

SELECTIVE SERVICE SYSTEM

<http://www.sss.gov>



If corrections are necessary
mail completed form to:

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

Date of birth:

Dear Mr.

This is your Registration Acknowledgment Letter, which you should keep as proof of your registration with the Selective Service System. A Change/Correction Form has also been included. Use the form to correct information currently in your Selective Service record.

Federal law requires that until January 1 of the year you reach age 26 you:


1. Notify Selective Service of errors and changes within 10 days of the date of change. Examples are listed below.
 - Errors in your record (such as date of birth).
 - Changes in your current address (the place where you currently live).
 - Changes in your permanent address (a place where you can always be reached; for example, your parents' address).
 - Legal name change.
2. Provide your Social Security Account Number to Selective Service.

Failure to comply with these requirements is a violation of the Military Selective Service Act. The maximum penalty for a violation of this Act is a \$250,000 fine or five years in prison or both.

IMPORTANT NOTE:

Federal and State laws require registration-age men applying for some benefits (such as student financial aid, Federal employment, job training, etc.) to be registered with Selective Service. Please keep this letter as legal proof of your registration. Or, you may keep only the wallet size Registration Acknowledgment provided below for your convenience.

← Cut Here →

Registration Acknowledgment			Selective Service System		
Selective Service Number	Date of Birth	Social Security Number	Phone	Sex	Last Action Date
Name and Current Address			Permanent Address		
Lawrence G. Romo Director			Registrant's Signature		SSS Form 3A (Mar 91)

← Cut Here →

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.
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
Name					
CURRENT MAILING ADDRESS			PERMANENT ADDRESS		
Number and Street			Number and Street		
City	State	Zip Code	City	State	Zip Code

Signature of Registrant

Date

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

91-9998876-3 XXX-XX-6054 M 05-16-91 01-01-10

NAME AND CURRENT MAILING ADDRESS

***** 3-DIGIT 376

(Do Not Write In The Above Space.)

91-9998876-3 10 00101-000006

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

1-01



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

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.

TODAY'S DATE

SIGNATURE OF REGISTRANT

G20 U. S. GOVERNMENT PRINTING OFFICE: 2014-734-022/20019 SSS Form 3B (Apr-11)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter or the wallet sized registration acknowledgment provided below as proof of your registration. Please review it carefully. Use the top portion of this letter to update and/or correct your information. Mark through any mistakes and write the correct information.

IF YOU MADE CHANGES: Return the top portion of this letter to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If changing only your address, you may go to www.sss.gov. You are required to notify the Selective Service System within 10 days of any change.

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!



We estimate the public reporting burden for this collection will vary from 1 - 2 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 (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

Here's your official
Registration Acknowledgment

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

Registration Acknowledgment

SELECTIVE SERVICE NUMBER: 91-9998876-3 DATE OF BIRTH: 05-16-91

NAME AND CURRENT MAILING ADDRESS:
LINDSAY CALVIN JOHNSON
RT 1 FALL BRANCH RD
BLOUNTVILLE, TN 37617

SIGNATURE OF REGISTRANT

SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER: XXX-XX-6054 LAST ACTION DATE: 01-01-10

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

Lawrence G. Romo

SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE
91-9998876-3	XXX-XX-6054	M	05-16-91	01-01-10

NAME AND CURRENT MAILING ADDRESS

***** 3-DIGIT 376

(Do NOT WRITE IN THE ABOVE SPACE.)

91-9998876-3 10 00101-00005

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

1-01



Learn exactly what an education can do for you. Visit todaysmilitary.com/degree or fill out and return the enclosed card for more information.

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TODAY'S DATE

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SELECTIVE SERVICE NUMBER	DATE OF BIRTH
91-9998876-3	05-16-91
NAME AND CURRENT MAILING ADDRESS	
LINDSAY CALVIN JOHNSON RT 1 FALL BRANCH RD BLOUNTVILLE, TN 37617	
SIGNATURE OF REGISTRANT	

SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER	LAST ACTION DATE
XXX-XX-6054	01-01-10
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DIRECTOR	
 Lawrence G. Romo	

91-9998876-3 XXX-XX-6054 M 05-16-91 01-01-10

NAME AND CURRENT MAILING ADDRESS

***** 3-DIGIT 376

(DO NOT WRITE IN THE ABOVE SPACE.)

91-9998876-3 10 00101-000005

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

1-01



With more than 4,000 jobs to explore, the Military could be your best opportunity for a promising future. Visit todaysmilitary.com/calling or fill out and return the enclosed card for more information.

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TODAY'S DATE

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SOCIAL SECURITY NUMBER

DATE OF BIRTH

91-9998876-3

05-16-91

NAME AND CURRENT MAILING ADDRESS

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

SIGNATURE OF REGISTRANT

SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER

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XXX-XX-6054

01-01-10

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DIRECTOR

Lawrence G. Romo
Lawrence G. Romo



REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY.

45065399K-JOHN
7F OTNM
000001 031510

- READ THE PRIVACY ACT STATEMENT ON THE BACK OF THIS FORM.
- REVIEW ITEMS 1-6, ENTER MISSING DATA, CORRECT ANY PRE-PRINTED INFORMATION THAT IS IN ERROR.
- CHECK ALL APPROPRIATE BOXES AND SIGN AND DATE THE FORM BELOW.
- RETURN ENTIRE FORM, COMPLETED AND SIGNED, IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS OF RECEIPT

TO: SELECTIVE SERVICE SYSTEM
PO BOX 94633
PALATINE, IL 60094-4633

PERSONAL INFORMATION: COMPLETE OR CORRECT AS NECESSARY

1. DATE OF BIRTH: 05-16-91 2. SOCIAL SECURITY NUMBER: ON FILE
3. TELEPHONE NUMBER: _____
(AREA CODE) (NUMBER)
4. NAME: LINDSAY CALVIN JOHNSON
(FIRST) (MIDDLE) (LAST) (JR, II, ETC.)
5. CURRENT MAILING ADDRESS:
RT 1 FALL BRANCH RD
BLOUNTVILLE, TN 37617

SECTION A-REGISTRATION

YOU MAY REGISTER ON-LINE VIA THE INTERNET (WWW.SSS.GOV) OR CHECK APPROPRIATE BOX AND SIGN AND DATE THE FORM IN THE DESIGNATED AREA BELOW. IF YOU REGISTER VIA THE INTERNET, YOU DO NOT NEED TO RETURN THIS FORM.

- REGISTER ME WITH SELECTIVE SERVICE. I HAVE NOT REGISTERED PREVIOUSLY.
- I REGISTERED ON _____ (MONTH) _____ (YEAR) IN _____ (CITY/STATE).
MY SELECTIVE SERVICE NUMBER IS _____

SECTION B-EXEMPTION STATEMENT

BELOW ARE THE ONLY CONDITIONS EXEMPTING A PERSON FROM THE REGISTRATION REQUIREMENT. IF YOU FEEL YOU ARE EXEMPT, PLACE AN X IN THE APPROPRIATE BOX(ES) AND SUBMIT THE REQUIRED PROOF SO THAT WE MAY DECIDE WHETHER TO REMOVE YOUR NAME FROM OUR LIST OF POSSIBLE NONREGISTRANTS. WHEN SUBMITTING PROOF, SEND COPIES ONLY. DOCUMENTS WILL NOT BE RETURNED.

- I AM A FEMALE. I AM NOT AGE 18 THROUGH 25.
(ATTACH COPY ONLY OF BIRTH CERTIFICATE OR SIMILAR DOCUMENT)
- * I AM CURRENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES, INCLUDING THE U.S. COAST GUARD, OR AS A COMMISSIONED OFFICER IN THE PUBLIC HEALTH SERVICE OR NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION; OR ATTENDING A MILITARY SERVICE ACADEMY (OTHER THAN MERCHANT MARINE ACADEMY); OR ENROLLED IN AN OFFICER PROCUREMENT PROGRAM AT THE CITADEL, NORTH GEORGIA COLLEGE, NORWICH UNIVERSITY, VIRGINIA MILITARY INSTITUTE, TEXAS A&M UNIVERSITY OR VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY.
(ATTACH COPY OF DD FORM 4, OR EQUIVALENT, OR A LETTER FROM YOUR SCHOOL ATTESTING TO YOUR ENROLLMENT)
- I AM A NON-IMMIGRANT ALIEN LAWFULLY ADMITTED IN THE UNITED STATES UNDER SECTION 101 (a) (15) OF THE IMMIGRATION ACT (VISA). (ATTACH COPY OF INS FORM I-94, I-95A, BORDER CROSSING DOCUMENT DSP-150, I-185 I-186, I-586, OR A TRUST TERRITORY I.D.)
- * I AM CONFINED IN A MEDICAL/MENTAL OR PENAL INSTITUTION. (ATTACH STATEMENT SIGNED BY AN INSTITUTION OFFICIAL GIVING NAME AND ADDRESS OF FACILITY AND ENTRY DATE AND ESTIMATED RELEASE DATE)

*REGISTRATION IS ENCOURAGED BECAUSE IT PROTECTS YOUR ELIGIBILITY FOR CERTAIN BENEFITS/JOBS.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE. SIGNING THIS FORM CONSTITUTES REGISTRATION WITH THE SELECTIVE SERVICE IN ACCORDANCE WITH THE LAW UNLESS YOU'VE CLAIMED AN EXEMPTION ABOVE.

SIGNATURE: _____ DATE: _____

We estimate the public reporting burden for this collection will vary from 1 to 5 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 (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003 is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.