

# APPLICATION FOR ACTIVE DUTY

For use of this form, see AR 135-210; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10 USC, 12301(d), 10 USC 10204.

**PRINCIPAL PURPOSE:** Used by Reserve Component Soldiers to apply for active duty programs announced by HQDA. Application is reviewed to determine the member's eligibility for announced active duty requirements.

**ROUTINE USES:** To determine qualifications and make final selection of individuals applying for active duty. Also used to schedule medical examinations, security screening and to issue active duty orders.

**DISCLOSURE:** Voluntary, failure to furnish information may result in denial of application for active duty.

## SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.

|                                               |                   |                           |                                      |
|-----------------------------------------------|-------------------|---------------------------|--------------------------------------|
| 1. DATE                                       | 2. TO: Commander, |                           |                                      |
| 3. FROM (Last, First, MI)                     |                   | 4a. PRESENT RESERVE GRADE | 4b. RESERVE COMPONENT                |
| 4c. BRANCH                                    | 5a. MOS/AOC       |                           | 5b. COMPONENT                        |
| 6a. PERMANENT HOME ADDRESS (Include ZIP code) |                   |                           | 6b. PHONE NO.<br>(Include area code) |
| 7a. TEMPORARY ADDRESS (Include ZIP code)      |                   | 7b. DURATION              | 7c. PHONE NO.<br>(Include area code) |

## ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.

|                               |                                         |
|-------------------------------|-----------------------------------------|
| 8a. PRESENT ACTIVE DUTY GRADE | 8b. ORGANIZATION AND STATION ASSIGNMENT |
|-------------------------------|-----------------------------------------|

9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: (Check as appropriate)

☒ a. FOR A PERIOD OF 54 Mo YEARS ☐ b. FOR AN INDEFINITE PERIOD

c. OTHER BRANCHES (List in order of preference)

10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice.

|                    |              |              |              |
|--------------------|--------------|--------------|--------------|
|                    | CHOICE NO. 1 | CHOICE NO. 2 | CHOICE NO. 3 |
| a. DUTY ASSIGNMENT | JAN/APR/AUG  | JAN/APR/AUG  | JAN/APR/AUG  |
| b. AREA ASSIGNMENT |              |              |              |

11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| PREFERENCE NO. 1 (Month and Year) | PREFERENCE NO. 2 (Month and Year) | PREFERENCE NO. 3 (Month and Year) |
|-----------------------------------|-----------------------------------|-----------------------------------|

12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. (Check appropriate box)

☐ 60 DAYS ☐ 30 DAYS ☐ 10 DAYS ☐ AVAILABLE ON DATE OF RECEIPT OF ORDERS

13. REMARKS (If more space is needed, continue on separate sheet)

|                            |             |
|----------------------------|-------------|
| 14. SIGNATURE OF APPLICANT | DATE SIGNED |
|----------------------------|-------------|

## INSTRUCTIONS

Read these instructions carefully and follow them. Reserve Component officers are normally recalled in their current Reserve grade. Grade of an individual applying for appointment and concurrent order to active duty will be determined by the approving authority.

1. The following instructions for items listed should be followed. Items not listed are considered to be self-explanatory. If space is insufficient for a particular item, continue under item 13, "Remarks," or on a separate sheet, indicating applicable item number.
2. The following instructions for items listed should be followed. Items not listed are considered to be self-explanatory.

**ITEM 2.** Insert appropriate area command such as as follows:

- a. Personnel serving on active duty in a warrant officer or enlisted status: Enter the area command in which serving on active duty.
- b. All others: Enter the area command having assignment jurisdiction over you.

**ITEM 4.** Items 4a through 4c will be completed by individuals currently holding appointments or enlistments as Reserves of the Army.

- a. Item 4a: Enter present grade. Warrant officers will include *Pay Grade in this item, such as WO, W-1, CWO, W-2, etc.*
- b. Item 4b: Enter the Reserve component of the Army to which assigned, using the following abbreviations:  
  
"ARNGUS" for members assigned to the Army National Guard of the United States.  
"USAR" for members assigned to the Army Reserve
- c. Item 4c: Commissioned officers--enter the branch to which assigned.

**ITEM 5.** Complete as specified below.

- a. Item 5a: Enter your primary MOS or AOC.
- b. Item 5b: Individuals applying for appointment as Reserve officers of the Army with concurrent active duty--enter the Reserve component for which applying.

**ITEM 6.** In this instance the term "Permanent Home Address" corresponds to your "Home of Record," an official term used in determining entitlement to travel allowances on separation from the service. This address will be indicated in orders placing you on active duty. NO CHANGE IN HOME OF RECORD IS AUTHORIZED AFTER ENTRY ON ACTIVE DUTY.

- a. For applicants not on active duty--Enter your permanent home address.
- b. For applicants currently on active duty as officers--enter home of record as shown on your warrant officer active duty orders.
- c. For enlisted applicants currently on active duty--Enter home address as shown on your Enlistment Record (DD Form 4).

**ITEM 7.** This item to be completed if it is anticipated that you will be at this address when orders are issued. The temporary address, if furnished, will be included in your orders and you will enter on active duty from this address.

- a. Item 7b: Show maximum period you anticipate being at the temporary address, such as "Until (*give month and year*)."
- b. Item 7c: Furnish the telephone number at your temporary address.

**ITEM 13.** Include all information you consider essential from the standpoint of assignment restriction.

2. **IMPORTANT**--Review your application to ensure accuracy and completeness. Then forward your application according to applicable following instructions:

**SOLDIERS OF THE ARMY NATIONAL GUARD OF THE UNITED STATES:** To your unit commander. Applicants who are ARNG OCS candidates, BOLC students, or attending aviator courses will apply through proper school commandant.

**SOLDIERS OF THE ARMY RESERVE:** To your unit commander, if assigned to a unit. If not, send to U.S. Army Human Resources Command, Officer Accessions Branch (AHRC-ORD-A), 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5204. Applicants who are USAR OCS candidates, BOLC students, or attending aviator courses will apply through proper school commandant.

**OFFICERS OR ENLISTED PERSONNEL ON ACTIVE DUTY:** To your present unit commander.

**INDIVIDUALS APPLYING FOR APPOINTMENT WITH CONCURRENT ACTIVE DUTY:** Submit together with your application for appointment according to regulations applicable to the type of appointment requested.

## APPLICATION FOR ACTIVE DUTY

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|                                                                                                                                                                                                                                                                                                |                                   |                                         |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| 1. DATE                                                                                                                                                                                                                                                                                        |                                   | 2. TO: Commander,                       |                                                                 |
| 3. FROM (Last, First, MI)                                                                                                                                                                                                                                                                      |                                   | 4a. PRESENT RESERVE GRADE               | 4b. RESERVE COMPONENT                                           |
| 4c. BRANCH                                                                                                                                                                                                                                                                                     | 5a. MOS/AOC                       |                                         | 5b. COMPONENT                                                   |
| 6a. PERMANENT HOME ADDRESS (Include ZIP code)                                                                                                                                                                                                                                                  |                                   |                                         | 6b. PHONE NO.<br>(Include area code)                            |
| 7a. TEMPORARY ADDRESS (Include ZIP code)                                                                                                                                                                                                                                                       |                                   | 7b. DURATION                            | 7c. PHONE NO.<br>(Include area code)                            |
| <b>ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.</b>                                                                                                                                                                      |                                   |                                         |                                                                 |
| 8a. PRESENT ACTIVE DUTY GRADE                                                                                                                                                                                                                                                                  |                                   | 8b. ORGANIZATION AND STATION ASSIGNMENT |                                                                 |
| 9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: (Check as appropriate)                         |                                   |                                         |                                                                 |
| USAR > <input checked="" type="checkbox"/> a. FOR A PERIOD OF 8 YEARS <input type="checkbox"/> b. FOR AN INDEFINITE PERIOD                                                                                                                                                                     |                                   |                                         |                                                                 |
| c. OTHER BRANCHES (List in order of preference)                                                                                                                                                                                                                                                |                                   |                                         |                                                                 |
| 10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice. |                                   |                                         |                                                                 |
|                                                                                                                                                                                                                                                                                                | CHOICE NO. 1                      | CHOICE NO. 2                            | CHOICE NO. 3                                                    |
| a. DUTY ASSIGNMENT                                                                                                                                                                                                                                                                             | JAN/APR/AUG                       | JAN/APR/AUG                             | JAN/APR/AUG                                                     |
| b. AREA ASSIGNMENT                                                                                                                                                                                                                                                                             |                                   |                                         |                                                                 |
| 11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:                                                                                                                                                                |                                   |                                         |                                                                 |
| PREFERENCE NO. 1 (Month and Year)                                                                                                                                                                                                                                                              | PREFERENCE NO. 2 (Month and Year) | PREFERENCE NO. 3 (Month and Year)       |                                                                 |
| 12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. (Check appropriate box)                                                                                                                                         |                                   |                                         |                                                                 |
| <input type="checkbox"/> 60 DAYS                                                                                                                                                                                                                                                               | <input type="checkbox"/> 30 DAYS  | <input type="checkbox"/> 10 DAYS        | <input type="checkbox"/> AVAILABLE ON DATE OF RECEIPT OF ORDERS |
| 13. REMARKS (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                              |                                   |                                         |                                                                 |
| 14. SIGNATURE OF APPLICANT                                                                                                                                                                                                                                                                     |                                   |                                         | DATE SIGNED                                                     |

## INSTRUCTIONS

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"ARNGUS" for members assigned to the Army National Guard of the United States.  
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- c. Item 4c: Commissioned officers--enter the branch to which assigned.

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**OFFICERS OR ENLISTED PERSONNEL ON ACTIVE DUTY:** To your present unit commander.

**INDIVIDUALS APPLYING FOR APPOINTMENT WITH CONCURRENT ACTIVE DUTY:** Submit together with your application for appointment according to regulations applicable to the type of appointment requested.



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, USARD (RCHS-SVD-PA)**  
**1307 THIRD AVENUE**  
**FORT KNOX, KY 40121-2726**

**RCHS-SVD-PA**

**Current Date**

MEMORANDUM FOR COMMANDER, HQ USARD ATTN: RCHS-SVD-PA 1307 Third Avenue, Fort Knox, KY 40121-2726

FOR **Staff Sergeant Jane Q Doe, U.S. Army Medical Department Activity, Fort Jackson, SC 29207**

SUBJECT: Interservice Physician Assistant Program Application **Age Waiver** Request

1. In accordance with AR 601-20, I am requesting a wavier for my age. As of 7 June 2025, I will be  years of age.

2. I can be reached at the following address: **1234 Main St, Hometown, US 12345; DSN 123-4567, commercial (123) 456-7890, or e-mail JaneQDoe@us.army.mil.**

**JANE Q DOE**  
**SSG, USA**  
**Combat Medic**



DEPARTMENT OF THE ARMY  
HEADQUARTERS, USAR (RCHS-SVD-PA)  
1307 THIRD AVENUE  
FORT KNOX, KY 40121-2726

RCHS-SVD-PA

Current Date

MEMORANDUM FOR COMMANDER, HQ USAR ATTN: RCHS-SVD-PA 1307 Third Avenue, Fort Knox, KY 40121-2726

FOR Staff Sergeant Jane Q Doe, U.S. Army Medical Department Activity, Fort Jackson, SC 29207

SUBJECT: Interservice Physician Assistant Program Application **Time in Service Waiver** Request

1. In accordance with AR 601-20, AR 135-100 and AR 135-101 I request a waiver for time in service (less than 3/over 8 as an officer/over 10 years in USAR/over 15 years Enlisted) years as of 1 January of the year course instruction would begin. Please consider this waiver so that I may be considered to attend the Interservice Physician Assistant Program. My basic active service date (BASD) is 01 July 2003. I will have 9 years 6 months as of 1 January of the FY the course of instruction would begin.

2. I can be reached at the following address: 1234 Main St, Hometown, US 12345; DSN 123-4567, commercial (123) 456-7890, or e-mail [JaneQDoe@us.army.mil](mailto:JaneQDoe@us.army.mil).

JANE Q DOE  
SSG, USA  
Combat Medic



DEPARTMENT OF THE ARMY  
HEADQUARTERS, USARD (RCHS-SVD-PA)  
1307 THIRD AVENUE  
FORT KNOX, KY 40121-2726

RCHS-SVD-PA

Current Date

MEMORANDUM FOR Commander, USARD, RCHS-SVD, 1307 Third Avenue,  
Fort Knox, KY 40121-2726

SUBJECT: MILPER/PSB/PSC Verification of Applicant's Eligibility for the  
Interservice Physician Assistant Program for SSG Smith, Jane Q.

1. A review of the applicant's application packet and personnel records confirms eligibility in terms of course prerequisites outlined in AR 601-20, chapter 2-2.
2. A local records check has been made and the applicant is administratively qualified for appointment as a Commissioned Officer in accordance with AR 135-100 and AR 135-101 and/or has prepared the necessary request(s) for waivers.
3. The applicant is not pending UCMJ action, bar to reenlistment and is not flagged.
4. There is evidence of a security clearance of secret based upon a National Agency Check, which includes the date the clearance was granted.
5. This action is not in contravention to AR 600-8-2.
6. POC is the undersigned and can be reached at (123)456-7891 DSN 123-4567 or enterprise email mil@us.army.mil.

JOHN B DOE  
MAJ, AG  
Personnel Authority



**DEPARTMENT OF THE ARMY**  
UNIT NAME  
UNIT ADDRESS  
CITY STATE, ZIP CODE

(Office Symbol)

(Date)

**MEMORANDUM FOR RECORD**

**SUBJECT:** Security Clearance Verification for (Last Name, First Name, Middle Name)

1. The following individual possesses the access level indicated below:
  - a. NAME: **(Full)**
  - b. DOB:
  - c. SSN: **(Full)**
  - c. POB:
  - d. CLEARANCE:
  - e. GRANTED: **(Date)**
  - e. INVESTIGATION TYPE:
2. If the clearance is within 180 days of expiration, the investigation will need to be resubmitted once the clearance reaches the 30-day window of expiration.
4. The point of contact for this memorandum is **(Your Security Manager's Name, Phone Number and E-mail Address.)**

**S2/Security Manager's Signature  
Block**

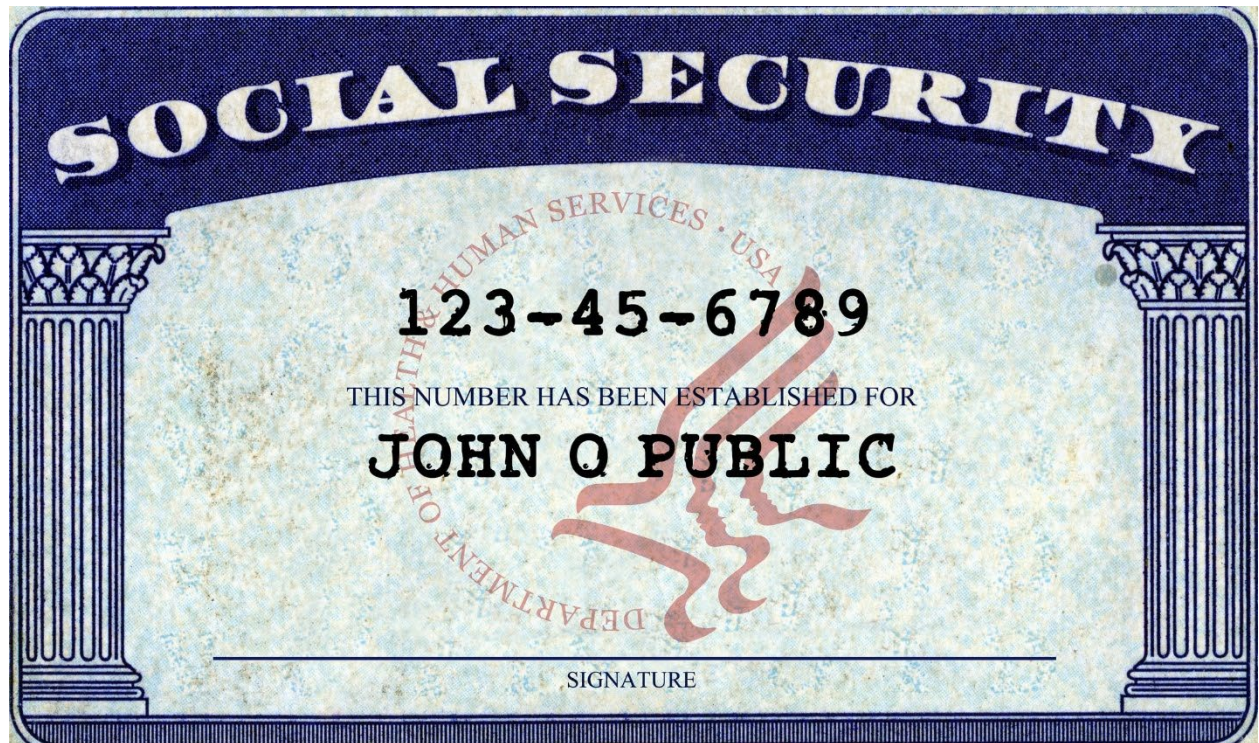
## Application Memorandum

Please see [examples on the website](#) and ensure you are using the correct document. There is one for active duty enlisted, active duty officer, reserve enlisted and reserve officer. **Initial after EVERY paragraph** even if you do not think it applies to you. Do NOT erase paragraphs. Put the example in a memo format and sign at the end.

**ROTC Contract** - (if applicable) - if you are already an officer and got your commission through ROTC.

|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    |                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------|--------------------|----------------------------------------|---------------------|
| <b>REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT</b><br><small>For use of this form, see AR 140-10: the proponent agency is DCS, G-1.</small>                                                                                                                                                                                                             |         |                                      |                    | DATE (YYYYMMDD)                        |                     |
| 1. TO:                                                                                                                                                                                                                                                                                                                                                             |         |                                      | 2. FROM:           |                                        |                     |
| <b>PRIVACY ACT STATEMENT</b><br>Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory.<br>Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions.<br>The SSN is used for maintenance of records and compiling statistics.     |         |                                      |                    |                                        |                     |
| 3. NAME AND CURRENT ADDRESS                                                                                                                                                                                                                                                                                                                                        |         |                                      |                    | a. SSN                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | b. HOME TELEPHONE NUMBER (Area Code)   |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | c. OFFICE TELEPHONE NUMBER (Area Code) |                     |
| d. GRADE                                                                                                                                                                                                                                                                                                                                                           | e. DOR  | f. BRANCH                            | g. SSI/PMOS        | h. PEBD                                |                     |
| i. RYE                                                                                                                                                                                                                                                                                                                                                             | j. ETS  | k. SEX                               | l. HEIGHT & WEIGHT |                                        | m. DOB              |
| n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | DATE (YYYYMMDD)                        |                     |
| 4. ACTION<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a. VOL ASGMT         </div> <div> <input type="checkbox"/> b. ATTACHMENT<br/> <input type="checkbox"/> c. RELIEVED FROM ATTACHMENT         </div> </div>                                                                                                  |         |                                      |                    |                                        |                     |
| d. EFFECTIVE DATE (YYYYMMDD)                                                                                                                                                                                                                                                                                                                                       |         | e. AUTHORITY AND REASON FOR TRANSFER |                    |                                        |                     |
| 5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC                                                                                                                                                                                                                                                                                                              |         |                                      |                    | a. AUTOVON NUMBER                      |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | b. INPUT STATION NUMBER                |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | c. UNIT PAYROLL NUMBER                 |                     |
| d. TOE / TD                                                                                                                                                                                                                                                                                                                                                        | e. PARA | f. LINE                              | g. POSITION TITLE  | h. DUTY MOS                            | i. GRADE AUTHORIZED |
| j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR                                                                                                                                                                                                                                                                                                      |         |                                      |                    | DATE (YYYYMMDD)                        |                     |
| 6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC                                                                                                                                                                                                                                                                                                                  |         |                                      |                    | a. AUTOVON NUMBER                      |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | b. INPUT STATION NUMBER                |                     |
|                                                                                                                                                                                                                                                                                                                                                                    |         |                                      |                    | c. UNIT PAYROLL NUMBER                 |                     |
| d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER                                                                                                                                                                                                                                                                                                           |         |                                      |                    | DATE (YYYYMMDD)                        |                     |
| 7. INCLOSURES<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> a. ORDER<br/> <input type="checkbox"/> b. DD FORM 4         </div> <div> <input type="checkbox"/> c. DD FORM 214<br/> <input type="checkbox"/> d. MPRJ         </div> <div> <input type="checkbox"/> e. OTHER         </div> </div> |         |                                      |                    |                                        |                     |
| 8. REMARKS                                                                                                                                                                                                                                                                                                                                                         |         |                                      |                    |                                        |                     |

# Social Security Card



Naturalization Certificate - (if applicable)

| THE UNITED STATES OF AMERICA                                                                     |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE OF</b>                                                                            | <b>NATURALIZATION</b>                                                                                                                                                                                                                                                        |
| <i>Personal description of holder as of date of issuance of this Certificate:</i>                | No. <b>XXXX</b>                                                                                                                                                                                                                                                              |
| <i>Date of birth:</i>                                                                            | U.S.G.S Registration No. <b>XXXX</b>                                                                                                                                                                                                                                         |
| <i>Sex:</i>                                                                                      | <i>I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.</i>                                                                                                                                                             |
| <i>Height:      feet      inches</i>                                                             | <b>VOID</b>                                                                                                                                                                                                                                                                  |
| <i>Marital status:</i>                                                                           | <i>(Photograph and true signature of holder)</i>                                                                                                                                                                                                                             |
| <i>Country of former nationality:</i>                                                            | <i>Be it known that:</i>                                                                                                                                                                                                                                                     |
|                                                                                                  | <i>residing at</i>                                                                                                                                                                                                                                                           |
|                                                                                                  | <i>having applied to the Director, (U.S.) Citizenship and Immigration Services, for replacement of a Certificate of Naturalization and having proved to the satisfaction of the Director that (s)he</i>                                                                      |
|                                                                                                  | <b>SAMPLE</b>                                                                                                                                                                                                                                                                |
|                                                                                                  | <i>Now Therefore, in pursuance of the authority contained in Section 343 ( ) of the Immigration and Nationality Act, this Certificate of Naturalization is issued this      day of      and the seal of the Department of Homeland Security affixed pursuant to statute.</i> |
| <small>ALTERATION OR FALSITY OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW</small> | <b>VOID</b>                                                                                                                                                                                                                                                                  |
| <b>0000000</b>                                                                                   | <i>U. S. Citizenship and Immigration Services</i>                                                                                                                                                                                                                            |
| <b>DEPARTMENT OF HOMELAND SECURITY</b>                                                           |                                                                                                                                                                                                                                                                              |



DEPARTMENT OF THE ARMY

COMMAND'S FULL NAME

MAILING ADDRESS

CITY, STATE ZIP

REPLY TO  
ATTENTION OF

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, UNIT, CITY, STATE, ZIP

SUBJECT: Self Identification of Existing Tattoos for RANK Last Name, First Name, MI.,

1. I, RANK LAST NAME, self-identify the following existing tattoos located on my head, face, neck, below the elbow on the arms, hands, and below the knees IAW AR 670-1, paragraph 3-3e. I further understand I am prohibited from obtaining new tattoos which are prohibited IAW AR 670-1, paragraph 3-3.

(a) Head. None.

(b) Neck (above the T-shirt line). None.

(c) Face. None.

(d) Below the elbow (on the arms).

(1) 1" x 1" Black Chinese symbol on Soldier's right forearm (Encl 1).

(e) Below the knee. None

2. Point of contact for this action is RANK Last Name (unit Commander) at (###) ###-#### or e-mail address.

Encl:

1. Photo of Right Arm Tattoo

FIRST NAME MI. LAST NAME (Soldier)

SPC, USA

Validated by:

FIRST NAME MI. LAST NAME (Commander)

CPT, FA

Commanding