

APPLICATION FOR US ARMY MARINE CERTIFICATION

For use of this form see AR 56-9; the proponent agency is ODCSLOG

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3013 and E.O.9397 (SSN)

PURPOSE: Provide information necessary for issuance of Marine Certification Examination and provide identification of examinees

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 522a(b) (3) as follows: The U.S. Coast Guard, Department of Transportation may be furnished information concerning certification and licensing of individuals.

DISCLOSURE: Disclosure of information is mandatory per AR 56-9.

READ BEFORE SIGNING

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or device, a material fact, or makes or uses any false writing on a document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment of not more than 5 years or both." (18 USC 1001)

1. TYPE OF CERTIFICATION (*Check one*)

ORIGINAL

RENEWAL

UPGRADE

ENDORSEMENT

2. NAME (*Last, First, MI*)

3. GRADE

4. DOR

5. SOCIAL SECURITY NUMBER

6. PRIMARY MOS

7. UNIT OF ASSIGNMENT

8. APPLICANTS SIGNATURE

9. DATE (*YYYYMMDD*)

PHYSICAL STATEMENT

In accordance with AR 56-9, Watercraft, Physical Standards:

1. Profile serial MUST be 2 or better for P, U, L, H, E, and be 1 for S.

2. MUST pass color perception using the Pseudoisochromatic Plate (PIP) test and have visual acuity required by Chapter 5-2.

10. PROFILE

P	U	L	H	E	S

11. DATE OF LAST PHYSICAL (*YYYYMMDD*)

12. MEDICAL CORPS/MEDICAL SERVICE CORPS SIGNATURE (*Required*)

13. GRADE

14. MOS/BRANCH

15. TITLE

16. VERIFICATION DATE (*YYYYMMDD*)

17. COLOR PERCEPTION

17a. TEST TYPE

17b. SCORE

____ / ____

PASS

FAIL

18. VISUAL ACUITY

18a. UNCORRECTED

R ____ / ____

L ____ / ____

18b. CORRECTED

R ____ / ____

L ____ / ____

19. OPTOMETRIST SIGNATURE (*Required*)

20. GRADE

21. MOS/BRANCH

22. TITLE

23. VERIFICATION DATE (*YYYYMMDD*)

APPLICATION IS VALID FOR ONE YEAR FROM ABOVE DATE

24. COMMANDER'S AUTHENTICATION

APPROVED

DISAPPROVED

25. COMMANDER'S SIGNATURE

26. DATE (*YYYYMMDD*)