



UNITED STATES MARINE CORPS

OFFICER CANDIDATES SCHOOL
TRAINING COMMAND
2189 ELROD AVENUE
QUANTICO, VIRGINIA 22134-5033

IN REPLY REFER TO
1000
C475-CSA
JUL 22 2015

From: Commanding Officer, Officer Candidates School
To: Head Officer Programs, Marine Corps Recruiting Command (MCRC)
Assistant Officer Procurements, Western and Eastern Recruiting
Regions, Marine Corps Recruiting Command Stations, Marine Corps
Enlisted Commissioning Education Program (MECEP)/Enlisted
Commissioning Program (ECP)/Reserve ECP (RECP)/Meritorious
Commissioning Program Reserve (MCPR), Marine Officer Instructors
(MOI), Naval Reserve Officers Training Corps (NROTC)

Subj: FALL 2015 OFFICER CANDIDATES SCHOOL (OCS) CLASS DATES;
CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

Encl: (1) Officer Candidate Pre-ship Checklist
(2) 30 Day Medial Screening Questionnaire
(3) SF 1199a (Electronic Funds Transfer form)

1. Purpose. This letter serves to aid all those involved in the preparation of officer candidates for Officer Candidates Class (OCC)-220 during the fall 2015 training cycle. This letter, along with the OCS website <https://www.trngcmd.usmc.mil/OCS/default.aspx>; contains important information and responses to questions frequently asked by officer candidates. The website also includes physical training guidance and other preparation resources.

2. Class Dates

| Class | Report Date | Graduation | Data submitted into Marine Corps Recruiting Information Support System |
|---------|--------------|-------------|--|
| OCC-220 | 20 Sept 2015 | 24 Nov 2015 | 20 Aug 2015 |

3. Transportation. Upon arrival, all candidates must be wearing appropriate civilian attire, e.g. trousers, a collared shirt, and dress shoes. Officer candidates must collect and retain all travel receipts to and from OCS, as they will file a travel claim at The Basic School (TBS), their Officer Selection Station (OSS), or parent command, upon their return for travel reimbursement. Officer candidates that have transportation issues or are unable to meet the check-in deadline must call the OCS Officer of the Day (OOD) at (703) 784-2351/2352.

a. Arrival Flight Information. Officer candidates' flights must arrive at Ronald Reagan Washington National Airport (DCA), prior to 1900 on the report date listed above. The Marine Liaison Team at DCA, wearing the Service "C" uniform, will greet officer candidates at DCA's United Services Organization (USO) beginning at 1500. Transportation

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from DCA to OCS will be provided to the officer candidates from 1500 to 1900. Only evening chow will be provided to officer candidates on the day of arrival. Officer candidates who fly into any other airport or arrive at DCA after 1900 may secure transportation via SuperShuttle at their own expense (average cost is \$60.00). SuperShuttle is located in the rental car section within DCA's baggage claim area. If candidates use SuperShuttle, they must contact the OCS OOD prior to departing DCA.

1) Inclement Weather Plan. If a weather emergency causes the majority of inbound flights to be delayed or canceled, OCS will disseminate an alternate transportation plan via the MCRC Liaison as far out from the arrival window as possible.

2) Individual Delayed Flights. In the event of inclement weather or if an officer candidate's flight is delayed or cancelled, they must contact the OCS OOD. These officer candidates will resume their travel upon the next available flight rescheduled through the airline and maintain communication with OCS OOD until their arrival to DCA. Upon final arrival, they must contact the OCS OOD and coordinate transportation via SuperShuttle at their own expense.

b. Departing Flight Information. Officer candidates who are designated to commission after graduating from OCS will report to TBS immediately, and therefore will not need roundtrip tickets. All other officer candidates must have round trip tickets prior to their arrival to OCS, with their return flights scheduled for departure after 1800 on graduation day.

c. MECEP Flights. MECEP officer candidates do not rate per diem or lodging while at OCS. Because of this they are unable to do 30 day travel vouchers and settle their outstanding GTCC charges. To prevent issues with MECEP candidates receiving 30 and 60 day delinquencies notifications all MECEP candidates need to fly on central billed tickets.

d. Privately Owned Vehicles (POV). Officer candidates attending OCC-220 are authorized to drive POVs to OCS. Officer candidates driving POVs will arrive at OCS between the hours of 1500 and 1900 on the report date in appropriate civilian attire. Officer candidates who arrive before 1500 will be turned away and instructed to report back during the designated arrival window. At this time, they will be instructed where to park. All drivers must have (in their possession) a valid driver's license, current vehicle registration, and proof of insurance in order to gain access to MCB Quantico. Also, many candidates arrive at OCS without adequate documentation of insurance, registration, etc., and they are unable to utilize their vehicle during liberty periods. As a result, vehicle inspections must be conducted by OSO or parent command prior to candidates departure for OCS.

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4. Transportation Report. All recruiting regions will provide the total number of officer candidates traveling, a by-name roster of officer candidates traveling by POV, and flight information using the Marine Corps Recruiting Information Support System (MCRISS). The NROTC/MECEP/ECP/RECP/MCPR transportation reports will be finalized by MCRC, Naval and Enlisted to Officer Programs (ON/E). MCRC will provide a consolidated transportation report to the OCS Coordinator of Student Activities (CSA), Captain Brian N. Smith at Brian.N.Smith@usmc.mil no later than the applicable dates in paragraph 2.

5. Required Items

a. Running Shoes. Officer candidates must bring serviceable running shoes, which must be easily accessible upon arrival at OCS. Running shoes that are less than three months old or have less than 100 miles of wear on them are recommended. One pair of running shoes is mandatory but two pairs are recommended. Minimalist running shoes that accommodate all toes in one compartment are authorized; however, finger-toe shoes that separate toes into compartments are not authorized.

b. Physical Training (PT) Gear. Officer candidates must bring one set of PT gear consisting of a plain tee shirt and shorts to sleep in the first night and also for medical screening prior to the first bag issue. The tee shirt and shorts will be free of writing or images. A small name brand is authorized.

c. Uniform Items. During the fall 2015 training cycle candidates will wear the Woodland MARPAT uniform for all training events until the seasonal uniform change. Once the seasonal change occurs, officer candidates will wear the Desert MARPAT uniform for all training events except for graduation which will be in Woodland MARPAT. The tables below list the by program uniform requirements for all candidates expected for OCC-220.

(1) **All candidates**, regardless of program, are required to arrive at OCS with the items listed in the table below:

| Item | Qty |
|---|----------------------------------|
| Collared Shirt | 2 (1 worn) |
| Undershirt (white) | 2 (1 worn) |
| Business Casual Trousers | 2 (1 worn) |
| Belt | 1 (worn) |
| Dress Shoes | 1 pair (worn) |
| Underwear | 5 |
| Sports Bra (female candidates only) | 5 |
| Running shoes (3 months or newer or have less than 100 miles of wear) | 1 pair (2 pairs are recommended) |
| Watch (water resistant/rugged) | 1 |
| Eye Glasses (contact lenses are not | 1 pair (2 pairs are |

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| | |
|--------------------------------------|----------------|
| authorized at any time at OCS) | recommended) |
| Basic Toiletries (shower/shave gear) | 1 weeks' worth |

(2) In addition to the table above, **all current active and reserve Marines to include IRR Marines within 90 days of their EAS** are required to bring the items in the table below:

| Item | Qty |
|--|-----|
| Blouse, MARPAT, Woodland | 2 |
| Trousers, MARPAT, Woodland | 2 |
| Blouse, MARPAT, Desert | 2 |
| Trousers, MARPAT, Desert | 2 |
| Service 'A' (full uniform to include ribbons and badges) OCC-220 candidates only | 1 |
| 8-Point Cover, MARPAT, Woodland | 2 |
| 8-Point Cover, MARPAT, Desert | 2 |
| Boonie Cover, MARPAT, Woodland | 1 |
| Boonie Cover, MARPAT, Desert | 1 |
| Hot Weather Combat Boots (Jungle) (see para 5.e.) | 1 |
| Inclement Weather Combat Boots (ICB) (see para 5.e.) | 1 |
| Sea Bag | 1 |
| Web Belt | 2 |
| Web Belt Buckle | 2 |
| Green PT Sweat Top | 1 |
| Green PT Sweat Bottom | 1 |
| PT Shorts (not silkies) | 2 |
| Green Skivvy Shirts | 6 |
| Underwear (silkies are authorized) | 6 |
| Boot Socks (brown) | 6 |

(a) Upon arrival at OCS, one additional set of Woodland MCCUU and one additional set of Desert MCCUU will be issued, at no cost, to those Marines who are still considered on active or Selected Marine Corps Reserve (SMCR) status. All uniform items must be serviceable in accordance with MCO P1020.34G and uniforms deemed unserviceable will be replaced at the Marine's expense. Prior enlisted Marines will not receive a new issue of boots. IRR Marines, who are less than 90 days past their End of Active Service EAS, have the same uniform requirements as active duty and SMCR Marines. IRR Marines who do not possess these uniform items will purchase them at Cash Sales.

(b) IRR Marines who are 90 or more days past their EAS will receive a full issue of uniforms. The officer candidates must inform their receiving staff if they possess these items prior to uniforms issue in order to prevent double issue or the purchasing of surplus uniform items.

(3) **NROTC Students** are required to bring the items in the table below in addition to the items in paragraph 5.c.1:

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| Item | Qty |
|--|-----|
| Blouse, MARPAT, Woodland | 2 |
| Trousers, MARPAT, Woodland | 2 |
| Blouse, MARPAT, Desert | 2 |
| Trousers, MARPAT, Desert | 2 |
| 8-Point Cover, MARPAT, Woodland | 2 |
| 8-Point Cover, MARPAT, Desert | 1 |
| Boonie Cover, MARPAT, Woodland | 1 |
| Boonie Cover, MARPAT, Desert | 1 |
| Hot Weather Combat Boots (Jungle) | 1 |
| Inclement Weather Combat Boots (ICB) | 1 |
| Sea Bag | 1 |
| Web Belt | 2 |
| Web Belt Buckle | 2 |
| Green PT Sweat Top | 1 |
| Green PT Sweat Bottom | 1 |
| PT Shorts (not silkies) | 2 |
| Green Skivvy Shirts (3 can be synthetic) | 6 |
| Underwear (silkies are authorized) | 6 |
| Boot Socks (brown) | 6 |

d. Service "A". All OCC-220 candidates will stand a Company Commander's Inspection in the Service "A" uniform with garrison cover. All prior enlisted officer candidates of OCC-220 are required to hand carry their current Service "A" uniform to OCS. Those prior enlisted officer candidates earning their commission upon graduating will have the option of converting their Service "A" uniform from enlisted to officer or purchasing new uniforms. Those MECEP Marines not commissioning will not alter their uniform, but will stand the inspection with their enlisted rank. Platoon gear lockers will be available during in-processing and the training cycle in order to store these items.

e. Boots. Prior service members are not required to purchase ICB or jungle boots if they do not currently own them; however, they are required to bring 2 sets of equivalent boots. All candidates may bring one pair of additional boots to OCS (for a total of three when included with the required/issued pairs). Candidates who wish to bring an additional pair of boots (Bates Lites are authorized) are encouraged to purchase USMC regulation boots prior to arrival at OCS in order to begin a break-in period and to become accustomed to wearing and running in boots. OCS will issue Marine RAT boots to all OCC-220 candidates who are not prior service; however, enlisted to officer candidates do not have to purchase RAT boots for training until 2016, per MCO. Reference paragraph 3012 of MCO P1020.34G for boot regulations. Further guidance on boot fitting can be found on the OCS website.

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f. Money. All candidates will use a debit or credit card with a minimum of \$450 of available funds for the purchase of their bag issue. Items are not to be purchased prior to arrival. OCS will not lend money or apply a checkage for a candidate's bag issue or other required costs. Additionally, candidates should give particular consideration towards bringing enough cash for weekly haircuts and exchange visits through the first liberty weekend. These events can total \$20 per week. Candidates are recommended to bring no less than \$60 and no more than \$100 for these expenses. Candidates that arrive without the required funds may be sent home if the Commanding Officer deems him or her financially incapable of meeting the initial procurement requirements for items necessary to commence training.

g. Toiletries. Officer candidates will bring enough basic overnight toiletry items (razors, shaving cream, soap, shampoo, deodorant, toothbrush, toothpaste, and towel) to last for the first week of training. Additionally each candidate must bring at least three sets of clean undergarments. These items must last each officer candidate the first week of training until they make their initial exchange visit as the small/large bag issue does not include hygiene gear.

6. Fitness Reports. Officer candidates who are active or reserve sergeants and above will receive a non-observed FD (MECEP) or GC (ECP) report when departing OCS. The candidate's parent command is responsible for giving them a TD report (MECEP or ECPs with dependents who are executing TAD orders), or TR report (ECP without dependents who are executing TEMINs orders) before reporting to OCS. An officer candidate will not receive an adverse report unless the candidate's disenrollment meets the criteria in MCO 1610.7 (PES) paragraph 5. Those disenrolled due to an unsatisfactory evaluation of OCS standards do not normally meet this criterion.

7. Medical. Ensure all current candidate commissioning physicals are included in the medical record prior to check-in at OCS. In addition, candidates that fall under the outlined commissioning programs must have the following documentation in their medical record:

a. NROTC, OCC, and PLC. All NAVMED 6120/3 (annual certificate of physical condition) must be completed every year after the initial commissioning physical, including a current certificate (within one year). The NAVMED 6120/3 must be signed by the appropriate administrative personnel in the unit. An initial commissioning physical will be considered invalid if there is a lapse in completion of required annual certificates and a new physical will need to be completed prior to arriving at OCS.

b. Active duty and SMCR candidates. Active duty and SMCR candidates must possess a completed and current (within one year) Preventative Health Assessment (PHA). MECEP candidates reporting from NROTC units may use the NAVMED 6120/3 if necessary.

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c. Copies of physician treatment records. Significant medical conditions that have developed before or after enrollment must be included in the candidate's medical record even if the Bureau of Medicine (BUMED) granted a waiver. Recently several candidates did not induct into training because they failed to produce the appropriate documentation/BUMED Waiver, and thus, OCS Medical ruled them not physically qualified. Officer candidates who have undergone corrective laser eye surgery must have had the surgery 180 days prior to report date and include post-surgical follow-ups in the medical record regardless of when the surgery took place. Documentation must state that the candidate is free of any post-surgical complications, demonstrates vision stability, and does not require use of ophthalmic medications or treatments.

d. Shot records. Current shot records are needed to provide proof of current immunizations and prevent an officer candidate from being disenrolled during in-processing. Medical restrictions prevent candidates from receiving more than 5 immunizations over a short period of time resulting in candidates with outdated/missing immunizations to be medically disqualified during in-processing. At a minimum, candidates must have had their childhood immunizations (MMR, Varicella, HIB, DTAP, and HEP B). Shot records should be signed by a licensed medical professional and in medical records prior to them being shipped to OCS for prescreening.

e. Dental evaluation. Copies of current (within one year) dental evaluations are to be included in the medical record. **Do not send dental records.**

f. Medical Records/Service Record Books (SRBs). All active duty and SMCR officer candidates must hand-carry their medical records and SRBs (if not already scanned into their OMPF) when reporting to OCS. All other officer candidates need to forward their medical records to the OCS MCRC Liaison, Master Sergeant Hassek, at 2189 Elrod Ave, Quantico, VA 22134. It is highly recommended that copies of mailed records or hand carried be retained at the forwarding unit. The date for submission of medical records (if applicable) for OCC-220 is no later than 4 September, 2015.

g. Aviation contracts. Candidates who are anticipating commissioning upon completion of OCS must have their aviation-related physicals and medical follow-ups completed prior to arriving at OCS. The Bradley Branch Health Clinic is not staffed with a flight surgeon or specialty providers to assist with completion of flight physicals. All flight physical issues must be resolved prior to arriving at OCS and concerns need to be addressed to the Head of Officer Programs, MCRC.

h. Eye glasses. Officer candidates who wear glasses will bring a minimum of one pair of non-eccentric glasses with them for training.

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To the greatest extent possible prior service and prior candidates should bring their military issue glasses in order to streamline the issue process; two pairs are recommended. Officer candidates will neither arrive at OCS wearing contact lenses nor wear contact lenses at any time while at OCS. The Bradley Branch Health Clinic will issue military eyeglasses within 7 to 10 days of arrival, depending on the complexity of the prescription. In order to receive military issue eyeglasses, candidates must hand-carry their current eyeglass prescription (within one year) or wear/take a pair of glasses so Optometry can scan the prescription. The Bradley Branch Health Clinic will not process faxed-in prescriptions.

8. Administrative. MCB Quantico IPAC, Student Branch is responsible for all administrative matters pertaining to the pay and entitlements of officer candidates. All officer candidates are encouraged to read the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN which selected them to their program for additional information on entitlements. These MARADMINS can be located at web address: www.marines.mil/News/Messages/MARADMINS.

a. MECEP officer candidates will not break their domicile lease, move their dependents or household goods to Quantico, or initiate departure from base housing. MECEP officer candidates who are authorized Basic Allowance for Housing (BAH) at their present command will continue to receive BAH at their current duty station rate. MECEP officer candidates will return to their parent command to execute Permanent Change of Station (PCS) orders to the assigned NROTC unit upon meeting all enlistment requirements as outlined in the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN which selected them to their program.

b. ECP and RECP Marines without dependents will receive PCS orders to The Basic School (TBS) and will attend OCS in Temporary Duty Under Instruction (TEMINS) status. On completion of OCS these Marines will receive continuation orders taking them from OCS to TBS. Candidates without dependents from both programs will report directly to TBS from OCS. ECP and RECP Marines with dependents will receive Temporary Additional Duty (TAD) orders to OCS. Upon completion of OCS, ECP candidates with dependents will return to their parent command.

(1) ECP/RECP Marines without dependents should terminate lease agreements and store Household Goods (HHG) in temporary storage per MARADMIN 029/11 {due to the unique nature of the ECP program, selects will fall under the special duty assignment (SDA) guidance in this MARADMIN}. Upon successful completion of OCS, the HHG will be transported to TBS. Direct-commissioned candidates graduate on 24 November 2015 and will immediately check into TBS unless told otherwise.

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(2) Per MARADMIN 346/15, ECP/RECP Marines with dependents will attend OCS on TAD orders. Once candidates graduate from OCS, commission, and return to their unit, they will be able to coordinate their TMO move to TBS.

(3) Due to MARADMIN 029/11 not directly applying to ECP and RECP selects, the Web Orders directing selects to report to OCS will be the master document for the individual. ECP and RECP Selects with questions should contact Officer Naval/Enlisted Programs (ON/E) at 703-784-9446/7/8; DSN 278-9446.

c. If an officer candidate's family members are staying at an address other than the candidate's home of record, e.g. parents/in-laws, they should provide that address to OCS during in-processing. Single reserve component officer candidates will be required to provide a valid rental/lease or mortgage agreement in order to receive BAH without dependents during OCS, in accordance with MARADMIN 305/08.

d. All officer candidates, will hand carry a manila envelope labeled in the top right corner with the last name, first name, middle initial, date of birth and last four digits of their social security number. Failure to include any of the below documentation may result in delayed payment. No medical information should be contained in this envelope. The following will be enclosed in the envelope:

(1) Copy of their orders. (All candidates)

(2) Completed SF 1199a, Electronic Funds Transfer (EFT) form (see Encl (3)) for a current savings and/or checking account **with a voided check or deposit slip**. OCS highly recommends this form be filled out electronically to prevent pay issues from occurring. (Not required for Active Duty unless information needs to be updated)

(3) Copies of their birth certificate and Social Security Card. (Not required for Active Duty unless information needs to be updated)

(4) Documentation for all dependents including certified true copies of birth certificates for spouses and all children. Birth verification letters (with footprints) will be accepted for newborns. (Not required for Active Duty unless information needs to be updated)

(5) All married officer candidates will include a valid marriage license, or a marriage certificate and the receipt that shows they paid for the license. If the candidate's spouse changed her name following the marriage, a copy of her social security card should be included to accurately show her current full name. (Not required for Active Duty unless information needs to be updated)

(6) A valid state issued driver's license or Social Security Card with spouse's name change is required to change a candidate's spouse's name.

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(7) All single reserve component candidates will include a copy of mortgage documentation or a valid lease agreement in accordance with MARADMIN 029/11.

e. Officer candidates that are prior military service members and officer candidates that are married to current or prior military service members must bring all copies of the service member's DD Form 214(s). Officer candidates must provide their active duty service spouse's social security number and current unit information. This documentation should be included in the manila envelope.

f. MECEP officer candidates will provide a full copy of their DTS travel claim, including DD Form 1610 and the itemized printout of the daily cost. While enrolled at OCS, MECEP officer candidates will receive the Discounted Meal Rate (DMR) as they are required to eat at Bobo Dining Facility. Parent commands should also be aware that a DMR deduction will be started and run via unit diary entry while assigned to OCS. Meals and lodging are directed and provided for the officer candidate. MECEP officer candidates are encouraged to read the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN which selected them to their program for additional information on entitlements.

9. Contraband. The following items are not authorized aboard Brown Field. Candidates found in possession of the following face possible disenrollment:

a. Study Guides. During recent cycles, candidates brought study guides provided to them by their OSO/District which contained very accurate practice exams. In order to eliminate any possible situations which could place a candidate's integrity in question, any study material, outside of what OCS provides candidates with, is now considered contraband. OCS still encourages study guides be made and utilized in preparation for OCS but the material should be memorized prior to arrival and should remain off Brown Field. Upon arrival, OCS provides each candidate with a knowledge binder containing the study material necessary for success at OCS.

b. Weapons. Officer candidates will not transport personal weapons (knives, firearms, ammunition, etc.) to OCS. Per MCB Quantico Order 8000.1A weapons will not be stored in officer candidates' vehicles.

10. Fraternization. All candidates will understand the Marine Corps and OCS policy regarding fraternization. Candidates will not be granted extra time to plan or execute a wedding outside scheduled liberty periods. If commissioning at the conclusion of OCS, candidates intending to marry prior to commissioning should do so prior to reporting to OCS.

11. Pre-ship checklist and 30 Day Medical Questionnaire. In addition to medical records being shipped ahead of time, there are TWO

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additional items which need submitted 30 days prior to the candidates' arrival. The following documents allow for MCRC and OCS to properly flag any deficiencies in a timely manner which allows for corrections/follow-ups to take place as necessary.

a. Officer candidates will complete the Pre-ship Checklist, (see Encl (1)), in its entirety and upload to the MCRC portal (HQ G3/Officer Programs) located at [<http://www.mcrc.marines.mil/UnitHome/OfficerPrograms.aspx>]. The submission date for OCC-220 is no later than 20 August, 2015.

b. In effort to identify medical discrepancies, candidates are now required to submit a 30 Day Medical Questionnaire (see Encl (2)) with the Pre-ship checklist. This questionnaire will help OCS medical staff identify missing documentation and disqualifiers prior to candidates shipping which will aid in minimizing candidates being disenrolled during in-processing. The 30 Day Medical Questionnaire will also need to be uploaded to the MCRC portal (HQ G3/Officer Programs) located at [<http://www.mcrc.marines.mil/UnitHome/OfficerPrograms.aspx>]. The submission date for OCC-220 is no later than 20 August, 2015.

12. The NROTC/MECEP/ECP/RECP/MCP-R pre-ship checklists and 30 Day Medical Questionnaire will be forwarded, via FAX to (703) 432-9322, or scanned via e-mail to their respective program coordinators listed below NLT the dates identified for the increment the candidate will attend. **MCRC (OP) requires Commanding Officers/OSOs/MOIs to review enclosures (1) and (2) with candidates during their pre-shipping evolution.**

a. NROTC: jeanette.northan@marines.usmc.mil or nancy.guillaume@usmc.mil

b. MECEP: troi.spencer@marines.usmc.mil

c. ECP/RECP/MCP-R: troi.spencer@marines.usmc.mil

13. For all questions concerning candidate information please contact the Coordinator of Student Activities, Captain Brian N. Smith, brian.n.smith@usmc.mil, at DSN 278-3223 or commercial (703) 784-3223. For questions or issues occurring after hours please contact the OCS Duty at 703-432-6050.


J. L. NETHERCOT

OFFICER CANDIDATE PRE-SHIP CHECKLIST (March 15 Rev)

| | |
|---|----------------------------------|
| Candidate Name (Last, First, MI) | OSO/ MOI/ OIC/I&I Name |
| Circle Program: OCC, PLC-COMB, PLC-JR, PLC-SR, ECP, RECP, MCP-R, MECEP, NROTC, USAFA, USMMA, PLC-LAW | RS/ OSS: DIST: UNIT/NROTC |

CANDIDATE: Complete questions 1-72 (73-92 must be completed by an Officer). Place your initials in the appropriate answer box and provide a detailed explanation when required.

1. Do you possess sturdy running shoes less than one month old? N/A Yes No If no, please explain.
2. Did you purchase your running shoes from a running specific store? N/A Yes No If no, please explain.
3. Have you been running in boots (how much per week and mileage)? Yes No _____
4. Do you possess a sturdy conservative watch? Yes No
5. Do you possess toiletries, sunscreen, and underwear sufficient for two weeks of training? Yes No
If no, will you have them on arrival at OCS?
6. Do you possess a valid picture ID to take to OCS? Yes No If no, please explain.
7. If authorized to drive, do you have directions to OCS? N/A Yes No
8. If authorized to drive, do you possess a valid driver's license, registration, auto insurance, and POV Inspection Checklist filled out by your OSO or OIC to be verified by OCS personnel upon arrival? N/A Yes No If no, please explain.
9. If flying, do you have information on the reporting in times and modes of transportation provided by OCS from Ronald Reagan Washington National Airport (DCA) to OCS, and the cost of transportation if you are a late arrival? N/A Yes No If no, please explain.
10. Do you possess a debit or credit card with a minimum of \$450.00 for large/small bag issue and incidental expenses (cab fare/haircuts, etc), or have access to cash? (Large/Small bag issue will accept cash, credit card or money order only – no personal checks; returning PLC Seniors are required to re-purchase the large/small bag issue regardless whether or not they bring the items with them.) Yes No If no, please explain.
11. Do you have any significant debts? Yes No If yes, please explain.
12. Are your monthly payments to all creditors current? N/A Yes No If no, please explain.
13. Have you granted a Power of Attorney to a trusted family member or friend to handle various financial and/or administrative matters while you are in training? Yes No If no, please explain.
14. Do you currently or have you ever had any unpaid or paid speeding tickets, moving violations, parking tickets, or any other infractions or fines including those on a college campus? Yes No If yes, please explain when (date), where (city, county, and state), how many, and how much. If you answered yes, did you provide your OSO/MOI/OIC with the supporting documentation? Yes No
15. Have you ever been arrested or cited by city, county, state, or federal police to include campus police? Yes No If yes, please explain and give the city, county, state, date, and circumstances surrounding the incident. Did you receive a waiver(s) for the incident(s)? N/A Yes No
16. Do you have any pending legal action against you (civil or criminal, to include minor infractions)? Yes No If yes, please explain.
17. Do you have any pending or scheduled court appearance(s) dates before, during, or after reporting to OCS? Yes No If yes, please explain.
18. Are there any other legal issues in which you are involved? (Jury Duty, Subpoena to Testify, etc.) Yes No If yes, please explain.
19. Have you made your OSO/MOI/OIC/I&I aware of all your minor or major law infractions? Yes No
20. Have you used any drugs deemed illegal by the Marine Corps prior to or during the application/selection process that has not been properly annotated or documented in your paperwork? Yes No Not sure.
If you are not sure, have your OSO/MOI/OIC/I&I explain. All drug use must be properly identified, explained, and documented.
Warning: You will be taking a urinalysis test upon your arrival to OCS. A positive test result will disqualify you from the Marine Corps Officer Program.
21. Are you aware if you are found not to be 100% truthful in your moral disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? Yes No

ENCLOSURE (1)

OFFICER CANDIDATE PRE-SHIP CHECKLIST
(March 15 Rev)

| | |
|----------------------------------|--------------------|
| Candidate Name (Last, First, MI) | OSO/ MOI/ OIC/I&I: |
|----------------------------------|--------------------|

22. Do you have a Family Care Plan and Power of Attorney in place for the custody/care of your dependents while you are in training?
 N/A Yes No If no, please explain.
23. Does your family (to include direct dependents, parents, and siblings) have any recent or imminent health care, personal care, employment or mental concerns that could disrupt your training at OCS? Yes No If yes, please explain.
24. Do you have children, dependents, siblings, or family members that have special needs? Yes No If yes, do they have a family care plan in place so as not to disrupt your training at OCS?
25. Are you recently divorced, separated, or broken-up from a serious relationship? Yes No If yes, please explain.
26. Has there been a recent death of family members or friends? Yes No If yes, please explain.
27. Is your family (parents/spouse) supportive of your decision to become a Marine Officer? N/A Yes No If no, please explain.
28. If you are a PLC or OCC program candidate, have you watched the OCS pre-ship video? N/A Yes No If no, please explain.
29. If you are a college graduate, do you possess a certified copy of your transcript that states degree obtained? N/A Yes No If no, please explain.
30. I understand that I am contractually obligated to complete a minimum of four weeks of training at OCS before I can ask to drop on request.
 Yes No
31. I understand that if I decline or request to delay my commission upon graduation from OCS my contract will be voided and will result in competing for another contract in the program desired. Yes No
32. Is there anything that you feel would prevent you from accepting your commission as a Second Lieutenant in the U. S. Marine Corps.
 Yes No If yes, please explain.
33. I understand that I am not authorized to get married while attending OCS. Yes No
34. If I am in a relationship with an enlisted member of the Armed Forces of the United States of America, I have been counseled by my OSO/MOI/OIC on the Marine Corps policy on fraternization per paragraph 1100.4 of the Marine Corps Manual and understand that marriage to an enlisted member of any service must occur prior to my commissioning. N/A Yes No

35. FLIGHT CONTRACTS ONLY:

- a. Service agreements signed on and prior to 1 November 2009: Fixed wing aviators incur an eight year obligation and rotary wing aviators incur a six year obligation upon completion of flight school. Do you understand this service obligation requirement? N/A Yes No
- b. Service agreements signed on and after 2 November 2009: All Student Naval Aviators (SNA) regardless of aircraft (fixed/rotary) incur an eight year obligation from the effective date of designation as a SNA. Do you understand this service obligation requirement? N/A Yes No
- c. Service agreements signed on and after 2 November 2009: All Naval Flight Officers (NFO) regardless of aircraft (fixed/rotary) incur a six year obligation from the effective date of designation as a NFO. Do you understand this service obligation requirement? N/A Yes No
- d. Service agreements signed on and prior to 1 November 2009: If your flight contract is disapproved following commissioning you will remain obligated, under contract, to serve 3.5 years as a ground officer. Do you understand this service obligation requirement? N/A Yes No
- e. Service agreements signed on and after 2 November 2009: If your flight contract is disapproved following commissioning you will remain obligated, under contract, to serve 4 years as a ground officer. Do you understand this service obligation requirement? N/A Yes No

MEDICAL INFORMATION:

36. Have you had a military physical exam within the last two years? Yes No Month _____ Year _____
37. Have you completed, and do, you have in your possession all your NAVMED 6120/3s (Annual Certificates of Physical Condition), including one completed within the year? N/A Yes No
38. Have you suffered any injuries or illnesses since your last physical (to include minor pain or illness)? Yes No If yes, please explain.

OFFICER CANDIDATE PRE-SHIP CHECKLIST
(March 15 Rev)

| | |
|----------------------------------|--------------------|
| Candidate Name (Last, First, MI) | OSO/ MOI/ OIC/I&I: |
|----------------------------------|--------------------|

39. In regard to question # 38, if medical treatment or therapy was required, do you understand that you must bring those documents to OCS?
 N/A Yes No If no, please explain.
40. In regard to question # 38, if an injury or illness required medical treatment or therapy, did the treatment or therapy prevent you from physically preparing for OCS for the previous six weeks? N/A Yes No If yes, please explain.
41. Do you have any medical conditions, either currently or in the past, that have not been revealed? Yes No If yes, please explain.
42. Do you have a copy of your current immunizations records and do you understand that you must bring a copy with you to OCS?
 Yes No If no, please explain.
43. Have you had any vision correction surgery (e.g. PRK/LASIK) surgery in the last 180 days and do you understand that you must bring those documents to OCS? N/A Yes No If yes, please explain.
44. Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers (or will you have them prior to shipping to OCS)? Yes No If no, please explain.
45. If commissioning, have you completed your dental screening? Yes No If no, please explain.
46. Have you seen a dentist in the last 60 days? (NOTE: Returning PLC Seniors do not need to have a dental screening until they are ready to accept their commission.) N/A Yes No If no, please explain.
47. Are you currently under or do you have any pending orthodontic care? N/A Yes No If yes, please explain.
48. OCS will not induct candidates with braces; if you have braces you must have them removed prior to shipping to OCS. Do you understand this requirement? N/A Yes No
49. Do you possess a current (within one year) prescription for glasses to be submitted to OCS during in processing (this prescription will be used to produce military issued glasses at OCS)? Contact lenses are not authorized for use at OCS at any time. N/A Yes No If no, please explain.
50. Do you possess a pair of sturdy civilian glasses that can be used during the first 7-10 days of training at OCS? Contact lenses are not authorized for use at OCS at any time. N/A Yes No If no, please explain.
51. Do you possess a sturdy, small (conservative in style), black headband to hold your glasses in place? N/A Yes No
52. Have you added any tattoos since completing your last physical and/or prior to reporting to OCS? N/A Yes No If yes, please explain.
53. You will be administered a urinalysis upon reporting to OCS. Is there any reason why you should not pass it? Yes No
If yes, please explain.
54. Are you currently under any doctor's care or are you currently taking any medication that has been prescribed by a doctor? Yes No
If yes, please explain.
55. Are you currently taking any non-prescription or over the counter medication for any illness or alignment previously diagnosed or not diagnosed by a doctor or physician? Yes No If yes, please explain.
56. Are you aware that if you are found not to be 100% truthful in your medical disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? Yes No
57. **MECEP/RECP/SMCR/RESERVISTS:** Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers? N/A Yes No If no, please explain.
58. **MECEP/R-ECP/SMCR/RESERVISTS:** Do you have a current (within one year) Preventative Health Assessment (PHA) in your medical record? N/A Yes No
59. **FEMALES ONLY:** If you will be commissioned within one year of graduating OCS or you are over the age of 21, do you have a copy of a current (within the last two years) Pap smear result from your doctor? N/A Yes No If no, please explain.
60. **FEMALES ONLY:** Do you have any reason to believe you are currently pregnant? N/A Yes No If yes, please explain.

**OFFICER CANDIDATE PRE-SHIP CHECKLIST
(March 15 Rev)**

| | |
|---------------------------------|--------------------|
| Candidate Name(Last, First, MI) | OSO/ MOI/ OIC/I&I: |
|---------------------------------|--------------------|

61. **FLIGHT CONTRACTS ONLY:** All aviation contract candidates must have their aviation-related physicals and medical follow-ups completed prior to arriving at OCS. The Bradley Branch Health Clinic/OCS is not staffed with a flight surgeon or specialty providers to assist with completion of flight physicals. Do you understand that all flight physical issues must be resolved prior to arriving at OCS? N/A Yes No If no, please explain.

62. **MECEP/ECP/SMCR/RESERVISTS:** Will you have your SRB/Medical records in hand to take with you to OCS? N/A Yes No If no, please explain.

ADMINISTRATIVE INFORMATION:

63. **OCC PROGAM CANDIDATE:** Were you previously a member of the PLC or NROTC program? N/A Yes No If yes, did you receive monies from the Financial Assistance Program (FAP) and/or the Marine Corps Tuition Assistance Program (MCTAP)? N/A Yes No

64. **ACTIVE/RESERVE CANDIDATE:** Have you deployed recently? N/A Yes No If yes, did you receive your 30, 60, and 90 day Post-Deployment Health Assessment (MARADMIN 112/07)? N/A Yes No If no, please explain.

65. **ACTIVE DUTY CANDIDATE (ECP/MECEP):** Do you possess the required serviceable uniforms with nametags removed? (For a list of required uniform items see MCBUL 10120 Chapter 7) N/A Yes No If no, please explain.

66. **ACTIVE DUTY CANDIDATE (ECP/MECEP):** If you are single and in receipt of BAH (own-right), do you understand that if you have PCS orders your BAH (own-right) will be reduced to the BAH Transient rate upon arrival to OCS? (NOTE: If you have TAD orders as a part of the MECEP program your BAH will remain unchanged.) N/A Yes No
If yes, do you have sufficient funds to retain your current lease/mortgage? Yes No If no, please explain.

67. **OVERSEAS ECP CANDIDATES ONLY:** Do you understand that movements of dependents and household goods is authorized to port of entry (U.S. only) until OCS is completed and should take place prior to reporting to OCS (failure to do so will result in the candidate paying for flight to/from overseas station following OCS)? N/A Yes No If no, please explain.

68. **SMCR CANDIDATE:** Has the candidate's transfer orders to OCS been provided to the appropriate admin support station (e.g. I&I Unit)? N/A Yes No If no, please explain.

69. **SMCR CANDIDATE:** Have the required unit diary entries been completed, particularly the transfer entry? N/A Yes No Unit Diary Number _____ Transfer Date _____

70. **SMCR CANDIDATE:** Have all of your unserviceable items been surveyed? (NOTE: MCO P10120.28G, Reservists can survey unserviceable items) N/A Yes No If no, please explain.

71. **RETURNING PLC SENIORS:** Do you have all of your issued uniform items to bring with you to OCS? N/A Yes No If no, please explain.

72. **MEMBER OF A DIFFERENT SERVICE:** Have you provided the OSO the appropriate Release of Service documents from the other military service that allows you to be contracted into the USMC prior to being shipped to OCS? N/A Yes No If no, please explain.

OSO/MOI/OIC: YOU MUST COMPLETE QUESTIONS 73-90. PLACE A CHECK IN THE APPROPRIATE BOX ALONG WITH YOUR INITIALS AND PROVIDE A DETAILED EXPLANATION WHEN REQUIRED.

73. Does the candidate have a copy of their orders sending them to OCS? Yes No If no, please explain. Int. _____

74. Have you instructed the candidate on proper civilian attire while at OCS? Yes No If no, please explain. Int. _____

75. What is the candidate's most current PFT score? (Must be within 30 days of shipping): Int. _____

Pull-ups/ flex arm hang _____ Crunches _____ Run _____ Score _____ Date _____

OCS Shipping Minimums: 8 pull ups for males/50 sec flex arm for females; 70 crunches; 24:00 for males/ 27:00 for females

76. What is the candidate's current height, weight, and body fat %. HT _____ WT _____ Max Weight _____

Body fat percentage _____ % Date _____ If you are within 5lbs of max weight submit body fat photos.

Does the candidate meet the Marine Corps height/weight/body fat standards according to MCO 6110.3 W/CH1 (Final) Yes No Int. _____

77. **AVIATION OPTION:** Are any additional tests or final approvals/documents needed? N/A Yes No If yes, please explain. Int. _____

**OFFICER CANDIDATE PRE-SHIP CHECKLIST
(March 15 Rev)**

| | |
|---------------------------------|--------------------|
| Candidate Name(Last, First, MI) | OSO/ MOI/ OIC/I&I: |
|---------------------------------|--------------------|

78. **SMCR CANDIDATE:** Have the candidate's transfer orders to OCS been provided to the appropriate admin support station (e.g. I&I Unit)?
 N/A Yes No If no, please explain. Int. _____

79. **ACTIVE DUTY/SMCR CANDIDATES:** Will a TD Fitness Report or Pro/Cons be completed before the candidate reports to OCS?
 N/A Yes No If no, please explain. Int. _____

80. **SMCR CANDIDATE:** Has the candidate's admin support station been informed that they need to make the required Unit Diary entries, particularly the transfer entry? N/A Yes No If no, please explain. Int. _____

Unit Diary Number _____ Transfer Date _____

81. **CANDIDATE WHO WAS A MEMBER OF A DIFFERENT SERVICE:** Has the OSS received the appropriate Release of Service documents from the other military service that allow the candidate to be contracted into the USMC and shipped to OCS (e.g. DD 214 RE-1A or a signed DD 368)? N/A Yes No If no, please explain. Int. _____

82. **DUAL CITIZEN:** If a dual citizen, has the candidate documented and renounced citizenship of the foreign country? N/A Yes No
 If no, please explain. Int. _____

83. Have you provided your phone number and the OCS duty phone number to the candidate? Yes No If no, ensure this information is provided by shipping day. The OCS contact number is (703) 784-2351/52. Int. _____

84. Have you reviewed and candidate's 100 word essay and OSO evaluation form 1530? Yes No If yes, does the candidate communicate well in writing? (Does not apply for Enlisted to Officer or NROTC candidates). N/A Yes No Int. _____

85. Do you know of anything that would prevent this candidate from starting training at OCS? Yes No If yes, please explain. Int. _____

86. **OPM:** Do you have a case number from OPM? N/A Yes No Case # _____

87. **DIRECT DEPOSIT:** Does the candidate have a valid savings/checking account? Yes No Int. _____

88. Have you informed the candidate that he or she MUST bring a completed direct deposit form SF 1199a and voided check with them to OCS?
 Yes No Int. _____

89. Have you made the candidate aware that if he or she has not been 100% truthful in their application, during their subsequent selection, and or induction at OCS they will be sent home from OCS and may be found unfit to return? Yes No Int. _____

90. Has the candidate been briefed that if there are any changes in their status (medical, moral, or otherwise) they must notify their OSO/MOI/OIC immediately? And, that they are not authorized to report to OCS with any unresolved medical or moral issues. Yes No Int. _____

91. Has the candidate completed the 30 Day Medical Screening Questionnaire and do you have a copy to submit to MCRC? Yes No Int. _____

92. If candidate is driving, has a proper vehicle inspection been conducted? Yes No Int. _____

CERTIFICATION

This pre-ship checklist was answered to the best of the candidate's and interviewing officer's knowledge. The officer candidate is qualified to attend OCS.

Candidate's Signature: _____ Date: _____
 Print Name: _____

OSO/MOI/OIC Signature: _____ Date: _____
 Print Name: _____

If you were required to explain any of your answers above please provide that information on a supplemental sheet.

30 DAY MEDICAL QUESTIONNAIRE

| HEALTH RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|--|----|--|--|
| NAVAL HEALTH CLINIC QUANTICO - JOHN H. BRADLEY BRANCH HEALTH CLINIC 3259 CATLIN AVE, QUANTICO, VA 22134 | | | |
| DATE | | NEURO/ MUSCULOSKELETAL SPORTS MEDICINE SCREENING | |
| | | Comments: Place Question Number and describe all answers | |
| YES NO | 1 | Have you been treated by a doctor in the last year? | |
| YES NO | 2 | Have you <u>EVER</u> been diagnosed with asthma or used an inhaler? | |
| YES NO | 3 | Have you <u>EVER</u> had difficulty breathing, chest pain, light-headedness or dizziness, or passing out or nearly passing out? | |
| YES NO | 4 | Frequent or severe headaches? | |
| YES NO | 5 | Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Marfan's syndrome? | |
| YES NO | 6 | History of absent or irregular menstrual cycle (females only)? | |
| YES NO | 7 | History of heat exhaustion, heat illness, or cold weather injuries (i.e hypothermia, frostbite)? | |
| YES NO | 8 | Concussion or other head and neck injury? | |
| YES NO | 9 | Have you <u>EVER</u> had any fractures, stress fractures, sprains, strains, ligament, tendon, or muscle injuries? | |
| YES NO | 10 | Have you <u>EVER</u> had any subluxation or dislocations of your shoulders? | |
| YES NO | 11 | Any surgeries done on the musculoskeletal system <u>EVER</u> ? | |
| YES NO | 12 | Have you <u>EVER</u> had any back or neck pain or injury? | |
| YES NO | 13 | Have you <u>EVER</u> had shin splints, shin pain or leg pain? | |
| YES NO | 14 | Have you <u>EVER</u> been seen by an Orthopedist or Podiatrist for any treatment? | |
| YES NO | 15 | Have you <u>EVER</u> experienced any pain or treated for any musculoskeletal injury? | |
| YES NO | 16 | Previous attendance at OCS? (List Program and Dates and successfully completed or not) | |

| |
|----------|
| Yes / No |
| Yes/ No |

Secondary Screening Needed _____ (Screener's Initials)

Secondary Musculoskeletal Screening Needed _____ (Screener's Initials)

| | | |
|--|--|------------------|
| RECORDS MAINTAINED AT: | John H. Bradley Branch Health Clinic, Quantico, VA 22134 | |
| PATIENT'S NAME (Last, First, Middle Initial) | SEX MALE / FEMALE | |
| RELATIONSHIP TO SPONSOR SELF | STATUS ACTIV | RANK/GRADE OC |
| SPONSOR'S NAME SELF | ORGANIZATION CO: _____ PLT: _____ | |
| DEPART./SERVICE DOD/ USMC | SSN/IDENTIFICATION NO. 20/ | DOB (YY/MM/DD) |

ENCLOSURE (2)

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| A NAME OF PAYEE (<i>last, first, middle initial</i>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix | F TYPE OF PAYMENT (<i>Check only one</i>) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retire. _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> (<i>specify</i>) | <input type="checkbox"/> Social Security | <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Mil. Active _____ | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Mil. Retire. _____ | <input type="checkbox"/> Civil Service Retirement (OPM) | <input type="checkbox"/> Mil. Survivor _____ | <input type="checkbox"/> VA Compensation or Pension | <input type="checkbox"/> Other _____ | | | | | | | | | | |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Mil. Active _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Mil. Retire. _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Civil Service Retirement (OPM) | <input type="checkbox"/> Mil. Survivor _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VA Compensation or Pension | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table style="width: 100%;"> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> | TYPE | AMOUNT | | | | | | | | | | | | | | | | | | |
| TYPE | AMOUNT | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE DATE SIGNATURE DATE | JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. SIGNATURE DATE SIGNATURE DATE | | | | | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | ROUTING NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> CHECK DIGIT DEPOSITOR ACCOUNT TITLE | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | | | | | | | | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
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- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|--|--|-------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A NAME OF PAYEE (last, first, middle initial) _____ ADDRESS (street, route, P.O. Box, APO/FPO) _____ CITY STATE ZIP CODE _____ TELEPHONE NUMBER AREA CODE _____ | | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT _____ C CLAIM OR PAYROLL ID NUMBER Prefix Suffix _____ | | F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify) | | | | | | | | | | | | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TYPE</td> <td>AMOUNT</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table> | | TYPE | AMOUNT | | | | | | | | | | | | | | | | | |
| TYPE | AMOUNT | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____ | | JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____ | | | | | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | | ROUTING NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> CHECK DIGIT <table style="width: 100%; text-align: center;"> <tr> <td style="width: 90%;"> </td> <td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| DEPOSITOR ACCOUNT TITLE | | _____ | | | | | | | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | | | | | | | | | |
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Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A NAME OF PAYEE (<i>last, first, middle initial</i>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. SIGNATURE DATE SIGNATURE DATE | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) | | | | | | | | | | | | | | | | | | | | | |
| TYPE | AMOUNT | | | | | | | | | | | | | | | | | | | | |
| JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) | | | | | | | | | | | | | | | | | | | | | |
| I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE DATE | SIGNATURE DATE | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE DATE | SIGNATURE DATE | | | | | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | ROUTING NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> CHECK DIGIT DEPOSITOR ACCOUNT TITLE | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | | | | | | | | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

ENCLOSURE (3)

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F)** Type of payment is printed to the left of the amount.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

ENCLOSURE (3)