

PROCEDURAL DIRECTIVE
REGISTRATION STATUS FORM
SSS FORM 3C
(RIMS)

1. PURPOSE

The form provides a means for a man to register with the Selective Service System (SSS), confirm that he is registered, or indicate that he is exempt from the registration requirement.

2. PREPARATION

The SSS Form 3C is mailed by the SSS Data Management Center (DMC) to men of registration age whose compliance with the registration requirement is in question or is unconfirmed by a computer record in RIMS.

The SSS Form 3C is completed by the addressee or a third party when the addressee is prevented from completing the form by a condition beyond his control. The form will be returned in a pre-addressed envelope (furnished) to the DMC for review and necessary action.

3. DISTRIBUTION

Based upon the information provided, several actions could then take place. The completed SSS Form 3C, together with any other documentation or correspondence provided by the individual, may be given to verify the (1) registration of the individual, (2) his status, (3) determine that additional communication with the man is required, or (4) register him. In every case, the completed SSS Form 3C is microfilmed at the DMC. The SSS Form 3C when received by the DMC with the corrections marked will be used as a source document for updating the record. The disposal of the form follows the same step as below.

4. DISPOSAL

The hard copy is destroyed after computer processing and conversion to microfilm.



REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY.

431356054-JOHN
C12 OTNO
000001 040400

- READ THE PRIVACY ACT STATEMENT ON THE BACK OF THIS FORM.
 - REVIEW ITEMS 1-5, ENTER MISSING DATA, CORRECT ANY PRE-PRINTED INFORMATION THAT IS IN ERROR.
 - CHECK ALL APPROPRIATE BOXES AND SIGN AND DATE THE FORM BELOW.
 - RETURN ENTIRE FORM, COMPLETED AND SIGNED, IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS OF RECEIPT
- TO: SELECTIVE SERVICE SYSTEM
PO BOX 94633
PALATINE, IL 60094-4633

PERSONAL INFORMATION: COMPLETE OR CORRECT AS NECESSARY

1. DATE OF BIRTH: 05-16-77 2. SOCIAL SECURITY NUMBER: 431-35-6054

3. TELEPHONE NUMBER: 501 4232684
(AREA CODE) (NUMBER)

4. NAME: LINDSAY CALVIN JOHNSON
(FIRST) (MIDDLE) (LAST) (JR, II, ETC.)

5. CURRENT MAILING ADDRESS:
RT 1 FALL BRANCH ROAD
BLOUNTVILLE, TN 37617

REGISTER ON-LINE AT WWW.SSS.GOV
OR
IF YOUR PERSONAL INFORMATION IS CORRECT, YOU MAY
REGISTER BY PHONE
CALL 1-800-730-9211 USE PIN:
012345678987

SECTION A-REGISTRATION

YOU MAY REGISTER ON-LINE VIA THE INTERNET (WWW.SSS.GOV) OR BY PHONE (SEE ABOVE), OR CHECK APPROPRIATE BOX AND SIGN AND DATE THE FORM IN THE DESIGNATED AREA BELOW. IF YOU REGISTER ON-LINE OR BY PHONE, YOU DO NOT NEED TO RETURN THIS FORM.

- REGISTER ME** WITH SELECTIVE SERVICE. I HAVE NOT REGISTERED PREVIOUSLY.
- I REGISTERED** ON _____ (MONTH) _____ (YEAR) IN _____ (CITY/STATE).
MY SELECTIVE SERVICE NUMBER IS _____

SECTION B-EXEMPTION STATEMENT

BELOW ARE THE ONLY CONDITIONS EXEMPTING A PERSON FROM THE REGISTRATION REQUIREMENT. IF YOU FEEL YOU ARE EXEMPT, PLACE AN X IN THE APPROPRIATE BOX(ES) AND SUBMIT THE REQUIRED PROOF SO THAT WE MAY DECIDE WHETHER TO REMOVE YOUR NAME FROM OUR LIST OF POSSIBLE NONREGISTRANTS. WHEN SUBMITTING PROOF, SEND COPIES ONLY. DOCUMENTS WILL NOT BE RETURNED.

- I AM A FEMALE. I AM NOT AGE 18 THROUGH 25.
(ATTACH COPY ONLY OF BIRTH CERTIFICATE OR SIMILAR DOCUMENT)
- * I AM CURRENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES, INCLUDING THE U.S. COAST GUARD, OR AS A COMMISSIONED OFFICER IN THE PUBLIC HEALTH SERVICE OR NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION; OR ATTENDING A MILITARY SERVICE ACADEMY (OTHER THAN MERCHANT MARINE ACADEMY); OR ENROLLED IN AN OFFICER PROCUREMENT PROGRAM AT THE CITADEL, NORTH GEORGIA COLLEGE, NORWICH UNIVERSITY, VIRGINIA MILITARY INSTITUTE, TEXAS A&M UNIVERSITY OR VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY.
(ATTACH COPY OF DD FORM 4, OR EQUIVALENT, OR A LETTER FROM YOUR SCHOOL ATTESTING TO YOUR ENROLLMENT)
- I AM A NON-IMMIGRANT ALIEN LAWFULLY ADMITTED IN THE UNITED STATES UNDER SECTION 101 (a) (15) OF THE IMMIGRATION ACT (VISA). (ATTACH COPY OF FORM I-94, I-95A, BORDER CROSSING DOCUMENT DSP-150, I-185, I-186, I-586, OR A TRUST TERRITORY I.D.)
- * I AM CONFINED IN A MEDICAL/MENTAL OR PENAL INSTITUTION. (ATTACH STATEMENT SIGNED BY AN INSTITUTION OFFICIAL GIVING NAME AND ADDRESS OF FACILITY AND ENTRY DATE AND ESTIMATED RELEASE DATE)

*REGISTRATION IS ENCOURAGED BECAUSE IT PROTECTS YOUR ELIGIBILITY FOR CERTAIN BENEFITS/JOBS.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE. SIGNING THIS FORM CONSTITUTES REGISTRATION WITH THE SELECTIVE SERVICE IN ACCORDANCE WITH THE LAW UNLESS YOU'VE CLAIMED AN EXEMPTION ABOVE.

SIGNATURE: _____ DATE: _____

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, 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/re-entry 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 re-employment rights, and 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.
- State and Local Governments - to provide data which may constitute evidence and facilitate the enforcement of state and 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, (Military Selective Service Act, Section 6, 50 U.S.C. App. 456h).
- Bureau of the Census - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

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.