PROCEDURAL DIRECTIVE UNCOMPENSATED REGISTRAR APPOINTMENT SSS FORM 402 (PPPM)

1. PURPOSE

To serve as a document to: (a) obtain basic data from persons under consideration for appointment to uncompensated Registrar positions, (b) appoint Registrars, and (c) record the Oath of Office and Waiver of Pay required of uncompensated personnel of the Selective Service System.

2. PREPARATION

The form is to be prepared in original only and signed with a black ink ballpoint pen.

Each individual volunteering to perform the functions of a Registrar, whether he or she is a compensated employee of the United States government or working in private industry, will be required to provide the information requested and then sign and date the Oath of Office and Waiver of Pay and Travel Reimbursement statements.

The program coordinator (National Headquarters or Region Headquarters personnel designated to-manage a special registration program for which Registrars are appointed) is to verify the information submitted by the applicant and upon completion of verification process the appointment of the applicant as an uncompensated Registrar.

3. DISTRIBUTION

Completed forms for Registrars located in one of the United States, its territories or possessions will be forwarded to the appropriate Region Headquarters, the Data Management Center, or National Headquarters.

Completed forms for Registrars located in a foreign country will be forwarded to National Headquarters.

Completed forms received at any of the aforementioned locations are to be filed alphabetically by state/country and special program code.

4. DISPOSAL

The SSS Form 402 will be destroyed by shredding, macerating, or burning five years after termination of appointment.



HS7

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.

verily your official status and perfort	act officially and perform as a Selecti- nance of duty to Federal, state, and loc to provide the information will preclud-	ive Service System Registrar. This information may be used to cal governmental agencies and the public. Furnishing the de your appointment.
	USE TYPEWRITER OR B	BALL POINT PEN
MR.	NAME (Last, First, Middle-Initial)	THIS SPACE IS FOR AGENCY USE ONLY
MRS.		
MS.		
DR.		BUSINESS PHONE:
Other		BUSINESS FAX:
BUSINESS EMAIL ADDRESS:		
TO QUALIFY AS A REGISTRAR THE SELECTIVE SERVICE SYS	ONE MUST BE A U.S. CITIZEN, A FEM, IF REQUIRED TO DO SO.	AT LEAST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN?		1 CERTIFY THAT I AM/WAS IN COMPLIANCE
YES NO T	MALE FEMALE	WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.
	DATE OF BIRTH	THE MILITARY SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REPLACES (Where Applicable)		
NAME:		I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
(Last, First, Middle)		
reely, without any mental reservation im about to enter; SO HELP ME GOI	ign and domestic, that I will bear true to purpose of evasion; and that I will will will will will will will wi	Service Act, I will support and defend the Constitution of the faith and allegiance to the same; that I take this obligation well and faithfully discharge the duties of the office on which I
	CERTIFICAT I certify that the information I have pro-	
NOMINATED REGISTRAR'S SIG	NATURE:	DATE:

Uncompensated Registrar Appointment High School Registrar Program (HS7)

Region I	Region II	Region III
Connecticut	Alabama	Alaska
Delaware	Arkansas	Arizona
District of Columbia	Florida	California
Illinois	Georgia	Colorado
Indiana	Kentucky	Guam
Maine	Louisiana	Hawaii
Maryland	Mississippi	Iowa
Massachusetts	North Carolina	Idaho
Michigan	Puerto Rico	Kansas
New Hampshire	South Carolina	Minnesota
New Jersey	Tennessee	Missouri
New York	Texas	Northern Mariana Islands
New York City	Virginia	Montana
Ohio	Virgin Islands	North Dakota
Pennsylvania	West Virginia	Nebraska
Rhode Island		Nevada
Vermont		New Mexico
Wisconsin		Oklahoma
		Oregon
		South Dakota
		Utah
		Washington
,		Wyoming

Once you have completed and signed the SSS Form 402 (HS7) – Uncompensated Registrar Appointment, please mail or fax to your Selective Service System Region Headquarters. The addresses are as follows:

Selective Service System	Selective Service System	Selective Service System
Region I	Region II	Region III
2834 Green Bay Road	2400 Lake Park Drive	3401 Quebec Street
Building 3400, Suite 276	Suite 270	Stapleton Bldg., # 1014
North Chicago, IL 60064-9983	Smyrna, GA 30080-8979	Denver, CO 80207-2323
Fax (847) 688-3433	Fax (770) 319-5631	Fax (720) 941-1685



PRIVACY ACT NOTICE

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verify your official status and perform	act officially and perform as a Selective S nance of duty to Federal, state, and local g o provide the information will preclude yo	overnmental agencies and the public. Furnishing the out appointment.
	USE TYPEWRITER OR BAL	L POINT PEN
MR.	NAME (Last, First, Middle-Initial)	THIS SPACE IS FOR AGENCY USE ONLY
MRS.		
MS.		
DR.		BUSINESS PHONE:
Other		BUSINESS FAX:
BUSINESS EMAIL ADDRESS:		
TO QUALIFY AS A REGISTRAR THE SELECTIVE SERVICE SYS	ONE MUST BE A U.S. CITIZEN, AT FEM, IF REQUIRED TO DO SO.	LEAST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN? YES NO NO	MALE FEMALE	I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF
IES : NO :	DATE OF BIRTH:	THE MILITARY SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REPLA	CES (Where Applicable)	
NAME: (Last, First, Middle)		1 AM/WAS NOT REQUIRED TO REGISTER BECAUSE
	OATH OF OFFIC	CE.
United States against all enemies, fore	ign and domestic, that I will bear true faith or purpose of evasion; and that I will wel	vice Act, I will support and defend the Constitution of the hand allegiance to the same; that I take this obligation I and faithfully discharge the duties of the office on which I
	AIVER OF PAY AND TRAVEL I that I will not receive any pay, travel reim	REIMBURSEMENT bursement or compensation in any form for my services as a
	CERTIFICATIO	N
	I certify that the information I have provide	•
NOMINATED REGISTRAR'S SIGNATURE: DATE:		

Uncompensated Registrar Appointment Workforce Investment Act Registrar Program (UT1)

Region I	Region II	Region III
Region I Connecticut Delaware District of Columbia Illinois Indiana Maine Maryland Massachusetts Michigan New Hampshire New Jersey New York New York City Ohio Pennsylvania Rhode Island Vermont Wisconsin	Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi North Carolina Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia	Region III Alaska Arizona California Colorado Guam Hawaii Iowa Idaho Kansas Minnesota Missouri Northern Mariana Islands Montana North Dakota Nebraska Nevada New Mexico Oklahoma Oregon
		Oregon South Dakota Utah Washington Wyoming

Once you have completed and signed the SSS Form 402 (UT1) – Uncompensated Registrar Appointment, please mail or fax to your Selective Service System Region Headquarters. The addresses are as follows:

Selective Service System	Selective Service System	Selective Service System
Region I	Region II	Region III
2834 Green Bay Road	2400 Lake Park Drive	3401 Quebec Street
Building 3400, Suite 276	Suite 270	Stapleton Bldg., # 1014
North Chicago, IL 60064-9983	Smyrna, GA 30080-8979	Denver, CO 80207-2323
Fax (847) 688-3433	Fax (770) 319-5631	Fax (720) 941-1685



FOP

PRIVACY ACT NOTICE

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	USE TYPEWRITER OR BAL	L POINT PEN
MR.	NAME (Last, First, Middle-Initial)	THIS SPACE IS FOR AGENCY USE ONLY
MRS.		
MS.		
DR.		BUSINESS PHONE:
Other		BUSINESS FAX:
POSENSON INCHES AUD ADDRES	SS (Business Name, No., Street, City, Sta	ne or Foreign Country, ZIP Code)
BUSINESS EMAIL ADDRESS:		
TO QUALIFY AS A REGISTRAI THE SELECTIVE SERVICE SYS	R ONE MUST BE A U.S. CITIZEN, AT STEM, IF REQUIRED TO DO SO.	LEAST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN?	MALE FEMALE	I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF
YES NO	DATE OF BIRTH:	THE MILITARY SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REPL	ACES (Where Applicable)	
NAME: (Last, First, Middle)		I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
United States against all enemies, for	reign and domestic, that I will bear true fait in or purpose of evasion; and that I will wel	CE vice Act, I will support and defend the Constitution of the h and allegiance to the same, that I take this obligation I and faithfully discharge the duties of the office on which I
W I understand that I am a volunteer and volunteer registrar.	AIVER OF PAY AND TRAVEL d that I will not receive any pay, travel rein	REIMBURSEMENT abursement or compensation in any form for my services as a
	CERTIFICATIO	ON .
	I certify that the information I have provide	
NOMINATED REGISTRAR'S SI	GNATURE:	DATE:

Uncompensated Registrar Appointment National Farm-Worker Jobs Registrar Program (FOP)

Region I	Region II	Region III
Connecticut	Alabama	Alaska
Delaware	Arkansas	Arizona
District of Columbia	Florida	California
Illinois	Georgia	Colorado
Indiana	Kentucky	Guam
Maine	Louisiana	Hawaii
Maryland	Mississippi	Iowa
Massachusetts	North Carolina	Idaho
Michigan	Puerto Rico	Kansas
New Hampshire	South Carolina	Minnesota
New Jersey	Tennessee	Missouri
New York	Texas	Northern Mariana Islands
New York City	Virginia	Montana
Ohio	Virgin Islands	North Dakota
Pennsylvania	West Virginia	Nebraska
Rhode Island	C	Nevada
Vermont		New Mexico
Wisconsin		Oklahoma
		Oregon
		South Dakota
		Utah
		Washington
		Wyoming

Once you have completed and signed the SSS Form 402 (FOP) – Uncompensated Registrar Appointment, please mail or fax to your Selective Service System Region Headquarters. The addresses are as follows:

Selective Service System	Selective Service System	Selective Service System
Region I	Region II	Region III
2834 Green Bay Road	2400 Lake Park Drive	3401 Quebec Street
Building 3400, Suite 276	Suite 270	Stapleton Bldg., # 1014
North Chicago, IL 60064-9983	Smyrna, GA 30080-8979	Denver, CO 80207-2323
Fax (847) 688-3433	Fax (770) 319-5631	Fax (720) 941-1685



SBR

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verify your official status and perform information is voluntary, but failure to	nance of duty to Federal, state, and local provide the information will preclude	governmental agencies and the public. Furnishing the your appointment.
	USE TYPEWRITER OR BA	LL POINT PEN
MR.	NAME (Last, First, Middle-Initial)	THIS SPACE IS FOR AGENCY USE ONLY
☐ MRS.		1700000
MS.		BUSINESS PHONE:
DR. Other		BUSINESS FAX:
	S (Business Name, No., Street, City, S	
BUSINESS EMAIL ADDRESS:		
TO QUALIFY AS A REGISTRAR THE SELECTIVE SERVICE SYST	ONE MUST BE A U.S. CITIZEN, A' 'EM, IF REQUIRED TO DO SO.	T LEAST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN?	MALE FEMALE	I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF
YES NO	DATE OF BIRTH:	THE MILITARY SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REPLA	CES (Where Applicable)	* I AMANAG MOT DEWITTERS TO DEGRAPE
NAME: (Last, First, Middle)		I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
United States against all enemies, fore freely, without any mental reservation am about to enter; SO HELP ME GOI WA I understand that I am a volunteer and	ign and domestic, that I will bear true fa or purpose of evasion; and that I will w). IVER OF PAY AND TRAVEI	dervice Act, I will support and defend the Constitution of the aith and allegiance to the same; that I take this obligation ell and faithfully discharge the duties of the office on which I
volunteer registrar.	CERTIFICATI	ON
]	I certify that the information I have pro-	
NOMINATED REGISTRAR'S SIG	NATURE:	DATE:

Uncompensated Registrar Appointment Federal Bureau of Prisons Registrar Program (SBR)

Once you have completed and signed the SSS Form 402 (SBR) – Uncompensated Registrar Appointment, please mail or fax to your Selective Service System Region Headquarters. The addresses are as follows:

Selective Service System	Selective Service System	Selective Service System
Region I	Region II	Region III
2834 Green Bay Road	2400 Lake Park Drive	3401 Quebec Street
Building 3400, Suite 276	Suite 270	Stapleton Bldg., # 1014
North Chicago, IL 60064-9983	Smyrna, GA 30080-8979	Denver, CO 80207-2323
Fax (847) 688-3433	Fax (770) 319-5631	Fax (720) 941-1685



STC

PRIVACY ACT NOTICE

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verify your official status and perform information is voluntary, but failure to	ance of duty to Federal, state, and loca	I governmental agencies and the public. Furnishing the your appointment.	
	USE TYPEWRITER OR BA	ALL POINT PEN	
☐ MRS.	NAME (Last, First, Middle-Initial)	THIS SPACE IS FOR AGENCY USE ONLY	
☐ MS. □ DR.		BUSINESS PHONE:	
Other		BUSINESS FAX:	
BUSINESS NAME AND ADDRESS	S (Business Name, No., Street, City, S	tate or Foreign Country, ZIP Code)	
BUSINESS EMAIL ADDRESS:			
TO QUALIFY AS A REGISTRAR O THE SELECTIVE SERVICE SYST	ONE MUST BE A U.S. CITIZEN, A EM, IF REQUIRED TO DO SO.	T LEAST 18 YEARS OLD, AND REGISTERED WITH	
ARE YOU A U.S. CITIZEN?	MALE FEMALE	I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF	
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NOMINATED REGISTRAR REPLACES (Where Applicable) NAME: (Last, First, Middle)		I AM/WAS NOT REQUIRED TO REGISTER BECAUSE	
United States against all enemies, forei freely, without any mental reservation am about to enter; SO HELP ME GOD WA	gn and domestic, that I will bear true fa or purpose of evasion; and that I will w IVER OF PAY AND TRAVE	Service Act, I will support and defend the Constitution of the aith and allegiance to the same; that I take this obligation ell and faithfully discharge the duties of the office on which I	
1	CERTIFICATI certify that the information I have pro-	The state of the s	
NOMINATED REGISTRAR'S SIG	NATURE:	DATE:	

Uncompensated Registrar Appointment State Correction Institutions Registrar Program (STC)

Region I	Region II	Region III
Region I Connecticut Delaware District of Columbia Illinois Indiana Maine Maryland Massachusetts Michigan	Region II Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi North Carolina Puerto Rico	Region III Alaska Arizona California Colorado Guam Hawaii Iowa Idaho Kansas
New Hampshire New Jersey New York New York City Ohio Pennsylvania Rhode Island Vermont Wisconsin	South Carolina Tennessee Texas Virginia Virgin Islands West Virginia	Minnesota Missouri Northern Mariana Islands Montana North Dakota Nebraska Nevada New Mexico Oklahoma Oregon South Dakota Utah Washington Wyoming

Once you have completed and signed the SSS Form 402 (STC) – Uncompensated Registrar Appointment, please mail or fax to your Selective Service System Region Headquarters. The addresses are as follows:

Selective Service System	Selective Service System	Selective Service System
Region I	Region II	Region III
2834 Green Bay Road	2400 Lake Park Drive	3401 Quebec Street
Building 3400, Suite 276	Suite 270	Stapleton Bldg., # 1014
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Fax (847) 688-3433	Fax (770) 319-5631	Fax (720) 941-1685