

Applicant

I understand that I, _____, am eligible for worldwide Fleet Marine Force (FMF) service without my dependent(s) accompanying me.

Spouse

I, _____, understand that _____, is eligible for worldwide Fleet Marine Force (FMF) service without his/her dependent(s) accompanying him/her.

Applicant's Signature / Date

Spouse's Signature / Date

OSO's Signature / Date