1040
Code
Date

THIRD ENDORSEMENT on (Rank Full Name)'s MECEP application of (date)

From: Commanding General, (Unit Name)
To: Commanding General, Marine Corps Recruiting Command (ON/E), 3280 Russell Road, Quantico, VA 22134-5103

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX ENLISTED COMMISSIONING PROGRAM

1. Forwarded, recommended with (appropriate recommendation).

2. (Rank Last Name) state reasons you recommend Marine for this board. I rank this Marine ___ of ___ applying for ECP.

3. Point of contact for this matter is (Rank Full Name), commercial telephone numbers, and electronic mail address (EMAIL). (*Ensure POC is able to respond in a timely nature for board related issues.)

SIGNATURE OF GENERAL OFFICER OR EQUIVALENT

1040
Code
Date

SECOND ENDORSEMENT on (Rank Full Name)'s MECEP application of (date)

From: Commanding Officer, (Unit Name)
To: Commanding General, Marine Corps Recruiting Command
Via: Commanding General, (Unit Name)

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX ENLISTED COMMISSIONING PROGRAM

1. Forwarded, recommended with (appropriate recommendation).

2. (Rank Last Name) state reasons you recommend Marine for this board. I rank this Marine ___ of ___ applying for ECP.

3. Point of contact for this matter is (Rank Full Name), commercial telephone numbers, and electronic mail address (EMAIL). (*Ensure POC is able to respond in a timely nature for board related issues.)

SIGNATURE OF COMMANDING OFFICER

1040
Code
Date

FIRST ENDORSEMENT on (Rank Full Name)'s MECEP application of (date)

From: Commanding Officer, Parent Command
To: Commanding General, Marine Corps Recruiting Command
Via: (1) Commanding Officer, Endorsing Chain of Command
(2) Commanding General, Endorsing Chain of Command

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX ENLISTED COMMISSIONING PROGRAM

1. The information contained in the basic application and checklist, has been verified with records on file in this command and is correct. The applicant meets the basic eligibility requirements for the Enlisted Commissioning Program.

2. Applicant (is/is not) medically qualified based on the medical verfication letter.

3. Provide a statement of recommendation that includes justification using one of the categories below.

a. Recommended with enthusiasm.

b. Recommended with confidence.

c. Recommended with reservation.

4. The applicant has served in this command _____months and has

_____months remaining on current enlistment or extension.

5. (Rank Last Name) has met all requirements for security clearance eligibility per SECNAVINST 5510.30B and current MCO 1040.43.

6. I have screened the applicant for body markings and he/she does/does not have body markings per MCO 1020.34H. (If body markings add the following sentence.) Color photographs and a written description of the body markings are provided.

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX MARINE CORPS ENLISTED COMMISSIONING EDUCATION PROGRAM

7. The applicant requires a waiver for age, traffic offense, other non-traffic offense, misconduct offense, major misconduct offense, drug, or dependent(s). Refer to MCRCO 1100.2 for waiver types. (Insert an additional statement if a waiver is being recommended with justification)

8. Point of contact for this matter is (Rank Full Name), commercial telephone numbers, and electronic mail address (EMAIL). (*Ensure POC is able to respond in a timely nature for board related issues.)

SIGNATURE OF COMMANDING OFFICER

1040
Code
Date

From: Rank, Full Name, EDIPI/PMOS, USMC(R)
To: Commanding General, Marine Corps Recruiting Command (ON/E), 3280 Russell Road, Quantico, VA 22134-5103
Via: (1) Endorsing Chain of Command to General Officer Level

Subj: APPLICATION FOR THE FISCAL YEAR 20XX ENLISTED COMMISSIONING PROGRAM

Ref: (a) (current MCO 1040.43)
(b) (current MARADMIN announcing the board)

1. Per the references, I am eligible for and request consideration for the Enlisted Commissioning Program.

2. I acknowledge that if NACLC develops information that disqualifies me as an officer candidate I will be determined ineligible and disenrolled from the ECP.

3. A digital photo has been sent to MMRP within the past 12 months.

4. If I am selected and complete Officer Candidates School, I desire my commission to reflect the following:
Marital status: ___Single ___Married ___Divorced ___Widowed
Gender: ___Male ___Female
Service Agreement: ___Ground ___SNA ___Cyber (not available yet)
Religious preference: _____
Race: __White __Black __Hispanic __Asian __Other
Ethnicity: _____

(Insert 5 and 6 below for aviation requests only)

5. I am requesting an assignment as a student naval aviator upon commissioning. I am willing to accept a ground contract in the event there are no aviation vacancies, I do not meet aviation requirements, or I am found not medically qualified for aviation.

6. Please include a narrative as to "Why you want to be a Marine Aviator?

7. Applicant's work and cell phone numbers, and work and personal electronic mail address (EMAIL). **(*Ensure you are able to respond in a timely nature for board related issues.)**

SIGNATURE OF APPLICANT

INTERVIEW BOARD REPORT

(Refer to current MCO 1040.43 for board membership)

1. Command convening board: _____
(List full address)
_____
_____

2. Name of applicant: _____
(Last) (First) (M.I.)

_____
(Rank) (EDIPI/MOS)

3. Date of rank: _____

4. The applicant named above appeared before the interview board on (date) and the following comments constitute the members opinion of a majority.

a. MANNER, APPEARANCE, BEARING. (Comment appropriately on the applicant's military presence, personal appearance, and bearing. Is it above, below, or at the standard generally expected of a Marine officer?)

b. VOICE, LANGUAGE, EXPRESSION, ALERTNESS, ABILITY TO COMMUNICATE. (Comment appropriately on the applicant's ability to project clear, concise and intelligent expression. Does the applicant readily understand the meaning of questions?)

c. PROFESSIONAL KNOWLEDGE. (Comment on the applicant's military proficiency, general knowledge of the Marine Corps, social, and civic awareness.)

d. SELF-CONFIDENCE, PERSONALITY, MOTIVATION. (Comment on the applicant's degree of self-confidence, exhibited personality, motivation for ECP and commission.)

e. OTHER QUALIFICATIONS. Identify qualifications not previously reported, that would be of particular value as a commissioned officer.

5. RECOMMENDATION: (Rank, Full Name) is recommended with (enthusiasm) (confidence) (reservation) or (not recommended) for selection for the ECP for assignment to attend a 10-week Officer Candidates School course in order to obtain a commission as a second lieutenant in the U.S. Marine Corps. (Make a summary evaluation of the applicant's qualifications and potential for completion of ECP requirements and anticipated commissioned service).

6. MEMBERS OF THE INTERVIEW BOARD (must be commissioned officers):

Member: (Rank Full name, rank, signature for all members)

SENIOR MEMBER SIGNATURE

GUIDE FOR ESSAY

1. Applicant must provide a narrative style essay for the following question: **Why do I want to be a Marine Corps Officer?**

Essay must be a minimum of 100 words and no more than 500 words. If handwritten, essay must fit in the text box provided. Applicants are not restricted from writing about embodiment of the Marine Corps leadership traits and principles; however, statements that contain personal reflections, life experiences, motivation, and/or individual reasons for commissioning are highly encouraged.

"I certify that I have personally prepared this statement without any outside assistance."

_____

REQUIRED FORMS AND DOCUMENTS

- **INFORMATION SHEET WITH PRIVACY ACT**
  - **ONLY SUBMIT PAGE 1 AND 2 OF THIS FORM DO NOT SUBMIT INSTRUCTIONS**
  - **MUST PROVIDE FULL SSN ON THIS FORM**
  - **ENSURE ALL FIELDS ARE COMPLETELY FILLED OUT, ESPECIALLY THE FOLLOWING:**
    - **HOME OF RECORD (MUST MATCH DD FORM 4)**
    - **UNIT ADDRESS**
    - **CUMGPA (MUST MATCH CURRENT TRANSCRIPTS)**
    - **PROJ COMM/GRAD DATE (MONTH AND YEAR)**
    - **CURRENT OFFICIAL PFT INFO TO INCLUDE FULL DATE (MUST MATCH MCTFS TBTR)**
    - **HT/WT**
    - **TEST SCORES**
  - **THE FOLLOWING FIELDS SHOULD BE BLANK:**
    - **DTE OF PROGRAM ENTRY**
    - **PROJ/COMP OCS**
  - **ENSURE YOU MARK YES FOR ALL *PRIOR TO CURRENT* VIOLATIONS AND DRUG USE EVEN IF WAIVERED PRIOR TO JOINING THE MARINE CORPS AND PROVIDE DETAILED EXPLANATION (PREVIOUSLY WAIVED IS NOT AN ACCEPTABLE ANSWER)ON ONE OF THE BELOW FORMS:**

- **ADDENDUM TO APPLICATION FOR STATEMENT**
  - **ENSURE DATED AND SIGN**
- **DRUG STATEMENT FORM**
  - **ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED**
- **NON-TRAFFIC ARREST FORM**
  - **ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED**
- **MINOR TRAFFIC FORM**
  - **ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED**
  - **REFER TO INSTRUCTIONS 1-5 ON FORM TO FILL OUT CORRECTLY**

THE BELOW PERTAINS TO THE MINOR TRAFFIC AND NON TRAFFIC ARREST FORMS:

- **ALL LAW AND TRAFFIC VIOLATIONS TO INCLUDE VIOLATIONS PRIOR TO ENLISTMENT TO THE MARINE CORPS MUST BE ANNOTATED ON ONE OF THE ABOVE FORMS NO MATTER WHEN THEY OCCURRED.**
- **ALL VIOLATIONS WITHIN 5 YEARS OF BOARD CONVENING DATE MUST PROVIDE SUPPORTING DOCUMENTS OR A SIGNED DD FORM 369 (POLICE RECORD CHECK) IN THE JURISDICTION WHERE THE OFFENSE(S) TOOK PLACE. IN THE EVENT THE JURISDICTION DOES NOT SIGN THE POLICE RECORD CHECK, THEY MUST PROVIDE A SIGNED STATEMENT ON THEIR LETTERHEAD. (APPLICANTS CAN CONTACT A RECRUITER IN THE JURISDICTION OF VIOLATIONS TO ASK IF THEY WILL ASSIST WITH POLICE RECORD CHECKS)**
- **MUST PROVIDE SUPPORTING DOCUMENTATION ON ALL ALCOHOL AND ASSAULT VIOLATIONS NO MATTER WHEN VIOLATION(S) OCCURRED.**

- **TATTOO SCREENING FORM**
  - **ENSURE PARTS I, II, IV, AND V ARE COMPLETED AND SIGNED WHERE REQUIRED**
  - **PART VI SHOULD REMAIN BLANK**
  - **IF YES TO TATTOOS ENSURE BODY LOCATIONS ARE DOCUMENTED IN PART IV.**
    - **EXAMPLE:** 1. L WRIST; EAGLE, GLOBE, AND ANCHOR
- **TATTOO STATEMENT OF UNDERSTANDING**
  - ENSURE IT IS SIGNED AND DATED

APPENDIX G

MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET

LAST NAME, FIRST, MI	FULL SSN	RANK/PMOS	EAS(YYMMDD)	MARITAL STATUS	RACE

SEX ☐ MALE ☐ FEMALE	DOB(YYMMDD)	RELIGION	CITIZENSHIP

HOME OF RECORD ADDRESS: (INCLUDE COUNTY)	EMAIL PHONE	DTE OF PRGM ENTRY (board/msg date)

UNIT ADDRESS	PROGRAM (CHECK ALL THAT APPLY)	☐ NROTC NAVY ☐ NROTC MARINE ☐ COLLEGE PROGRAM ☐ SCHOLARSHIP	☐ CIVILIAN ☐ ECP/RECP ☐ MECEP ☐ MCP-R	☐ NAVAL ACADEMY ☐ AIR FORCE ACAD ☐ WEST POINT ☐ USMMA

ACAD MAJOR/EDUC LEVEL	CUMGPA	SEM GPA	GRAD DATE	PROJ COMM DATE	COLLEGE

PFT SCORE	PU	CRUNCHES	RUN	HT(INCH)/WT	BF%	PFT DATE	CFT SCORE	CFT DATE

SAT MATH	CR	TOTAL	COMPOSITE ACT	AFQT	ASTB	PROJ/COMP OCS

EXTRACURRICULAR ACTIVITIES/BILLETS HELD

RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES

RELATIONSHIP	RANK	BRANCH OF SERVICE	STATUS

*IF YOU ANSWER "YES" TO ANY OF FOLLOWING QUESTIONS, ATTACH A HAND-WRITTEN STATEMENT ON THE ADDENDUM PAGE OR USE THE MINOR TRAFFIC PAGE, NON-TRAFFIC ARREST FORM OR DRUG FORM (WHERE APPLICABLE) EXPLAINING THE SPECIFIC CIRCUMSTANCES (WHEN, WHERE, WHY, HOW MANY, ETC. AND CURRENT STATUS)	YES	NO
1. Have you ever applied or been a member of any other officer program (PLC, OCC, NROTC, ECP, MECEP, MCP-R, RECP, or Service Academy)?		
2. Have you ever failed any military flight training program?		
3. Have you previously applied for any other branch of the Armed Forces? Were you rejected?		
4. Have you ever claimed or been granted a pension, disability allowance, compensation, or retired pay from the Federal Government?		
5. Are you a "sole survivor"? (All other siblings and or parents have died/captured/MIA in combat)		
6. Have you ever been cited, arrested, convicted or sentenced by a law enforcement activity, regardless of final adjudication? (If yes, provide the minor traffic page and/or non-traffic arrest form with supporting documentation or police record check.)		
7. Have you ever received a suspended sentence by a court?		
8. Have you ever been in jail, reform school, or penitentiary?		
9. Are you now, or have you ever been on parole, probation, suspension, or other forms of restraint (from law enforcement)?		
10. Are you a conscientious objector?		
11. Have you ever been psychologically or physically dependent upon any drugs or alcohol?		
12. Have you ever used or been a trafficker of non-prescribed or illegal drugs? (If yes, provide drug statement form with a detailed statement.)		
13. Do you qualify for permanent restrictions assignments? (Family member, kin, 100% disability while serving in hostile fire area.)		
14. Do you or have you ever had any tattoos, body piercings, ornamentation, or brandings and body mutilations? (Provide description, date received, location, and color photos of all tattoo(s) and/or brandings along with tattoo screening form and tattoo statement of understanding.)		
15. If prior enlisted, do you have any previous approved enlisted waivers?		

I certify that the information contained in the application is true, complete and correct to the best of my knowledge and belief. I understand that knowing and willful false statements on this form can be punished by a fine or imprisonment or both. (See U.S. Code Title 18, Section 1001).

Member's Signature

_____ Date_____

Commissioned Officer's Signature:

_____ Date_____

(REV Oct 2014; All Previous Revisions are Obsolete)

(Instructions on Page 3)

Privacy Act Statement

AUTHORITY: Title 10 U.S. Code §§ 531 and 591

PURPOSE: To determine the eligibility of applicants to enlisted to officer commissioning programs. Disclosure of Social Security Account Number is mandatory and is used to further identify the individual providing the information.

ROUTINE USES: The information is used for the purpose set forth above and may be:

- Forwarded to the respective programs officer selection boards;

- Reviewed by multiple entities in the service member's chain of command.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

For Military Personnel: Disclosure of personal information is mandatory and failure to do so disqualifies the applicant's application.

ACKNOWLEDGMENT:

I understand the provisions of the Privacy Act of 1974 as related to me through the foregoing statement.

Signature: _____
Date: _____

INSTRUCTIONS ON FILLING OUT THE MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET (MUST BE TYPED)

NAME	As it appears on birth certificate (married name for females)
SSN	Full SSN as it appears on Social Security Card (do not use EDIPI/DOD ID #)
RANK/PMOS	For MIDN: 1/C, 2/C, 3/C or 4/C. For Marines: Rank and Primary MOS
EAS	End of Active Service: Marines only. (does not apply to midshipman/cadets)
MARITAL STATUS	Single, Married, Annulled, Divorced, Separated, Widowed
RACE	Plain language race (WHITE/BLACK/HISPANIC/ASIAN/OTHER)
SEX	MALE or FEMALE
DOB	Date of Birth as it shows on birth certificate in YYMMDD format.
RELIGION	Religious preference or NONE
CITIZENSHIP	US BORN, NATURALIZED, FOREIGN BORN TO US PARENTS, ETC., FOREIGN NATIONAL
HOME OF RECORD	Address as it is shown on enlistment contract. MUST INCLUDE COUNTY
EMAIL	Personal email address
PHONE	Personal phone number to include area code
DATE OF PROGRAM ENTRY	Date of selection board MARADMIN for Marines and date of original contract for midshipman/cadets is signed (MECEP/ECP/RECP/MCP-R board applicants leave blank)
UNIT ADDRESS	NROTCU/parent command mailing address for official correspondence
PROGRAM	Current status or program applying for as applicable
ACAD MAJOR/EDU LEVEL	Major in current studies or degree and/or what was the highest level of education completed
CUMGPA	Cumulative grade point average (GPA) for completed college classes (high school GPA for 4 Year NROTC applicants unless some college credits have been taken)
SEM GPA	Last completed semester/quarter GPA
GRAD DATE	Date of completed or expected degree completion in YYMMDD format
PROJ COMM DATE	Projected commissioning date in YYMMDD format
COLLEGE	Name of school attended if degree completed or currently attending (for NROTC, may not be always be the same as unit school; MECEP board applicants leave blank)

PFT SCORE	Marine Corps Physical Fitness Test total points
PULL UPS/ PUSH UPS	Pull ups/ Push ups (total)
CRUNCHES	Total number
RUN	3 mile run time in minutes and seconds (18:00)
HT(INCH)/WT	Height in inches (71)/weight in pounds (180)
BF%	Body fat percentage if over height/weight standards per MCO
PFT DATE	Date of most current PFT in YYMMDD format
CFT SCORE	Marine Corps Combat Fitness Test score if taken
CFT DATE	Most Current date CFT was taken in YYMMDD format
SAT (MATH/CR) TOTAL	Most recent Scholastic Aptitude Test scores (Combined Math and Critical Reading totals only), scores must be from same test (if taken)
COMPOSITE ACT	Most recent test composite score only (if taken)
AFQT	Armed Forces Qualification Test portion of the Armed Services Vocational Aptitude Battery test Score (if taken)
ASTB	Aviation Selection Test Battery scores (if taken)
PROJ/COMP OCS	Projected or completed date of Officer Candidates School if applicable (MECEP/ECP/RECP/MCP-R board applicants leave blank)
EXTRACURRICULAR ACTIVITIES/BILLETS HELD (If applicable)	
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES (If applicable)	
QUESTIONS 1 to 15 - All "YES" answers must have a detailed statement or use the minor traffic page, non-traffic arrest form or drug form (where applicable) explaining the specific circumstances (when, where, why, how many, etc and current status (Marines: "located in SRB or previously waived upon enlistment" is not an acceptable answer as additional review is required**)**	
MEMBER'S SIGNATURE	Applicant or participant signature certifying the information
COMMISSIONED OFFICER'S SIGNATURE	Authorized officer certifying that form is complete and all requirements were fulfilled.
PRIVACY ACT STATEMENT	Applicant or participant signature and dated

WHEN COMPLETED (SIGNATURES, AND AMPLIFYING INFORMATION), PRINT PAGES 1-2 AND SUBMIT (AS APPROPRIATE); <u>DO NOT SUBMIT INSTRUCTIONS</u>

ADDENDUM PAGE
MCRC APPLICATION/INFO SHEET FOR REGULAR OFFICER PROGRAMS (ON/E)

Applicant's Statement to explain all "YES" answers:

Applicant Signature

_____

DATE: _____

Officer Signature

_____

DATE: _____

DRUG STATEMENT FOR ENLISTED TO OFFICER/NROTC APPLICANTS

If the answer to block 14 of "MCRC Regular Officer Programs (ON/E) Application and Program Information Sheet" is "YES", set forth the full circumstances below, including approximate times, amounts taken, and period over which taken.

a. Type of drug (or drugs) used: _____

b. Approximate number of times used: _____

c. Amounts taken: _____

d. Methods by which taken: _____

e. Inclusive dates of use (be specific): _____

f. Were you convicted or arrested for the drug use admitted?

_____

g. Circumstances under which the drug use occurred (attach additional sheets if necessary):

_____	_____	_____
(Signature of witnessing Officer)	DATE	(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)	SSN	PROGRAM
		ECP

NON TRAFFIC ARREST FORM

This form is to be utilized if you were charged with and/ or convicted of any alcohol related traffic offensive, or any other non-traffic arrest, no matter how minor. Answer the following questions and then write a concise statement addressing the incident.

a. Month and year of violation: _____

b. Place where violation occurred: _____

c. Original charge: _____

d. Charge to which convicted or to which a guilty plea was entered:

_____

e. Penalty, fine, or other disposition:

_____

APPLICANTS STATEMENT ADDRESSING THE CIRCUMSTANCES SURROUNDING THIS INCIDENT. (USE ADDITIONAL SHEETS IF NECESSARY)

(Signature of witnessing Officer)	(Date)	(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)	SSN	PROGRAM ECP

MINOR TRAFFIC PAGE

List all minor traffic violations and provide the information listed below. If you are unsure of any information or have questions regarding this form, please consult your command Marine officer representative.

Any alcohol related traffic offense is NOT considered a minor infraction and should be explained on the NON-TRAFFIC ARREST FORM.

1. Month and year of violation
2. Place where violation occurred (City and State)
3. Original Charge
4. Charge of which convicted or to which guilty plea was entered
5. Penalty or other disposition. If fined, indicate the amount.

	FIRST OFFENSE		SECOND OFFENSE
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
	THIRD OFFENSE		FOURTH OFFENSE
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
	FIFTH OFFENSE		SIXTH OFFENSE
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

_____ (APPLICANT'S SIGNATURE)

(DATE)

_____ (OFFICER SIGNATURE)

ECP

_____ (APPLICANT LAST, FIRST, MIDDLE)

_____ SSN

_____ PROGRAM

USMC OFFICER TATTOO SCREENING FORM

NAME_____ **L4 SSN**_____ **DATE**_____

Part I: Purpose. The purpose of this form is to ensure that you disclose the full extent of your tattoos, brands and/or body ornamentation. Refusal to complete the form will result in termination of your enlistment processing.

1. Does the applicant currently have, or ever had any tattoos, brands, body markings, or body ornamentation, or has the applicant ever had a tattoo, brand or body ornamentation removed, concealed, covered or altered? (Initials in appropriate block)

Y _____ N_____

Notes: If the answer to Question 1 is NO; move to Part II Certification Block of this Screening Form. Questions 2 through 9 are not required. If the answer to Question 1 is YES; complete Questions 2-9, then certify in Part II and forward for Review.

2. Does applicant have body markings of any type that are exposed or partially exposed while wearing the standard warm weather PT uniform (shorts & shirt)?

Y_____ N_____

3. Are any of the tattoos, brands or markings:
- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with white undershirt) or inside the mouth?
- on hands, elbows, knees, or fingers (with exception of wedding band tattoo- not to exceed 3/8 of an inch), or within 2 inches of the wrists?

Y ____ N_____

4. Are any tattoos, markings or ornamentations exposed while wearing the standard PT uniform:
- Larger than the individual wearers hand with fingers extended and joined?
- Band Tattoos, (cannot exceed 3 inches or the width of the individual's four fingers extended and joined, whichever is greater)?
- Single band tattoo on one finger (max width less than 3/8 of an inch)?
- Excessive Tattoos (combined coverage must be covered by the individual wearers hand with their fingers extended and joined)?

Y _____N_____

5. Do any of the tattoos, markings etc., depict nudity, are they racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps Drug policy, the UCMJ, to include tattoos associated with illegal drugs, drug usage or paraphernalia?

Y _____N_____

6. Do any of the tattoos, brands or body ornamentation represent a gang membership or extremist group, advocate racial, ethnic, or religious discrimination, obscene, prejudicial to good order and discipline/morale or of a nature to discredit to the Marine Corps?

Y_____N_____

7. Are any of the tattoos a result of a specific activity? (i.e. activity for membership initiation, or as the result of any violation of law(s))?

Y _____N_____

NAME_____ **L4 SSN**_____ **DATE**_____

8. Are there any body markings, ornamentation or mutilation (i.e. Tongue Splitting, etc), Ornamental Body Piercing(s), Holes in Ear Lobes (large enough for light to pass through opening), or Ornamental Implantations, (silicone implants on face, horns on the forehead, etc).

Y_____ N_____

Location(s) of an applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation will be documented in Part IV of this Screening Form. Removed, concealed, covered or altered tattoos need to be annotated as such (i.e. removed) with full description of the original marking.

Part II: Certification. I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.

_____ _____ _____
(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCO 1020.34H."

_____ _____ _____
(Name of Certifying Officer) (Signature) (Date)

*Certifying Officer Comments:
_____

_____

* A Certifying Officer is a commissioned officer at the Recruiting Station, NROTC Unit, USNA, or in the chain of command for enlisted Marines applying for a Commissioning of Warrant officer Programs.

Part III: Reviewing.

a. If the applicant responded "Yes" to question 2, the tattoo must be reviewed to determine eligibility. If the applicant responded "Yes" to questions 3-8, the applicant is ineligible (with the exception to the wedding band tattoo authorized on one finger) for commission.

b. Digital photos are required for all reviews. Photos not required of female applicants with torso tattoos or male applicants with lower torso (below waist) tattoos. Applicants may hand draw pictures of torso & lower torso tattoos indicating size and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency. Under no circumstances will a female applicant be photographed in less clothing than the standard warm weather physical training uniform.

c. All questionable body markings in regards to content, size, number or location will be forwarded to the appropriate authority for approval/review. Check appropriate review authority:

[ ] Recruiting Districts. Review tattoos for applicants applying for the Platoon Leaders Class, Officer Candidate Course, and Four Year Naval Reserve Officer Training Scholarship programs.

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

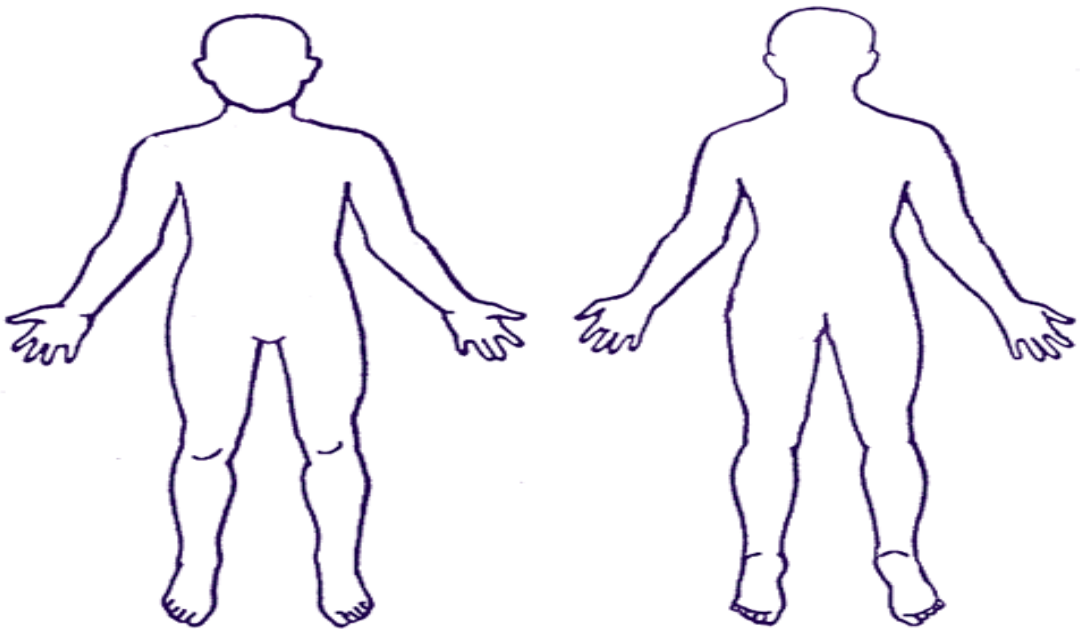
NAME_____ **L4 SSN**_____ **DATE**_____

[ ] Marine Corps Recruiting Command. Review tattoos for applicants applying to all other commissioning and Warrant Officer programs.

"Applicant is eligible for commissioning after review and adjudication in accordance with MCO 1020.34H."

_____
NAME/SIGNATURE OF REVIEWING OFFICER RANK BILLET

Part IV. Documentation. The following depicts the location and description of the applicant's Body Markings. Place number on body location and describe in blocks below indicating content and size in inches:



FRONT VIEW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

BACK VIEW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NAME_____L4 SSN_____DATE_____

Part V. Certification. I certify above body marking information is accurate.

_____ _____ _____
(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCO 1020.34H."

_____ _____ _____
(Name of Certifying Officer) (Signature) (Date)

Part VI. Recertification. (Prior to Request for Appointment) I certify the information previously given on Tattoo Screening Form remains the same. If any change is indicated an addendum Tattoo Screening Form will be complete then forwarded to the appropriate authority prior to the Request for Appointment.

1. Changes to this Tattoo Screening Form Y_____ N _____

_____ _____ _____
(Name of Candidate) (Signature) (Date)

"Applicant is eligible for commissioning after review and adjudication in accordance with MCO 1020.34H."

_____
NAME/SIGNATURE OF REVIEWING OFFICER RANK BILLET

GUIDANCE FOR COLOR PHOTOS

REQUIRED IF APPLICANT HAS PREVIOUSLY OR CURRENTLY HAS ANY BODY MARKING(S) (TATTOOS, PIERCINGS, BRANDS, ETC.):

- GUIDANCE FOR BODY MARKING(S) AND CLEAR COLOR PHOTOS
  - MUST SUBMIT CLEAR COLOR PHOTO FOR EACH BODY MARKING IN APPROPRIATE PHOTO BOXES (WILL NEED TO RESIZE TO FIT)
  - MUST UTILIZE TATTOO TOOL OR RULER FOR BODY MARKING(S) NEAR RESTRICTED AREAS TO VERIFY THAT BODY MARKINGS ARE WITHIN POLICY AS PER MCO 1020.34H.
  - MUST BE HANDRAWN IF NOT VISIBLE IN PT SHIRT AND SHORTS FOR FEMALES OR PT SHORTS FOR MALES
  - ALL BODY MARKING(S) MUST HAVE A WRITTEN DESCRIPTION AS OUTLINED IN CURRENT MCO 1040.43
    - SIZE
    - DESCRIPTION
    - LOCATION
    - MEANING
  - MUST PROVIDE FULL BODY PHOTOS IN GREEN PT GEAR (ALL 4 ANGLES)
  - MUST PROVIDE PROMOTION PHOTO DATE WITHIN ONE YEAR OF BOARD CONVENING DATE

RANK		NAME		EDIPI	

TATTOO NUMBER FIVE	TATTOO NUMBER SIX
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER SEVEN	TATTOO NUMBER EIGHT
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

RANK		NAME		EDIPI	

TATTOO NUMBER NINE	TATTOO NUMBER TEN
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER ELEVEN	TATTOO NUMBER TWELVE
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

RANK		NAME		EDIPI	

TATTOO NUMBER ONE	TATTOO NUMBER TWO
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER THREE	TATTOO NUMBER FOUR
SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO PHOTOS

INSERT YOUR PHOTOS BY CLICKING ON THE SQUARE PROVIDED AND SELECT THE APPROPRIATE PHOTO.

PT GEAR PHOTOS
(GREEN ON GREEN PT GEAR ONLY)

RANK	NAME	EDIPI

FRONT PROFILE

REAR PROFILE

LEFT PROFILE

RIGHT PROFILE

OFFICER CANDIDATE STATEMENT OF UNDERSTANDING
APPENDIX P

1. Purpose. The purpose of this Statement of Understanding (SOU) is to ensure you understand the Marine Corps policy concerning Tattoos, Branding and Ornamentation, contained in MCO 1020.34H.

2. Policy. Marine Corps policies strictly PROHIBIT any tattoos, brandings, mutilations, or ornamentations on the head (including in or around the mouth), neck area, hands, fingers, elbows, knees, and within two inches of the wrist. Any tattoos, brandings, mutilations, or ornamentation on other parts of the body, that are prejudicial to good order and discipline, gang or extremist group related, or bring discredit to the Marine Corps are also PROHIBITED. Descriptions:

a. Prejudicial to Good Order and Discipline. Tattoos, brands or ornamentation that are drug-related, gang-related, extremist, obscene or indecent, sexist (express nudity), or racist, excessive (sleeve tattoos), eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps drug policy.

b. Gang or Extremist Group. Any tattoos, brands or ornamentation that are affiliated with, depicting, or symbolizing extremist philosophies, organizations, or activities. Extremist philosophies, organizations, and activities are those which advocate racial, gender, or ethnic hatred or intolerance; advocate, create or engage in illegal discrimination based on race, color, gender, ethnicity, religion, or national origin; or advocate violence or other unlawful means of depriving individual rights under the U.S. Constitution and federal or state law.

c. Size. Any tattoos exposed when wearing the properly fitting standard warm weather physical training gear (T-Shirt & shorts), must be covered by the individuals hand with their fingers extended and joined with the thumb flush against the side of the hand.

d. Location. Tattoos on the head (including in or around the mouth), neck area, hands, fingers (with exception of one single band tattoo on one finger only), elbows, knees, and within two inches of the wrists are **prohibited**. The head is defines as the portion of the body above the first cervical vertebrae (C1). The neck is defined as the portion of the body above the collarbone in the front area, above the seventh cervical vertebrae (C7) in the back area, and visible while wearing the properly fitting warm weather physical training shirt. Tattoos on the chest or back that cannot be covered by wearing a crew neck t-shirt in the Service C uniform or utility uniform are prohibited. Tattoos on the elbow or knees are also prohibited. These areas must be free of tattoos and separates any tattoos on the upper arm/upper leg from any tattoos on the lower arm/lower leg.

e. Ornamentation. Defined as any mutilation to the body such as tongue splitting, body piercing(s), holes in ear lobes (large enough for light to pass through), or implantations, such as silicone implants on face, horns on the forehead, etc. All applicants must remove body ornamentation (i.e. body piercings) while participating in any/all pool functions and prior to shipping.

3. Certification. I certify that I completely understand the Marine Corps policy on the tattoos, brands, and ornamentations. I understand that I will be screened for tattoos, brands and body ornamentations, and must complete the Marine Corps Tattoo Screening Form. I further understand I will be re-screened prior to my request for appointment, for any additional tattoos, brands and body ornamentations received while in the officer commissioning process. Prohibited body markings received while in pool are disqualifying.

_____	_____	_____
(Applicant's Printed Name)	(Applicant's Signature)	(Date)
_____	_____	_____
(Name of Certifying Officer)	(Signature of Certifying Officer)	(Date)

SERVICE AGREEMENT

REQUIRED:

- NAVMC 11872 ECP GROUND SERVICE AGREEMENT

IF APPLYING FOR AVIATION:

- NAVMC 11873 ECP AVIATION SERVICE AGREEMENT

ENSURE ALL REQUIRED SIGNATURES ARE FILLED OUT REFER TO CURRENT MCO 1040.43

ALL DD FORM 4 ENLISTMENT/RENLISTMENT CONTRACTS

FOR ALL UNSIGNED CONTRACTS HAVE MARINE CHECK:

- **MARINE ONLINE IN THEIR OMPF (CHECK ALL FOLDERS AS CONTRACTS ARE NOT ALWAYS JUST UNDER SERVICE CONTRACTS)**
- **SRB**
- **IF DD FORM 4 NOT AVAILABLE, MUST PROVIDE COPY OF APPROVED REENLISTMENT EXTENSION LATERAL MOVE (RELM) FOR THAT CONTRACT FROM TOTAL FORCE RETENTION SYSTEM (TFRS) (RELM SHOULD BE 4-5 PAGES AND CAN BE PULLED FROM THE AUTHORITY CODE LOCATED ON PAGE 1 OF DD FORM 4)**

SERVICE AGREEMENT (1100)
ENLISTED COMMISSIONING PROGRAM GROUND

NAVMC 11872 (Rev 10-16) (EF) (Previous editions are obsolete and will not be used)
FOUO - Privacy sensitive when filled in.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5042, Headquarters, U.S. Marine Corps; 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN) as amended; and **SORN M01133-3.**
PURPOSE(S): To certify that the applicant acknowledges and understands all expectations of him/her upon enrollment in an Officer Program in the United States Marine Corps. This service agreement binds the individual to the terms set forth in the agreement upon signature.
ROUTINE USE(S): This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Marine Corps. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Marine personnel.
DISCLOSURE: Voluntary; however, failure to provide the requested information may result in an inability to process the individual for enlistment.

1. In connection with my application for enrollment in the **ENLISTED COMMISSIONING PROGRAM (ECP) GROUND** program of the United States Marine Corps (USMC), I hereby acknowledge that:

a. Final approval of my application for enrollment in the **ECP GROUND** program as an officer candidate will be determined by the Commandant of the Marine Corps (CMC).

b. Upon reporting for training to Officer Candidates School (OCS), I will be required to participate in training for a minimum of four (4) weeks of a 10-week commissioning program, unless sooner disenrolled for cause, before any voluntary request for disenrollment will be considered.

(1) If I am disenrolled from OCS and not recommended for future attendance by the Commanding Officer of OCS, I will be disenrolled from the **ECP GROUND** program.

(2) If I am disenrolled from OCS but recommended for future attendance by the Commanding Officer of OCS, I will be retained in the **ECP GROUND** program and, when eligible, have the opportunity, if I desire, to attend the next available OCS 10 week training session.

(3) If I voluntarily disenroll from OCS at any time during the course of training, I will also be disenrolled from the **ECP GROUND** program.

c. I am entitled to pay and allowances while attending OCS not less than those prescribed for pay grade E-5 or the highest pay grade achieved if I enter this obligation directly from current service at a pay grade above E-5.

d. Upon satisfactory completion of all commissioning requirements, I understand that I must choose to either accept or decline a commission if one is tendered to me, and that deferred acceptance is not authorized. If I decline commission, I will be disenrolled from the **ECP GROUND** program and may request reenrollment to CMC, provided I remain otherwise qualified.

e. A commission in the USMC is held at the pleasure of the President of the United States.

f. Upon acceptance of a commission, I will incur a Military Service Obligation (MSO) of eight (8) years in the USMC from the date of appointment to commissioned grade;

(1) Any portion of this eight (8) year MSO not served on active duty will be served on inactive duty as a member of the Individual Ready Reserve (IRR) or as a member of the Selected Marine Corps Reserve (SMCR).

g. A resignation of my commission submitted prior to completion of this eight (8) year period will normally be rejected and, after this period, may be accepted or rejected by the President, as the needs of the service may then require.

h. Upon successful completion of OCS and acceptance of appointment to commissioned grade, I will be assigned the primary Military Occupational Specialty (MOS) 8001 (Ground) and further be assigned to The Basic School (TBS) for commissioned officer training.

i. Upon successful completion of TBS I will be further assigned to a follow-on Military Occupational Specialty (MOS) School.

2. I consent to serve on extended active duty for a minimum of thirty-six (36) months as a commissioned officer from completion of MOS school. I understand that a request for release from active duty prior to completion of this period will normally be rejected.

a. United States Code, Title 10, Chapter 39, Sections 671a and 671b currently provide as follows:

(1) 671a. Members: service extension during war. Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for six months thereafter.

(2) 671b. Members: service extension when Congress is not in session.

(a) Notwithstanding any other provision of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than six months enlistment, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the armed forces, that expire before the thirtieth day after Congress next convenes or reconvenes.

LAST NAME, FIRST AND MIDDLE INITIAL OF APPLICANT

FOR OFFICIAL USE ONLY
Privacy sensitive when filled in. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

(b) An extension under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order.

b. Federal statutes and pertinent regulations applicable to personnel in the USMC may change without notice. Such changes may affect my status as an officer candidate or commissioned officer and obligations to serve as such.

3. I certify that I have read and completely understand the meaning and content of the above. No promises, either written or oral, have been made to me in connection with my application for enrollment in the **ECP GROUND** program except as specified above. I acknowledge receipt of a copy of this document.

Signature of Witnessing Officer	*Signature of Applicant*
Full Name and Grade of Witness	*Full Name of Applicant*
	Date

SERVICE AGREEMENT - ENLISTED COMMISSIONING PROGRAM GROUND

FOR OFFICIAL USE ONLY

ANNEX C

SERVICE AGREEMENT (1100)
ENLISTED COMMISSIONING PROGRAM STUDENT NAVAL AVIATOR

NAVMC 11873 (Rev 10-16) (EF) (Previous editions are obsolete and will not be used)
FOUO - Privacy sensitive when filled in.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5042, Headquarters, U.S. Marine Corps; 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN) as amended; and **SORN M01133-3**.
PURPOSE(S): To certify that the applicant acknowledges and understands all expectations of him/her upon enrollment in an Officer Program in the United States Marine Corps. This service agreement binds the individual to the terms set forth in the agreement upon signature.
ROUTINE USE(S): This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Marine Corps. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Marine personnel.
DISCLOSURE: Voluntary; however, failure to provide the requested information may result in an inability to process the individual for enlistment.

1. In connection with my application for enrollment in the **ENLISTED COMMISSIONING PROGRAM (ECP) STUDENT NAVAL AVIATOR (SNA)** program of the United States Marine Corps (USMC), I hereby acknowledge that:

a. Final approval of my application for enrollment in the **ECP SNA** program as an officer candidate will be determined by the Commandant of the Marine Corps (CMC).

b. Upon reporting for training to Officer Candidates School (OCS), I will be required to participate in training for a minimum of four (4) weeks of a 10-Week Commissioning Program, unless sooner disenrolled for cause, before any voluntary request for disenrollment will be considered.

(1) If I am disenrolled from OCS and not recommended for future attendance by the Commanding Officer of OCS, I will be disenrolled from the **ECP SNA** program.

(2) If I am disenrolled from OCS but recommended for future attendance by the Commanding Officer of OCS, I will be retained in the **ECP SNA** program and, when eligible, have the opportunity, if I desire, to attend the next available OCS 10 week training session.

(3) If I voluntarily disenroll from OCS at any time during the course of training, I will also be disenrolled from the **ECP SNA** program.

c. I am entitled to pay and allowances while attending OCS not less than those prescribed for pay grade E-5 or the highest pay grade achieved if I enter this obligation directly from current service at a pay grade above E-5.

d. Upon satisfactory completion of all commissioning requirements, I understand that I must choose to either accept or decline a commission if one is tendered to me, and that deferred acceptance is not authorized. If I decline commission, I will be disenrolled from the **ECP SNA** program and request reenrollment to CMC, provided I remain otherwise qualified.

e. A commission in the USMC is held at the pleasure of the President of the United States.

f. Once accepted into the **ECP SNA** program, I understand that I incur a Military Service Obligation (MSO) of eight (8) years in the USMC, from the effective date of my designation as a Naval Aviator.

(1) Any portion of this (8) year MSO not served on active duty will be served on inactive duty as a member of the Individual Ready Reserve (IRR) or as a member of the Selected Marine Corps Reserve (SMCR).

g. A resignation of my commission submitted prior to completion of my MSO will normally be rejected and, after this period, may be accepted or rejected by the President, as the needs of the service may then require.

h. Upon completion of OCS and acceptance of appointment to commissioned grade, I will be assigned primary Military Occupational Specialty (MOS) 7599 (Student Naval Aviator) and further be assigned to The Basic School (TBS) for commissioned officer training.

i. Upon successful completion of TBS, I will be assigned to the first available flight training class if I am physically qualified for such assignment when said class becomes available. Any projected delay in assignment to flight training may result in a temporary assignment to duties as dictated by the needs of the USMC until assignment to flight training can be effected.

j. After completion of TBS, any period of delay in assignment to flight training in excess of nine (9) months will be counted towards the ninety-six (96) month obligation, set forth in paragraph 2.a.

2. I consent to serve as a commissioned officer on extended active duty for the following minimum periods and understand that a request for release from active duty prior to completion of the minimum period will normally be rejected:

a. Ninety-six (96) months from the date of my successful completion of flight training and designation as a Naval Aviator; or

b. Forty-eight (48) months from date of appointment to commissioned grade if;

(1) I fail to meet the requirements for assignment to flight training; or

(2) I am separated from the flight training by reason of flight failure or physical disqualification (contingent upon approval from CMC).

LAST NAME, FIRST AND MIDDLE INITIAL OF APPLICANT

(3) In addition to the forty-eight (48) month MSO, if I fail to meet the requirements for assignment to flight training as a result of my own request or by reason of academic failure, I agree to serve an additional extension of active service equal to the time spent in flight training (contingent upon approval from CMC).

c. United States Code, Title 10, Chapter 39, Sections 671a and 671b currently provide as follows:

(1) 671a. Members: service extension during war. Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for six months thereafter.

(2) 671b. Members: service extension when Congress is not in session.

(a) Notwithstanding any other provision of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than six months enlistment, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the armed forces, that expire before the thirtieth day after Congress next convenes or reconvenes.

(b) An extension under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order.

d. Federal statutes and pertinent regulations applicable to personnel in the USMC may change without notice. Such changes may affect my status as an officer candidate or commissioned officer and obligations to serve as such.

3. I certify that I have not previously failed any military aviation training program nor have I been designated as an aviator in any of the Armed Forces of the United States.

4. I certify that I have read and completely understand the meaning and content of the above. No promises, either written or oral, have been made to me in connection with my application for enrollment in the **ECP SNA** program except as specified above. I acknowledge receipt of a copy of this document.

Signature of Witnessing Officer	*Signature of Applicant*
Full Name and Grade of Witness	*Full Name of Applicant*
	Date

SERVICE AGREEMENT - ENLISTED COMMISSIONING PROGRAM STUDENT NAVAL AVIATOR

ANNEX C

MCTFS/MOL SCREENS

PRINT THE FOLLOWING SCREENS FROM MARINE CORPS TOTAL FORCE SYSTEM (MCTFS) OR MARINE ONLINE (MOL) AND INCLUDE WITH YOUR PACKAGE (ENSURE EDIPI IS REFLECTED AND THEY ARE CERTIFIED):

- **CHRONOLOGICAL RECORD (CHRO)**
- **BASIC INDIVIDUAL RECORD (TBIR)**
- **BASIC TRAINING RECORD (TBTR)**
    - **THE NAVMC 11622 UPDATES OFFICIAL PFT/CFT**
- **RECORD OF SERVICE (TROS)**
- **AWARDS**

NAVMC 118 (11) ENTRIES

REQUIRED FOR ALL APPLICANTS:

- **SELECTIVE RETENTION BONUS (SRB) STATEMENT**

REQUIRED IF FOREIGN BORN:

- **DUAL CITIZENSHIP STATEMENT (IF APPLICABLE)**

  I hereby express my willingness to renounce my (list foreign country) citizenship with all rights and privileges, if selected for the Marine Corps Enlisted Commissioning Education Program. (If applicable) I further agree to turn in my (identify foreign country) passport to (list foreign country) embassy and provide a receipt to my CO, if selected for the Marine Corps Enlisted Commissioning Education Program.

- **DEROGATORY STATEMENT (IF APPLICABLE)**

SIGN APPLICABLE STATEMENT(S).

IF APPLICABLE, DUAL CITIZENSHIP STATEMENT CAN BE ADDED TO THE SAME FORM AS THE SRB STATEMENT.

DO NOT SUBMIT ANY OTHER PAGE 11 ENTRIES EXCEPT FOR THE STATEMENTS REQUESTED ABOVE.

G

ADMINISTRATIVE REMARKS (1070)

DATE	DATE	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.
(Signature)	*(Signature)*	*(Signature)*

_____ I hereby acknowledge that I am not eligible for a SRB while pending selection to the Enlisted Commissioning Program. I understand that any extensions or reenlistments for the specific purpose of meeting service requirements for the Enlisted Commissioning Program do not entitle me to an SRB award incident to such reenlistment. If selected to the Enlisted Commissioning Program and do not complete the program, I understand that I am not entitled to an SRB award incident to the reenlistment.

_____
SNM

NAME (last, first, middle)	EDIPI

UNIT PUNISHMENT BOOK

REQUIRED ONLY IF APPLICABLE

- **DO NOT PROVIDE IF NO OFFENSES**

- **PROVIDE EXPLANATION FOR ALL OFFENSES ON THE ADDENDUM PAGE**

ENLISTED TO OFFICER APPLICANT STATEMENT OF UNDERSTANDING REGARDING DENTAL REQUIREMENTS PRIOR TO ATTENDING OFFICER CANDIDATES SCHOOL

"I have been advised by my Commanding Officer that it is my personal responsibility to ensure that all dental defects are corrected and orthodontic appliances are removed prior to reporting to training. Failure to obtain a dental examination from a qualified dentist and correction of any deficiencies to include caries (cavities), partial plates, caps, root canals, and extractions may be grounds for my disenrollment prior to the commencement of training at Officer Candidates School, Quantico, Virginia".

_____	_____
APPLICANT'S SIGNATURE	WITNESSING OFFICER'S SIGNATURE
_____	_____
DATE	DATE

(The cursory dental check received at a Military Entrance Processing Station does not constitute a proper dental examination per the medical provisions of an Officer Candidates Program.)

PROOF OF US CITIZENSHIP

REQUIRED:

- CERTIFIED BIRTH CERTIFICATE

REQUIRED OF DUAL OR NATURALIZED CITIZENS:

- SUBMIT A CERTIFIED COPY OF ONE OF THE FOLLOWING:
  - FOREIGN BIRTH CERTIFICATE TRANSLATED IN ENGLISH (LANGUAGE DEPARTMENT AT A COLLEGE OR UNIVERSITY IS AUTHORIZED TO VERIFY)
  - FORM N-560/N-561 CERTIFICATE OF CITIZENSHIP
  - FORM N-550/N-551 CERTIFICATE OF NATURALIZATION
  - DS FORM 1350 CERTIFICATION OF BIRTH
  - FS FORM 545 CERTIFICATION OF BIRTH ABROAD
  - FS FORM 240 REPORT OF BIRTH ABROAD OF CITIZENS OF THE US
  - FS FORM 545 CERTIFICATION OF BIRTH ABROAD
  - US PASSPORT

IF APPLICANT IS FOREIGN BORN OF US CITIZEN PARENTS, APPLICANT MUST PROVIDE ONE PARENT'S BIRTH CERTIFICATE WITH FS FORMS 240 AND FS FORM 545

REFER TO CURRENT MCRCO 1100.2 FOR ACCEPTABLE SUBMISSIONS AND PROVIDE THE BELOW CERTIFIED STATEMENT:

- THE FOLLOWING LANGUAGE MUST BE ON THE VERIFIED COPY: "I HAVE DETERMINED THAT THIS COPY IS A FULL, TRUE, AND ACCURATE REPRODUCTION OF THE ORIGINAL AFTER PERSONALLY COMPARING THE COPY AND ORIGINAL OR OBSERVING THE COPYING PROCESS. NO MODIFICATIONS OR ALTERATIONS HAVE BEEN MADE TO EITHER THE ORIGINAL DOCUMENT OR THIS COPY.

DEPENDENT STATEMENT

STATEMENT ON FMF SERVICE (APPLICANT)

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

STATEMENT ON FMF SERVICE (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 Signature/Date	Marine Rep Signature/Date

SPOUSE INFORMATION

REQUIRED ONLY IF MARRIED OR DIVORCED:

- **MARRIAGE CERTIFICATE/DIVORCE DECREE (IF APPLICABLE)**

1040
Code
Date

From: Security Officer, Unit Name
To: Commanding General, Marine Corps Recruiting Command

Subj: SECURITY CLEARANCE VERIFICATION LETTER

1. The following information has been extracted from official record:

a. Name: Marine Full Name/EDIPI/PMOS

b. Clearance: Investigation – PRSC (YYYYMMDD) OPM
NACLC (YYYYMMDD) OPM
ENAC (YYYYMMDD) OPM

Eligibility – SECRET (YYYYMMDD) DoNCAF

U.S. Access - Secret

2. Add sentence here if eligibility has expired and new investigation has been opened and provide date investigation was opened and accepted. **(Note: Secret is good for 10 years and Top Secret is good for 6 years)**

3. Point of contact for this matter is (Rank Full Name), defense system network (DSN) or commercial telephone numbers, and electronic mail address (EMAIL).

SECURITY OFFICER SIGNATURE

APTITUDE TEST SCORES

QUALIFYING SCORES:

- **74 AFQT MINIMUM (COMBINED SCORE)**

- **OFFICIAL SAT SCORE REPORT - 1000 SAT MINIMUM (MATH AND CRITICAL READING ONLY)**

- **OFFICIAL ACT COLLEGE REPORT - 22 ACT MINIMUM (COMPOSITE SCORE)**

- **ECP APPLICANTS ARE REQUIRED TO HAVE THE FOLLOWING MINIMUM ON THE ASTB IF APPLYING FOR AIR:**
  - **4 AQR**
  - **6 PFAR**

MUST HAVE 1 OF THE 3 QUALIFYING SCORES REFER TO CURRENT MCO 1040.43

PROOF OF DEGREE

REQUIRED:

- UNOFFICIAL **TRANSCRIPTS** MUST SHOW:
    - SCHOOL NAME
    - ADDRESS (TO INCLUDE STATE)
    - CUMLATIVE GRADE POINT AVERAGE
    - CREDITS EARNED
    - MUST COPY BACK OF TRANSCRIPTS
    - FULL CONFER DATE FOR BACHELORS
    - MAY SUBMIT COPY OF DIPLOMA WITH ABOVE

TRANSCRIPT REQUEST FORM PROVIDED ON THE FOLLOWING PAGE. REFER TO CURRENT MCO 1040.43

REQUEST FOR COLLEGE TRANSCRIPTS

Registrar,

_____

_____

Dear Sir or Ma'am:

I am seeking an opportunity to participate in the Enlisted Commissioning Program and must obtain an official copy of my transcripts from my educational institutions where I was conferred.

At your earliest convenience, please forward one copy of my official transcript to me at the following address:

_____

_____

Pertinent Information:

Name: _____

SSN: _____

Dates Attended: _____

Major: _____

A pre-addressed envelope is provided for this purpose. The transcripts must contain evidence of my eligibility for readmission to your institution. If a cost is involved, please bill me at the address given below.

_____

_____

_____

_____

_____

SIGNATURE OF APPLICANT

RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES
(Revised)

1. Military life is fundamentally different than civilian life. As a member of the Armed Forces, you represent the military establishment and occupy a unique position in society. This special status brings with it the responsibility to uphold and maintain the dignity and high standards of the Armed Forces, and as a service member you are subject to military laws and regulations, including the Uniform Code of Military Justice, at all times and in all places, both on and off base, from the time you enter the Armed Forces until discharged or otherwise separated from the Armed Forces.

2. You must also be ready at all times for world-wide deployment. This fact carries with it the requirement for military units and their members to possess high standards of morale, good order and discipline, and cohesion. As a result, military laws, regulations, customs and traditions impose certain restrictions on your personal behavior that may be different from civilian life. Members of the Armed Forces may be involuntarily separated before their enlistment or term of service ends for various reasons, including, but not limited to, the following:

a. Commission of a military or civilian criminal offense;

b. Unlawful drug involvement;

c. Intentional misrepresentation or omission of material fact in obtaining an appointment in the Armed Forces;

d. A pattern of discreditable involvement with military or civilian authorities;

e. Illegal discrimination based on race, creed, color, sex, religion, or national origin;

f. Advocating the use of force or violence against any Federal, State, or local Government in contravention of the law;

g. Conduct that can disrupt or degrade the mission or effectiveness of your unit;

h. Conduct that would bring discredit on the Armed Forces in the view of the civilian community;

i. Inability to perform your duties satisfactorily or being unavailable for world-wide assignment or deployment because of parental responsibilities; or

j. Failure to comply with the Marine Corps' weight control and body composition standards.

3. I have read and understand the contents of this document.

_____	_____
Applicant	Marine Officer Representative
_____	_____
Signature Date	Signature Date

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps policy on the illegal use of drugs.

2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines. In the Corps, every Marine has a responsibility for the lives of fellow Marines. It is your responsibility to use all your influence over fellow Marines to help avoid involvement with illegal drugs. As a Marine, you are expected to be dedicated to the highest standards of personal conduct and honor.

3. Certification. I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand I will be screened for alcohol and given urinalysis tests for drugs during my initial physical, and given a urinalysis test for drugs within 24 hours of my arrival at Officer Candidates School. I understand that if I test positive for drugs or alcohol at any time, I will be disqualified for enlistment and appointment. I understand that if I test positive on the urinalysis at Officer Candidates School or The Basic School that I will be subject to an administrative discharge from the Marine Corps or even to courts-martial. I also understand that once I enlist into an officer candidate program, any illegal use of drugs will adversely affect my ability to commence training at Officer Candidates School and The Basic School if commissioned.

_____ _____
(Applicant's Signature) (Date)

_____ _____
(Applicant's Printed Name) (Last 4 Social Security Number)

4. Marine Officer Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised him/her to be thoroughly honest in completing the Drug Abuse screening form.

_____ _____
(Marine Officer Signature) (Date)

_____
(Marine Officer Printed Name)

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING FRATERNIZATION

1. **Purpose**. The purpose of this document is to insure that you understand the Marine Corps policy on fraternization.

2. **Policy**. Personal relationships between officer and enlisted members that are unduly familiar and that do not respect differences in grade or rank are prohibited. Such relationships are prejudicial to good order and discipline and violate long-standing traditions of naval service. Fraternization may be charged as an offense under the Uniform Code of Military Justice. The only exceptions are familial relationships, such as marriages that occur prior to the date of commissioning and relationships between parents and children or between siblings.

3. **Certification**. I certify that I have read the Marine Corps policy on fraternization. I understand that violation of this policy can result in adverse action to include, but not limited to, disenrollment from the Officer Candidates School, and, once commissioned, processing for administrative discharge, and courts-martial.

_____ _____
Applicant' Signature Date

_____
Applicant' Printed Name

4. **Marine Officer Verification**. I certify that I have completely explained the Marine Corps policy on fraternization to the above named applicant.

_____ _____
Officer Signature Date

NAME: (LAST, FIRST, MIDDLE)	LAST 4 SSN	PROGRAM
		ECP

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY ON SEXUAL ASSAULT AND SEXUAL HARASSMENT

1. Purpose. The purpose of this document is a notification of the Marine Corps policy concerning sexual assault and sexual harassment.

2. Policy. Sexual assault and sexual harassment are prohibited in the United States Marine Corps. Furthermore, any instances of non-adherence to this policy by a Marine can result in disciplinary or administrative action.

- **Sexual Assault** is a crime defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent.

- **Sexual Harassment** is a form of sex discrimination involving unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
  - Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career, or
  - Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or
  - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment

3. Certification. I certify that I understand the Marine Corps policy regarding sexual assault and sexual harassment; and that sexual assault and sexual harassment in the Marine Corps is prohibited. I understand that I am expected to report any instance of sexual assault or sexual harassment. Furthermore, the Marine Corps will conduct formal training about Sexual Assault Prevention and Response (SAPR) at recruit training and throughout assignments in the Marine Corps.

_____ _____
(Applicant's Signature) (Date)

_____ _____
(Applicant's Printed Name) (L4 Security Number)

4. Recruiter Verification. I verify that I have explained the Marine Corps policy on sexual assault and sexual harassment to the above named applicant.

_____ _____
(Recruiter's Signature) (Date)

5. MEPS LNCO Certification. I certify the above named applicant understands the Marine Corps policy on sexual assault and sexual harassment.

_____ _____
(MEPS LNCO Signature) (Date)

ANNEX (A)

SERVICEMEMBERS CIVIL RELIEF ACT ADVICE AND STATEMENT OF UNDERSTANDING

1. I, _____ , by my signature at the bottom of
(Name-typed or printed) (Last, First, Middle Initial)
this page, am hereby informed of the rights I gain as a servicemember under the Servicemembers Civil Relief Act of 2003 (50 U.S.C. App §§ 501-597b) (the "SCRA"). I am also hereby informed, as required by 50 U.S.C. App § 515, regarding how I may learn more about the extent of these rights and how to exercise those rights.

2. GENERAL INFORMATION:
The Servicemembers Civil Relief Act of 2003 is a Federal law that replaced the Soldiers and Sailors Civil Relief Act. It provides many new legal rights to you and, in some cases, your dependents. For more information on the SCRA and how to exercise your rights, you should (a) consult with a military Legal Assistance attorney provided to you (and your spouse) free of charge at most military installations, and (b) read the SCRA information found at http://www.marines.mil/unit/judgeadvocate/Pages/JAL/JAL_home.aspx or https://wwwa.nko.navy.mil/portal/home [enter "SCRA" in the search box].

3. WHO IS COVERED:
Members of the Air Force, Army, Coast Guard, Marine Corps, and Navy on active duty (including Reserves ordered to active duty), Public Health Service and National Oceanic and Atmospheric Administration Officers, and National Guard members called to Federal active service in excess of thirty (30) days. U.S. citizens serving with a U.S. allied force in the prosecution of a war or military action are likewise covered. Dependents (which generally includes spouse, children, and those you provide more than one-half of their support) of these people are covered under some sections of the SCRA.

4. RIGHTS. A useful, but not all inclusive summary of the SCRA's many rights follows:

a. **Exercising Your Rights:** you may exercise your SCRA rights yourself, or you may have (i) an attorney, or (ii) another person to whom you have delegated (by Power of Attorney) the ability to exercise your SCRA rights for you;

b. **Retaliation Protection:** creditors, landlords, insurers, and others may not take adverse action (for example, denying credit, issuing adverse credit reports) against you *solely* because you exercise your SCRA rights;

c. **Terminating Leases and Cell Phone Contracts:** you may be able to terminate a lease for your home, apartment, business, or motor vehicle. You may also be able to terminate a cell phone contract that you signed prior to active duty, or during active duty when you receive deployment or PCS orders;

d. **6% Interest Rate Cap on Debts:** some pre-service debts (but no debts incurred during active duty) may be limited to a six percent (6%) interest rate, if you follow the SCRA's procedures. Examples include mortgages, consumer debts, and federally insured student loans;

e. **Eviction Protection:** you or your dependents may not be evicted from a dwelling with rent not greater than $2,975.54 (as of Jan 2011) without a court order; if the landlord obtains a court order, a court may delay the eviction for 90 days;

f. **Installment Contracts for Property:** pre-service installment contracts for real or personal property (including a motor vehicle) where you have made deposits or payments may not be terminated or the property repossessed for breach or non-payment *unless* a court issues a court order;

g. **Stays/Delays in Proceedings:** if you cannot appear at court or an administrative proceeding concerning a civil matter because of your military service, you may request an automatic 90-day delay in any judicial (court) or administrative hearing, by following the SCRA's procedures; you may also request additional stays if you cannot appear due to your military service; this does not apply to criminal proceedings.

h. **Default Judgments:** if you do not respond to a lawsuit against you, you may be ruled against in a "default judgment"; before a judgment is entered, the opposing party must inform the court whether you are in the military, and if so, the court must appoint an attorney to represent your interests; if default judgment is entered against you, you may attempt to *reopen* that judgment no later than 90 days after you leave the military service;

i. **Statutes of Limitations:** except with regard to IRS (federal tax) laws, your period of military service is *excluded* from calculating statutes of limitations (times during which court actions or administrative proceedings may be brought *by* or *against* you or your heirs, executors, administrators , or assigns);

j. **Mortgages and Storage Liens:** actions to enforce pre-service mortgages or storage liens generally must be stayed or adjusted during your military service, if you appropriately so request from the court; sales, foreclosures, or seizures without court order will be invalid unless you have executed a valid SCRA waiver;

k. **Taxes:** generally (1) your and your spouse's state of legal residence and domicile is unaffected by your military service within other states; (2) your military compensation is not "income" for tax purposes of states where you are not a legal resident or domiciliary; (3) states where you are not a legal resident or domiciliary cannot use your military income to increase your spouse's tax liability; (4) upon your request, the federal and state government tax authorities *may* grant deferrals of income taxes due before or during military service, but cannot add interest or penalties if they grant your deferral request; (5) your property cannot be sold or foreclosed to satisfy your unpaid taxes except by court order; (6) the amount of taxes (other than income tax) or assessments due and unpaid will bear an interest rate of 6% per year and courts *can* stay proceedings to enforce tax collection, assessment, or tax-related property sales.

l. **Professional, Health, Life Insurance:** (a) certain types of professional liability insurance may be suspended during active duty upon written request, and reinstated upon release from active duty, with restrictions on how premiums may be increased during your active duty service; (b) health insurance active the day before your service commences, terminated during active duty, generally may be reinstated within 120 days from your release from active duty; (c) for life insurance policies in force 180 days or more before your service, coverage may not be decreased, nor premiums increased, and you may request the Secretary of Veteran Affairs to protect policies up to the greater of $250,000 or an amount equal to the SGLI maximum limit from termination due to nonpayments of premiums, interest, or indebtedness on a premium, during your military service and 2 years thereafter.

m. **Small Owner business Protection:** if you are personally liable for obligations of your business or trade, your non-business assets and military pay are, in general, sheltered from creditors with respect to those obligations during your military service;

n. **Voting Rights:** your and your spouse's residency for Federal, State, or local voting purposes is unaffected by your absence from your voting state due to your military service;

o. **Other Relief:** you may apply to courts for "general relief" on other matters no later than 180 days from your release from military service.

5. WAIVER OF SCRA RIGHTS. You may waive any of the rights and protections provided by the SCRA. Waivers of many rights and protections must be in writing in an instrument separate from the obligation or liability to which it applies. You should consult with a Legal Assistance attorney before waiving your rights.

6. EXERCISING YOUR RIGHTS: There are many time limitations and procedural requirements for you to exercise your SCRA rights. If you have any questions about your rights
or anticipate needing to exercise your SCRA rights, immediately seek the advice of free military Legal Assistance attorneys.

7. SIGNATURE BELOW: Signing this document indicates that you have reviewed this document completely and understand its contents.

16a. SIGNATURE		**DATE**
17. WITNESS AND ACCEPTANCE. The execution of this document was witnessed by me who accepted it on behalf of the United States Department of Defense as fulfilling the notice requirement of the SCRA of 2003.	**a. SIGNATURE**	**DATE**

DATA REQUIRED BY THE PRVACY ACT OF 1974
(5 U. S. C. 552A)

PART A GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms elated to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

SYSTEM DESCRIPTION	SYSTEM NUMBER
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Informatiion is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number if mandatory.

PACT C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

Date	Signature of the Individual	Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS
NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800 (5211)

(File Original in OQR or SRB; Provide Copy to Individual)

Subject: MARINE CORPS POLICY CONCERNING MILITARY OCCUPATIONAL SPECIALTIES (MOS) TO ALL OFFICER APPLICANTS

1. Purpose. The purpose of this document is to provide notification of the Marine Corps policy on the integration of women into all military occupational specialties (MOS).

2. Policy. In January 2013 the Department of Defense eliminated the "1994" Direct Ground Combat Definition and Assignment Rule, which effectively removed the remaining barrier to the integration of women into all military occupational specialties and career fields within the U.S. military. On 3 December 2015, the Secretary of Defense announced that no exceptions to full integration of women into all MOSs were warranted. On 2 January 2016, in a deliberate, measured and responsible process, the Marine Corps will commence an implementation plan to expand active and reserve ground combat arms opportunities for women in the service.

3. Certification. I certify that I have read the Marine Corps' policy on integrating women into all MOSs. I fully understand that I have the opportunity to qualify for service in any MOS.

_____	_____
Applicants Signature	**Date**
_____	**X X X – X X - __ __ __ __**
Applicants Printed Name	**Applicants Last 4 of SSN**

ADDITIONAL DOCUMENTS

OPTIONAL:

- **LETTERS OF RECOMMENDATION**
  - **FORMAT IS UP TO THE AUTHOR AND MUST EXPLAIN WHY THEY FEEL THE MARINE SHOULD BE AN OFFICER**

ACTIVE RESERVE (AR) MARINES ONLY

REQUIRED:

- END OF ACTIVE SERVICE (EAS) MUST BE WITHIN 6 MONTHS FROM DATE OF SCHEDULED BOARD APPLYING

- MUST PROVIDE APPROVED DD FORM 368

- IF SELECTED AR MARINES MUST BE NON-COMPETITIVELY AUGMENTED TO THE ACTIVE COMPONENT ONCE IDENTIFIED AS SELECTED ON THE RESULT MARADMIN. TO ACCOMPLISH THIS, THE AR SELECT MUST INITIATE A PRIOR SERVICE ENLISTED PACKAGE TO MANPOWER ENLISTED ASSIGNMENTS (MMEA-1) VIA THEIR CAREER PLANNER TO COORDINATE THE AUGMENTATION. MARINES MUST BE AVAILABLE FOR WORLD-WIDE ASSIGNMENT AND QUALIFIED TO REENLIST OR AUGMENT.

- MUST OBTAIN OBLIGATED SERVICE AS OUTLINED BY CURRENT MCO 1040.43 FOR PROGRAM APPLYING UPON AUGMENTATION INTO ACTIVE DUTY

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME *(Last, First, Middle Initial)*	b. PAY GRADE	c. SSN or EDIPI	d. SERVICE COMPONENT

e. CURRENT UNIT/ COMMAND	f. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE

3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ *(current component);* request that it be accepted contingent upon actual appointment or enlistment in the _____ *(requesting component),* and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ *(Service/Component).*

b. NAME OF RECRUITER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED
e. TITLE		

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

☐ a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.

☐ b. DISAPPROVED. Release is not granted. *(Explain in "Remarks.")*

6. AUTHORIZING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. TITLE

c. TELEPHONE NUMBER *(Include area code)*	d. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

e. SIGNATURE	f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____.

THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. TITLE	c. UNIT/COMMAND

d. TELEPHONE NUMBER *(Include area code)*	e. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

f. SIGNATURE	g. DATE SIGNED

SECTION IV - REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 261, 516, 651, 716, 3013, 5013, 8013, 12104, 12105, 12106, 12107, 12208, 12213, 12214, and 12645; 32 U.S.C. Section 323; and DoD Instruction 1205.05, Transfer of Service Members Between Reserve and Regular Components of the Military Services.

PRINCIPAL PURPOSE(S): To document coordination and concurrence of one Military Service for discharge and accession to another Military Service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in delay or denial of release from current Military Service.

INSTRUCTIONS

GENERAL INSTRUCTIONS.

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number or Electronic Data Interchange Personal Identifier, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the adddress in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .....")

1040
ON/E
Date

From: Military Treatment Facility
To: Commanding Officer, Unit Name

Subj: VERIFICATION OF MEDICAL SCREENING FOR BOARD PURPOSES IN CASE OF RANK FULL NAME EDIPI/PMOS USMC(R)

Ref: (a) MARADMIN XXX/YY (current board announcement)

1. Per the reference, the following forms, DD Form 2808 and DD Form 2807-1, have been filled out completely and accurately on (Rank Last Name). Furthermore, these forms meet the time requirements established by the reference.

2. (Rank Last Name) understands he/she is responsible, and obligated to provide all required medical documentation, per the reference, including an Individual Medical Readiness Report (IMR) to Marine Corps Recruiting Command with his/her complete package.

3. Point of contact in this matter is Ms. Troi Spencer at commercial (703) 784-9443, DSN 278-9443 or email Troi.Spencer@marines.usmc.mil.

SIGNATURE OF MEDICAL DEPARTMENT REPRESENTATIVE