

Public reporting burden for this collection of information is estimated to average 50 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 failing 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 completed form to: HQ USAFRS/RSOPA, Randolph AFB TX 78150-5421.**

Form Approved
OMB No 0701-0079
Expires 28 Feb 2010

PROGRAM <input type="checkbox"/> NPS <input type="checkbox"/> PS <input type="checkbox"/> ROTC		DATE PIR INITIATED			RIC	
SECTION I. IDENTIFICATION DATA						
1. NAME (Last, First, Middle (Maiden, if any), Jr., Sr., etc.)		2. NICKNAME(S) AKA		3. SSN (VERIFIED) <input type="checkbox"/> YES <input type="checkbox"/> NO		4. HOME TELEPHONE NO
5. WORK TELEPHONE NO		6. CURRENT ADDRESS (Street, City, County, State, Zip Code, or Country)			7. IN CASE OF EMERGENCY NOTIFY (Relationship, Full Name, Address & Telephone No. if different than applicant)	
8. PLACE OF BIRTH (City, County, State and Country)		9. AGE		10. DATE OF BIRTH		11. DRIVERS LICENSE NO (List state & expiration date)
12. RELIGIOUS PREFERENCE		13. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		14. COLOR HAIR		15. COLOR EYES
16. HEIGHT		17. WEIGHT MAX: ACTUAL:		18. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> A		19. NO OF DEPENDENTS
SECTION II. CITIZENSHIP DATA						
1. CITIZENSHIP <input type="checkbox"/> US (Birth) <input type="checkbox"/> US (Derived/Acquisition) <input type="checkbox"/> US (Naturalized) <input type="checkbox"/> US NAT'L <input type="checkbox"/> NON-US (Specify)		2. IF ALIEN, LIST ALIEN REGISTRATION NUMBER		3. POPULATION GROUP <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify)		4. ETHNIC GROUP
SECTION III. EDUCATION DATA						
1. NAME AND ADDRESS OF HIGH SCHOOL OR LAST SCHOOL ATTENDED (If GED, enter date and place obtained)		2. GRAD DATE		3. YEARS COMPLETED		4. NAME AND ADDRESS OF COLLEGE/UNIV/TRADE/VOC SCHOOL
5. GRAD DATE YRS COMPL/ SEM HOURS		6. DEGREE OR MAJOR				
SECTION IV. LAW VIOLATIONS						
LAW VIOLATIONS (EXPLAIN THAT AN INVESTIGATION WILL BE CONDUCTED, FULL DISCLOSURE IS ESSENTIAL) <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in blocks below)					DD FORM 369 (When required) - DATE MAILED AND AGENCY	
1. CHARGE	2. DATE/PLACE (City and State)	3. AGE	4. DISPOSITION	5. COURT	6. DATE SENT	7. AGENCY (Include City and State)
8. DATE RECEIVED	9. DATE SENT TO MEPS					
SECTION V. PREVIOUS SERVICE DATA						
1. PREVIOUS TEST FOR ANY BR OF SVS (If yes, explain in remarks) <input type="checkbox"/> YES <input type="checkbox"/> NO	2. PREV PHYSICAL FOR ANY BR OF SVC (If yes, explain in remarks) <input type="checkbox"/> YES <input type="checkbox"/> NO	3. BR/COMP	4. GRADE	5. TYPE DISC	6. RE CODE	7. SPN/SDN
8. DOS	9. TAFMS (Amount)	10. PAFSC/MOS (From DD 214 or 368)				
11. UNIT ADDRESS (For RESING member)				12. SQ/RSO CK WITH DMDC AND PROJECT CAPTURE (as required) DATE _____ <input type="checkbox"/> ENLISTED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WVR AUTH <input type="checkbox"/> DETERMINATIONS		