HS7

SELECTIVE SERVICE SYSTEM
UNCOMPENSATED REGISTRAR APPOINTMENT
(PPPM)

PRIVACY ACT NOTICE

The authority for requesting the information in this form is the Military Selective Service Act (50 U.S.C. App 451 et seq.). The purpose is to establish written authority for you to act officially and perform as a Selective Service System Registrar. This information may be used to verify your official status and performance of duty to Federal, state, and local governmental agencies and the public. Furnishing the information is voluntary, but failure to provide the information will preclude your appointment.

USE TYPEWRITER OR BALL POINT PEN

☐ MR.
☐ MRS.
☐ MS.
☐ DR.
☐ Other _____

NAME (Last, First, Middle-Initial)

SOCIAL SECURITY NUMBER (Optional)

BUSINESS PHONE:

BUSINESS FAX:

BUSINESS NAME AND ADDRESS (Business Name, No., Street, City, State or Foreign Country, ZIP Code)

BUSINESS EMAIL ADDRESS:

TO QUALIFY AS A REGISTRAR ONE MUST BE A U.S. CITIZEN, AT LEAST 18 YEARS OLD, AND REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, IF REQUIRED TO DO SO.

ARE YOU A U.S. CITIZEN?

YES ☐ NO ☐

☐ MALE ☐ FEMALE

DATE OF BIRTH:

NOMINATED REGISTRAR REPLACES (Where Applicable)

NAME: _____
(Last, First, Middle)

☐ I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.

☐ I AM/WAS NOT REQUIRED TO REGISTER BECAUSE

OATH OF OFFICE

I do solemnly sear (or affirm) that as a registrar under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY AND TRAVEL REIMBURSEMENT

I understand that I am a volunteer and that I will not receive any pay, travel reimbursement or compensation in any form for my services as a volunteer registrar.

CERTIFICATION

I certify that the information I have provided on this form is true.

NOMINATED REGISTRAR'S SIGNATURE: _____ **DATE:** _____