligibility for student financial assistance.

Office of Personnel Management & U.S. Postal Service—to determine eligibility for employment.

Department of Health and Human Services—for determining a person's proper Social Security Account Number and/or for location of fathers pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq.) and for determination of eligibility for health education assistance loans.

State & Local Governments—to provide data which may constitute evidence and facilitate the enforcement of state or local law.

Alternative Service Employers—for exchange of information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.

General Public—Registrant's name, Selective Service Number, Date of Birth and Classification, MSSA, 50 U.S.C. App. 456.

Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.

**PROCEDURAL DIRECTIVE
REGISTRATION FORM
SSS FORM 1M (UPO)
(RIMS)**

1. PURPOSE

To provide a documentary record of the registration of a person registered under the Military Selective Service Act, and to serve as physical proof of the registration in support of the computerized record in the Registrant Information Management System (RIMS) data base. The SSS Form 1M (UPO) is used for the continuous Mail-back Registration at Post Offices.

2. PREPARATION

The Registration Form is prepared in an original by the registrant.

3. DISTRIBUTION

The completed Registration Form will be mailed by the person completing the form to the Selective Service System Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the registrant data base based on information contained on the form.

4. DISPOSAL

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.

You Must Register With Selective Service

What is Selective Service Registration?

Registration is the process by which the U.S. Government collects names and addresses of men age 18 through 25 to use in case of a national emergency determined by Congress and the President, which would require rapid expansion of the Armed Forces. Men are required to register within 30 days of their 18th birthday. Once men reach their 26th birthday, they can no longer register, as stated in the Military Selective Service Act.

What Happens If I Don't Register?

Not registering is a felony. Young men prosecuted and convicted of failure to register may be fined up to \$250,000, imprisoned for up to five years, or both. Failure to register also may cause men to permanently lose eligibility for student financial aid, government employment, job training, and U.S. citizenship for male immigrants.

Who Must Register?

Male U.S. citizens and immigrants, documented and undocumented, residing in the U.S. and its territories must register if they are age 18 through 25.

How Do I Register? Please print all the requested information — including your Social Security Account Number if you have one; sign your name; peel the seal strips off, seal the card, put a stamp on the front, and mail the sealed card. Or, register online at www.sss.gov.

What About After I Register?

You should receive a Selective Service Acknowledgment with your Selective Service Number. Keep your acknowledgment in a safe place for future reference. You can also verify your Selective Service Number by going to www.sss.gov to "Check a Registration". If you move, you are required by Federal law to provide address changes to Selective Service which can be done at www.sss.gov to Report a Change of Address Online, or by filling out and mailing a SSS Form 2 (Change of Information) at the post office.



SSS FORM 1M (MAR 07)

OMB APPROVAL 3240-0002

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

SIGNATURE

UPO

Register online (<http://www.sss.gov>) or complete this form. SELECTIVE SERVICE SYSTEM REGISTRATION FORM

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

DATE OF BIRTH (MM-DD-YYYY)

SEX (Male or Female)

SOCIAL SECURITY ACCOUNT NUMBER

LAST NAME

SUFFIX (None, Sr, Jr, III, etc.)

FIRST NAME & MIDDLE NAME

CURRENT MAILING ADDRESS - STREET ADDRESS & APARTMENT NUMBER

CITY

STATE ZIP CODE

TODAY'S DATE (MM-DD-YYYY)

I AFFIRM THE FOREGOING STATEMENTS ARE TRUE



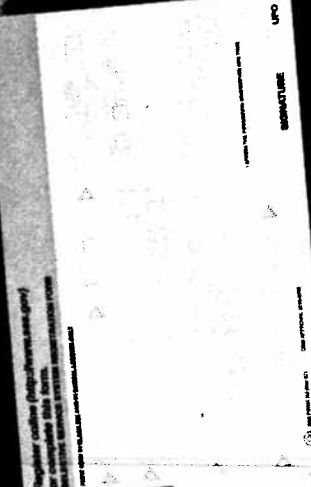
SSS FORM 1M (MAR 07)

OMB APPROVAL 3240-0002

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

SIGNATURE

UPO



FOLD HERE!

DO THE RIGHT THING

MEN

18 through 25

REGISTER

**It's Quick - It's Easy
- It's The Law -**

SELECTIVE SERVICE SYSTEM



From: _____



POSTAGE
REQUIRED
PLACE STAMP
HERE

PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Account Number if you have one. The principal purpose of the requested information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis.

DEPARTMENT OF JUSTICE - for review and processing of suspected violations of the Military Selective Service Act, or for perjury, and for defense of a civil action arising from administrative processing under such Act.

DEPARTMENT OF STATE & U.S. CITIZENSHIP AND IMMIGRATION SERVICES - for collection and evaluation of data to determine a person's eligibility for entry/reentry into the United States and for U.S. citizenship.

DEPARTMENT OF DEFENSE & U.S. COAST GUARD - for exchange of data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.

DEPARTMENT OF LABOR - to assist veterans in need of data concerning reemployment rights, and for determining eligibility for benefits under the Workforce Investment Act.

DEPARTMENT OF EDUCATION - to determine eligibility for student financial assistance.

OFFICE OF PERSONNEL MANAGEMENT & U.S. POSTAL SERVICE - to determine eligibility for employment.

DEPARTMENT OF HEALTH AND HUMAN SERVICES - to determine a person's proper Social Security Account Number and for locating parents pursuant to the Child Support Enforcement Act.

STATE AND LOCAL GOVERNMENTS - to provide data which may constitute evidence and facilitate the enforcement of state and local law.

BUREAU OF CENSUS - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

ALTERNATIVE SERVICE EMPLOYERS - for exchange of information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.

GENERAL PUBLIC - Registrant's name, Selective Service registration number, date of birth, and classification. (Military Selective Service Act, Section 56, U.S.C. App. 456h)

Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.

**SELECTIVE SERVICE SYSTEM
P.O. BOX 94739
PALATINE, IL 60094-4739**

