



# SELECTIVE SERVICE SYSTEM

## Uncompensated Registrar Appointment

### High School Registrar Program (HS7)

#### Region I

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Massachusetts  
Michigan  
New Hampshire  
New Jersey  
New York  
New York City  
Ohio  
Pennsylvania  
Rhode Island  
Vermont  
Wisconsin

#### Region II

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  
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  
Region I  
2834 Green Bay Road  
Building 3400, Suite 276  
North Chicago, IL 60064-9983  
Fax (847) 688-3433

Selective Service System  
Region II  
2400 Lake Park Drive  
Suite 270  
Smyrna, GA 30080-8979  
Fax (770) 319-5631

Selective Service System  
Region III  
3401 Quebec Street  
Stapleton Bldg., #1014  
Denver, CO 80207-2323  
Fax (720) 941-1685

We estimate the public reporting burden for this collection will vary from two minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0010), Arlington, VA 22209-2425. The OMB control number 3240-0010, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

**SELECTIVE SERVICE SYSTEM  
UNCOMPENSATED REGISTRAR APPOINTMENT  
(PPPM)**

**UT1**

**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.

<http://www.sss.gov/PDFs/Systems%20of%20Records%202011.pdf>

**USE TYPEWRITER OR BALL POINT PEN**

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> Other _____	<b>NAME (Last, First, Middle-Initial)</b>	<b>THIS SPACE IS FOR AGENCY USE ONLY</b>
		<b>BUSINESS PHONE:</b>
		<b>BUSINESS FAX:</b>

**BUSINESS NAME AND ADDRESS (Business Name, No., Street, City, State or Foreign Country, ZIP Code)**

**BUSINESS EMAIL ADDRESS:**

**TO QUALIFY AS A REGISTRAR ONE MUST BE A U.S. CITIZEN, AT LEAST 18 YEARS OLD, AND REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, IF REQUIRED TO DO SO.**

<b>ARE YOU A U.S. CITIZEN?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>DATE OF BIRTH:</b>	<input type="checkbox"/> I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.  <input type="checkbox"/> I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
<b>NOMINATED REGISTRAR REPLACES (Where Applicable)</b> <b>NAME:</b> _____ (Last, First, Middle)		

**OATH OF OFFICE**

I do solemnly swear (or affirm) that as a registrar under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

**WAIVER OF PAY AND TRAVEL REIMBURSEMENT**

I understand that I am a volunteer and that I will not receive any pay, travel reimbursement or compensation in any form for my services as a volunteer registrar.

**CERTIFICATION**

I certify that the information I have provided on this form is true.

**NOMINATED REGISTRAR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SELECTIVE SERVICE SYSTEM

## Uncompensated Registrar Appointment

### Workforce Investment Act Registrar Program (UT1)

#### Region I

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Massachusetts  
Michigan  
New Hampshire  
New Jersey  
New York  
New York City  
Ohio  
Pennsylvania  
Rhode Island  
Vermont  
Wisconsin

#### Region II

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  
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  
Region I  
2834 Green Bay Road  
Building 3400, Suite 276  
North Chicago, IL 60064-9983  
Fax (847) 688-3433

Selective Service System  
Region II  
2400 Lake Park Drive  
Suite 270  
Smyrna, GA 30080-8979  
Fax (770) 319-5631

Selective Service System  
Region III  
3401 Quebec Street  
Stapleton Bldg., #1014  
Denver, CO 80207-2323  
Fax (720) 941-1685

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# SELECTIVE SERVICE SYSTEM UNCOMPENSATED REGISTRAR APPOINTMENT (PPPM)

**SBR**

**PRIVACY ACT NOTICE**

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<http://www.sss.gov/PDFs/Systems%20of%20Records%202011.pdf>

**USE TYPEWRITER OR BALL POINT PEN**

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> Other _____	<b>NAME (Last, First, Middle-Initial)</b>  <b>THIS SPACE IS FOR AGENCY USE ONLY</b>
	<b>BUSINESS PHONE:</b>
	<b>BUSINESS FAX:</b>

**BUSINESS NAME AND ADDRESS (Business Name, No., Street, City, State or Foreign Country, ZIP Code)**

  
  
  
  

**BUSINESS EMAIL ADDRESS:**

**TO QUALIFY AS A REGISTRAR ONE MUST BE A U.S. CITIZEN, AT LEAST 18 YEARS OLD, AND REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, IF REQUIRED TO DO SO.**

<b>ARE YOU A U.S. CITIZEN?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  <b>DATE OF BIRTH:</b> _____	<input type="checkbox"/> I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.  <input type="checkbox"/> I AM/WAS NOT REQUIRED TO REGISTER BECAUSE _____
<b>NOMINATED REGISTRAR REPLACES (Where Applicable)</b>  <b>NAME:</b> _____ (Last, First, Middle)		

**OATH OF OFFICE**

I do solemnly swear (or affirm) that as a registrar under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

**WAIVER OF PAY AND TRAVEL REIMBURSEMENT**

I understand that I am a volunteer and that I will not receive any pay, travel reimbursement or compensation in any form for my services as a volunteer registrar.

**CERTIFICATION**

I certify that the information I have provided on this form is true.

**NOMINATED REGISTRAR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SELECTIVE SERVICE SYSTEM

## Uncompensated Registrar Appointment

### Federal Bureau of Prisons Registrar Program (SBR)

#### Region I

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Massachusetts  
Michigan  
New Hampshire  
New Jersey  
New York  
New York City  
Ohio  
Pennsylvania  
Rhode Island  
Vermont  
Wisconsin

#### Region II

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  
South Dakota  
Utah  
Washington  
Wyoming

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Selective Service System  
Region I  
2834 Green Bay Road  
Building 3400, Suite 276  
North Chicago, IL 60064-9983  
Fax (847) 688-3433

Selective Service System  
Region II  
2400 Lake Park Drive  
Suite 270  
Smyrna, GA 30080-8979  
Fax (770) 319-5631

Selective Service System  
Region III  
3401 Quebec Street  
Stapleton Bldg., #1014  
Denver, CO 80207-2323  
Fax (720) 941-1685

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**SELECTIVE SERVICE SYSTEM  
UNCOMPENSATED REGISTRAR APPOINTMENT  
(PPM)**

**STC**

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**USE TYPEWRITER OR BALL POINT PEN**

MR.

**NAME (Last, First, Middle-Initial)**

**THIS SPACE IS FOR AGENCY USE ONLY**

MRS.

MS.

DR.

Other \_\_\_\_\_

**BUSINESS PHONE:**

**BUSINESS FAX:**

**BUSINESS NAME AND ADDRESS (Business Name, No., Street, City, State or Foreign Country, ZIP Code)**

**BUSINESS EMAIL ADDRESS:**

**TO QUALIFY AS A REGISTRAR ONE MUST BE A U.S. CITIZEN, AT LEAST 18 YEARS OLD, AND REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, IF REQUIRED TO DO SO.**

ARE YOU A U.S. CITIZEN?

YES  NO

MALE  FEMALE

DATE OF BIRTH:

I CERTIFY THAT I AM/WAS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.

NOMINATED REGISTRAR REPLACES (Where Applicable)

NAME: \_\_\_\_\_  
(Last, First, Middle)

I AM/WAS NOT REQUIRED TO REGISTER BECAUSE

**OATH OF OFFICE**

I do solemnly swear (or affirm) that as a registrar under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

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**CERTIFICATION**

I certify that the information I have provided on this form is true.

**NOMINATED REGISTRAR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SELECTIVE SERVICE SYSTEM

## Uncompensated Registrar Appointment

### State Correction Institutions Registrar Program (STC)

#### Region I

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Massachusetts  
Michigan  
New Hampshire  
New Jersey  
New York  
New York City  
Ohio  
Pennsylvania  
Rhode Island  
Vermont  
Wisconsin

#### Region II

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  
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  
Region I  
2834 Green Bay Road  
Building 3400, Suite 276  
North Chicago, IL 60064-9983  
Fax (847) 688-3433

Selective Service System  
Region II  
2400 Lake Park Drive  
Suite 270  
Smyrna, GA 30080-8979  
Fax (770) 319-5631

Selective Service System  
Region III  
3401 Quebec Street  
Stapleton Bldg., #1014  
Denver, CO 80207-2323  
Fax (720) 941-1685

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# SELECTIVE SERVICE SYSTEM

## Uncompensated Registrar Appointment

### National Farm-Worker Jobs Registrar Program (FOP)

#### Region I

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Massachusetts  
Michigan  
New Hampshire  
New Jersey  
New York  
New York City  
Ohio  
Pennsylvania  
Rhode Island  
Vermont  
Wisconsin

#### Region II

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  
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  
Region I  
2834 Green Bay Road  
Building 3400, Suite 276  
North Chicago, IL 60064-9983  
Fax (847) 688-3433

Selective Service System  
Region II  
2400 Lake Park Drive  
Suite 270  
Smyrna, GA 30080-8979  
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Selective Service System  
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3401 Quebec Street  
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