



# SELECTIVE SERVICE SYSTEM UNCOMPENSATED REGISTRAR APPOINTMENT FORM

*AGENCY USE ONLY*  
CONTROL NUMBER

### PRIVACY ACT NOTICE

The authority for requesting the information on this form is the Military Selective Service Act (50 U.S.C. App 3801 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.

<b>REGISTRAR PROGRAM</b>	<input type="checkbox"/> High School (HS7)	<input type="checkbox"/> Federal Bureau of Prisons (SBR)
	<input type="checkbox"/> Workforce Innovation & Opportunity Act (UT1)	<input type="checkbox"/> State Correction Institutions (STC)
	<input type="checkbox"/> National Farm-Workers Job (FOP)	<input type="checkbox"/> Other:

**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.**

Title	Last Name	Suffix	First Name	MI
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Sex:  Male  
 Female

Are you a U.S. Citizen?  Yes  
 No

Date of Birth: \_\_\_\_\_  
Month / Date / Year

- I certify that I am registered with Selective Service.
- I certify that I am exempt from Selective Service registration because I am a female.
- I certify that I am NOT registered with Selective Service.  
Explain: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address (Number, Street, City, State or Foreign Country, ZIP Code - Please no P.O.Box)

**This Appointment Replaces** (If Known - Last Name, First Name, MI)

### 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 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.

### 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 FORM

Once you have completed and signed the SSS FORM 402 (Uncompensated Registrar Appointment Form), please mail or fax to your Selective Service 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**

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

**Selective Service System  
Region II**  
1492 First Street  
Building 922, Suite 202  
Dobbins ARB, GA 30069-5010

**Fax (678)655-9594**

Alabama  
Arkansas  
Florida  
Georgia  
Kentucky  
Louisiana  
Mississippi  
North Carolina  
South Carolina  
Tennessee  
Texas  
Virginia  
West Virginia  
  
Puerto Rico  
Virgin Islands

**Selective Service System  
Region III**  
84 N Aspen Street MS 26  
Building 730, Room 140  
Buckley AFB, CO 80011-9526

**Fax (720) 847-4210**

Alaska  
Arizona  
California  
Colorado  
Hawaii  
Iowa  
Idaho  
Kansas  
Minnesota  
Missouri  
Montana  
North Dakota  
Nebraska  
Nevada  
New Mexico  
Oklahoma  
Oregon  
South Dakota  
Utah  
Washington  
Wyoming  
  
Guam  
Northern Mariana Islands

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 further 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 3440-0010, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.