### 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

MR.	NAME (Last, First, Middle-Initial)		THIS SPACE IS FOR AGENCY USE ONLY	
☐ MRS. ☐ MS. ☐ DR.			BUSINESS PHONE:	
C Other			BUSINESS FAX:	
BUSINESS NAME AND ADDRI	ESS (Business Name, No., Street, City, S	tate or	Foreign Country, ZIP Code)	
BUSINESS EMAIL ADDRESS:		11		
	DONE MUST DE A U.S. CITIZEN A	TIFA	ST 18 YEARS OLD, AND REGISTERED WITH	
	STEM, IF REQUIRED TO DO SO.	I LEA	ST 16 TEARS 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:	1	THE MILITARY SELECTIVE SERVICE ACT.	
NOMINATED REGISTRAR REP	PLACES (Where Applicable)			
NAME:			I AM/WAS NOT REQUIRED TO REGISTER BECAUSE	
(Last, F	irst, Middle)		BECAUSE	
	OATH OF OF	FICE		
I do solemnly sear (or affirm) that			Act, I will support and defend the Constitution of the	
United States against all enemies, f	foreign and domestic, that I will bear true f ion or purpose of evasion; and that I will v	aith and	d allegiance to the same; that I take this obligation I faithfully discharge the duties of the office on which I	

### 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:

SSS FORM 402-A (APRIL 2012)

OMB Approval # 3240-0010

HS7

#### **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

### PRIVACY ACT NOTICE

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### **USE TYPEWRITER OR BALL POINT PEN**

		LLIU	THIS SPACE IS FOR AGENCY USE ONLY
MR.	NAME (Last, First, Middle-Initial)		THIS STACE IS FOR AGENCT USE ONET
MRS.			
☐ MS.			DUCINESS BUONE.
DR.			BUSINESS PHONE:
Conther Contract of the Contra			BUSINESS FAX:
BUSINESS NAME AND ADDRI	ESS (Business Name, No., Street, City, S	tate or	Foreign Country, ZIP Code)
		-	
<b>BUSINESS EMAIL ADDRESS:</b>			
	AR ONE MUST BE A U.S. CITIZEN, A YSTEM, IF REQUIRED TO DO SO.	T LEA	ST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN?	☐ MALE ☐ FEMALE	Г	I CERTIFY THAT I AM/WAS IN COMPLIANCE
YES NO	MALE FEMALE		WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.
	DATE OF BIRTH:		THE MILITART SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REP	LACES (Where Applicable)		
NAME:			I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
	irst, Middle)		DECAUSE
		FICE	
I do solemnly sear (or affirm) that	OATH OF OFI as a registrar under the Military Selective		Act, I will support and defend the Constitution of the
United States against all enemies, f	foreign and domestic, that I will bear true f	faith and	d allegiance to the same; that I take this obligation
		well and	I faithfully discharge the duties of the office on which I
am about to enter; SO HELP ME C	JOD.	•	
	WAIVER OF PAY AND TRAVE	L RE	IMBURSEMENT
			sement or compensation in any form for my services as a
	CEDTIFICAT	ION	
	CERTIFICAT I certify that the information I have pro		on this form is true
	receiving that the information r have pro	viucu (	in this form is true.

NOMINATED REGISTRAR'S SIGNATURE:

DATE:

OMB Approval # 3240-0010

UT1

#### **Uncompensated Registrar Appointment**

### Workforce Investment Act Registrar Program (UT1)

# Region I Region II

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

### Alabama Arkansas Florida Georgia Kentucky

Kentucky Louisiana Mississippi North Carolina Puerto Rico South Carolina Tennessee Texas Virginia 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

### PRIVACY ACT NOTICE

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	USE TYPEWRITER OR BA	LL PO	DINTPEN
MR.	NAME (Last, First, Middle-Initial)		THIS SPACE IS FOR AGENCY USE ONLY
MRS.			
☐ MS.			
DR.			BUSINESS PHONE:
Cother			BUSINESS FAX:
BUSINESS NAME AND ADDRE	ESS (Business Name, No., Street, City, S	State or	· Foreign Country, ZIP Code)
BUSINESS EMAIL ADDRESS:			
	R ONE MUST BE A U.S. CITIZEN, A STEM, IF REQUIRED TO DO SO.	T LEA	ST 18 YEARS OLD, AND REGISTERED WITH
ARE YOU A U.S. CITIZEN?	MALE FEMALE	Г	I CERTIFY THAT I AM/WAS IN COMPLIANCE
YES T NO T		-	WITH THE REGISTRATION REQUIREMENT OF THE MILITARY SELECTIVE SERVICE ACT.
	DATE OF BIRTH:		
NOMINATED REGISTRAR REP	LACES (Where Applicable)	1_	
NAME:			I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
	rst, Middle)		
	OATH OF OF	FICE	
I do solemnly sear (or affirm) that a	as a registrar under the Military Selective	Service	Act, I will support and defend the Constitution of the
United States against all enemies, for freely, without any mental reservation	oreign and domestic, that I will bear true tion or purpose of evasion: and that I will the	faith an well and	d allegiance to the same; that I take this obligation d faithfully discharge the duties of the office on which I
am about to enter; SO HELP ME G		well all	a faithfully discharge the duties of the office of which f
	WAIVER OF PAY AND TRAVE		
volunteer registrar.	ind that I will not receive any pay, travel r	eimbur	sement or compensation in any form for my services as a
	CERTIFICAT	TION	
	I certify that the information I have pro-	ovided o	on this form is true.

### NOMINATED REGISTRAR'S SIGNATURE:

DATE:

SSS FORM 402-D (APRIL 2012)

SBR

#### **Uncompensated Registrar Appointment**

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

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
Massachusetts	Mississippi	Iowa
Michigan	North Carolina	Idaho
New Hampshire	Puerto Rico	Kansas
New Jersey	South Carolina	Minnesota
New York	Tennessee	Missouri
New York City	Texas	Northern Mariana Islands
Ohio	Virginia	Montana
Pennsylvania	Virgin Islands	North Dakota
Rhode Island	West Virginia	Nebraska
Vermont		Nevada
Wisconsin		New Mexico
		Oklahoma
		Oregon
		South Dakota
		Utah
		Washington

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 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

Wyoming

### PRIVACY ACT NOTICE

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### USE TYPEWRITER OR BALL POINT PEN

	USEIYI	PEWRITER OR BA	ALL PO	INT PEN
☐ MR. ☐ MRS.	NAME (Last, First, Middle-Initial)			THIS SPACE IS FOR AGENCY USE ONLY
☐ MS. □ DR.				BUSINESS PHONE:
C Other				BUSINESS FAX:
BUSINESS NAME AND ADDRE	CSS (Business Name	e, No., Street, City,	State or	Foreign Country, ZIP Code)
BUSINESS EMAIL ADDRESS:				
TO QUALIFY AS A REGISTRA THE SELECTIVE SERVICE SY			AT LEA	ST 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 BIR	TH:		THE MILITARY SELECTIVE SERVICE ACT.
NOMINATED REGISTRAR REP NAME:		olicable)		I AM/WAS NOT REQUIRED TO REGISTER BECAUSE
(Last, Fi	rst, Middle)			
United States against all enemies, f	oreign and domestic, ion or purpose of eva	, that I will bear true	Service faith and	Act, I will support and defend the Constitution of the d allegiance to the same; that I take this obligation I faithfully discharge the duties of the office on which I
				IMBURSEMENT sement or compensation in any form for my services as a

### CERTIFICATION

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

#### NOMINATED REGISTRAR'S SIGNATURE:

DATE:

SSS FORM 402-E (APRIL 2012)

STC

#### **Uncompensated Registrar Appointment**

#### State Correction Institutions Registrar Program (STC)

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
Massachusetts	Mississippi	Iowa
Michigan	North Carolina	Idaho
New Hampshire	Puerto Rico	Kansas
New Jersey	South Carolina	Minnesota
New York	Tennessee	Missouri
New York City	Texas	Northern Mariana Islands
Ohio	Virginia	Montana
Pennsylvania	Virgin Islands	North Dakota
Rhode Island	West Virginia	Nebraska
Vermont		Nevada
Wisconsin		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

### FOP SELECTIVE SERVICE SYSTEM **UNCOMPENSATED REGISTRAR APPOINTMENT** (PPPM) 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** THIS SPACE IS FOR AGENCY USE ONLY NAME (Last, First, Middle-Initial) MR. MRS. MS. **BUSINESS PHONE:** C DR. C Other **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? I CERTIFY THAT I AM/WAS IN COMPLIANCE MALE **FEMALE** WITH THE REGISTRATION REOUIREMENT OF YES NO T THE MILITARY SELECTIVE SERVICE ACT. DATE OF BIRTH: NOMINATED REGISTRAR REPLACES (Where Applicable) I AM/WAS NOT REQUIRED TO REGISTER NAME: BECAUSE (Last, First, Middle) **OATH OF OFFICE** I do solemnly sear (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: \_\_\_\_\_

SSS FORM 402-F (APRIL 2012)

OMB Approval # 3240-0010

#### **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 Jersev 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 Fax (770) 319-5631 Selective Service System Region III 3401 Quebec Street Stapleton Bldg., #1014 Denver, CO 80207-2323 Fax (720) 941-1685