

PROCEDURAL DIRECTIVE
ACKNOWLEDGEMENT AND CORRECTION/CHANGE FORM
SSS FORMS 3A AND 3B LETTER
(RIMS)

1. PURPOSE

Acknowledgement SSS Forms 3A and 3B Letter: To provide each registrant, within 90 days of the registration, a copy of the data contained in his computerized file in the Registration Information and Management System (RIMS), and to provide a legal verification of his compliance with the Military Selective Service Act (MSSA). The SSS Form 3B is attached to or enclosed with the SSS Form 3A and contains information for the same person; its collateral purpose is to provide a means for the registrant to provide Selective Service with additions or corrections to his record. Upon the registrant's returning of the SSS Form 3B showing the desired changes, his RIMS record is updated by the Selective Service System to reflect the corrections and/or additions.

Correction/Change Form, SSS Form 3B Letter: To provide a form on which corrections to the record data can be made by the registrant. The computerized file is updated by the SSS DMC upon the registrant's returning the SSS Form 3B showing the desired changes. An envelope is provided for this purpose.

2. PREPARATION

These forms are prepared in original only by the Selective Service System and mailed to the registrant. This action occurs (1) within 90 days of the initial registration, or (2) following receipt of a change of key information for the registrant. Stocks of these forms are maintained by the DMC.

3. DISTRIBUTION

The Acknowledgment Letter is mailed to the registrant by the DMC.

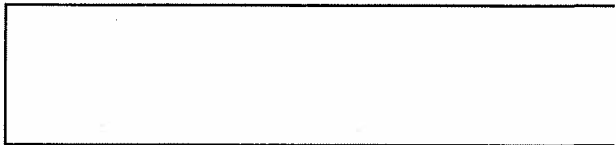
4. DISPOSAL

The registrant is encouraged to retain his Acknowledgment Letter in a safe place. The SSS Form 3B, when received by the DMC with changes marked, will be used as a source document for updating the computer record in RIMS. The hard copy is destroyed after computer processing and conversion to microfilm.

SELECTIVE SERVICE NUMBER SOCIAL SECURITY NUMBER SEX DATE OF BIRTH LAST ACTION DATE

87-0000212-7 431-35-6054 M 05-16-87 10-25-05

NAME AND CURRENT MAILING ADDRESS



(Do NOT WRITE IN THE ABOVE SPACE.)

***** 3-DIGIT 376



87-0000212-7 10 51030-000299

LINDSAY CALVIN JOHNSON
RT 1 FALL BRANCH RD
BLOUNTVILLE, IN 37617-9801



First explore your interests, then decide which career path is right for you. Visit todaysmilitary.com/ssb2, fill out and return the enclosed card, or call 1-866-VIEW-NOW for more information.



1-01

Change of Information Form

If any information shown is incorrect, make corrections, sign, and return this top portion to: Selective Service System, P. O. Box 94636, Palatine, Illinois 60094-4636. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is OMB-3240-0003.

TODAY'S DATE

SIGNATURE OF REGISTRANT

U.S. GOVERNMENT PRINTING OFFICE: 2007-634-015/80034 SSS Form 3B (May-07)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter as legal proof of your registration. Or, you may keep only the wallet sized registration acknowledgment provided below for your convenience.

Use the top portion of this letter to update and/or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. If you made any changes, cut off the top portion of this letter, and mail it to the Selective Service System using the envelope provided. **If your information is correct, do not return this form.** However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go to www.sss.gov.

FOR NON-IMMIGRANT ALIENS: If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638.

If you have questions about the Selective Service System, call 1-847-688-6888.



Thank You!

Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.



Registration Acknowledgment

SELECTIVE SERVICE NUMBER DATE OF BIRTH

87-0000212-7 05-16-87

NAME AND CURRENT MAILING ADDRESS

LINDSAY CALVIN JOHNSON
RT 1 FALL BRANCH RD
BLOUNTVILLE, TN 37617



SSS Form 3A (May-07)

SOCIAL SECURITY NUMBER DATE OF BIRTH

431-35-6054 10-25-05

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DIRECTOR

William A. Chatfield

(Fold on line)

IF CORRECTIONS ARE NECESSARY
MAIL CORRECTION/CHANGE FORM TO:

Selective Service System
P.O. Box 94636
Palatine, IL 60094-4636

<http://www.sss.gov>

1. This form may be used to correct information on your Registration Acknowledgment or to make any future changes in your registration record.
2. Make corrections on any information shown below that is incorrect, and provide the information required for the block(s) containing asterisks (**).
3. To make a correction, cross out the incorrect information, write in the correct information, sign and mail this form to Selective Service in the enclosed envelope.
4. DO NOT use this form to submit additional information about yourself. If such information is needed we will contact you. If you have questions about the Selective Service System, write the Registration Information Office, P.O. Box 94638, Palatine, Illinois, 60094-4638.
5. Men serving on active duty need NOT notify us of changes in address or telephone number prior to separation from active duty. Any other changes necessary to maintain your record in a correct and current status MUST be reported.

(DON'T FORGET VOTER REGISTRATIION...IF ELIGIBLE, REGISTER LOCALLY TO VOTE)

Selective Service No.	Social Security No.	Sex	Date of Birth	Telephone Number	Last Action Date
77-0000212-7	431-35-6054	M	05-16-77	501-423-2684	04-03-97
Name LINDSAY CALVIN JOHNSON					
CURRENT MAILING ADDRESS			PERMANENT ADDRESS		
Number and Street CALLE D #56 MAGUEYES BARCELONETA MADRID SPAIN 407HH			Number and Street RT 1 FALL BRANCH RD		
City		State	Zip Code	City	
				BLOUNTVILLE TN 37617	

Signature of Registrant

Date

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