	<del>-</del>	DATE .	Form Approved
REQUEST FOR EVALUATION	ON AND INFORMATION	΄,	OMB No. 0701-0079 Expires 31 Dec 2006
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (0701-0079) 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for falling to comply with a collection of information if it does not display a current valid OMB control number. Please DO NOT RETURN your form to the above address. Return your completed form to: HQ USAFRS/RSOPA, Randolph AFB TX 78150-5421.			
то	FROM		
Force. Your evaluation will be an importan	s office to evaluate the applicant named belo t factor in establishing the applicant's fitness reverse) and return in the enclosed envelope	for enlistment. Any information	
SECTION I	TO BE COMPLETED BY RECRUITER		
NAME AND ADDRESS OF APPLICANT		s	SN
		D.	ATE OF BIRTH
APPLICANT REVEALED THE FOLLOWING INFO	DEMATION		
THE LOCALITY REPORTED THE POLICY WHO HAVE			
TYPED NAME AND GRADE OF RECRUITER	SIGNATU	RE OF RECRUITER	
			·
SECTION II	APPLICANT'S STATEMENT		
I AM AN APPLICANT FOR THE US AIR FORCE AND HAVE VOLUNTARILY DISCLOSED THE INFORMATION ABOVE. PLEASE FURNISH THE DETAILS REQUESTED ON THE REVERSE OF THIS FORM, EVEN IF MY RECORD IS SEALED. THIS INFORMATION IS ESSENTIAL IN DETERMINING MY QUALIFICATION.			
TE SIGNATURE OF APPLICANT			