

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

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.

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

USE TYPEWRITER OR BALL POINT PEN

<input type="checkbox"/> MR. NAME (Last, First, Middle-Initial) <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> Other _____	THIS SPACE IS FOR AGENCY USE ONLY BUSINESS PHONE: BUSINESS FAX:
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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 <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF BIRTH: _____	<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 _____
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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

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

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<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> Other _____	NAME (Last, First, Middle-Initial) 	THIS SPACE IS FOR AGENCY USE ONLY <hr/> BUSINESS PHONE: <hr/> BUSINESS FAX:
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BUSINESS NAME AND ADDRESS (Business Name, No., Street, City, State or Foreign Country, ZIP Code)

BUSINESS EMAIL ADDRESS:

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ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF BIRTH: _____	<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 _____
NOMINATED REGISTRAR REPLACES (Where Applicable) NAME: _____ <div style="text-align: center;">(Last, First, Middle)</div>		

OATH OF OFFICE

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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

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

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ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF BIRTH:	<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
NOMINATED REGISTRAR REPLACES (Where Applicable) NAME: _____ (Last, First, Middle)		

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CERTIFICATION

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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

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

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2400 Lake Park Drive
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Smyrna, GA 30080-8979
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Region III
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Denver, CO 80207-2323
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SELECTIVE SERVICE SYSTEM UNCOMPENSATED REGISTRAR APPOINTMENT (PPPM)

STC

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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
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FOP

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NOMINATED REGISTRAR REPLACES (Where Applicable)		
NAME: _____ (Last, First, Middle)		

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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

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

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Building 3400, Suite 276
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