

1040
Code
Date

THIRD ENDORSEMENT on (Rank Full Name)'s MCP-R application of
(date)

From: General Officer, (Unit Name)

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

Subj: NOMINATION OF APPLICATION FOR CONSIDERATION FOR THE FISCAL
YEAR 20XX MERITORIOUS COMMISSIONING PROGRAM-RESERVE

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 MCP-R within this command.
3. Point of contact for this matter is (Rank Full Name), commercial telephone number, 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
BY DIRECTION/ACTING OPTION

1040
Code
Date

SECOND ENDORSEMENT on (Rank Full Name)'s MCP-R application of
(date)

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

Subj: NOMINATION OF APPLICATION FOR CONSIDERATION FOR THE FISCAL
YEAR 20XX MERITORIOUS COMMISSIONING PROGRAM-RESERVE

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 MCP-R within this command.
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
BY DIRECTION/ACTING OPTION

1040
Code
Date

FIRST ENDORSEMENT on (Rank Full Name)'s MCP-R application of
(date)

From: Commanding Officer, (Unit Name)

To: Commanding General, Marine Corps Recruiting Command

Via: (1)Endorsing Chain of Command, (Unit Name)

Subj: NOMINATION OF APPLICATION FOR CONSIDERATION FOR THE FISCAL
YEAR 20XX MERITORIOUS COMMISSIONING PROGRAM-RESERVE

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 Meritorious Commissioning Program-Reserve.
2. The height and weight of the applicant is (inches) and (pounds) (must list body fat% if over ht/wt). Applicant (is/is not) medically and dentally qualified.
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 5510.30A and current MCO 1040.43.
6. I have screened the applicant for body markings and he/she does/does not have body markings. (If yes) I have viewed the applicant's body markings. Photographs and a written description of the body markings are provided, and they (are/are not) in compliance with the Marine Corps standards per the Marine Corps Uniform Regulations and MCBUL 1020.

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX
MERITORIOUS COMMISSIONING PROGRAM-RESERVE

7. The applicant requires a waiver for age, traffic offense, other non-traffic offense, misconduct offense, major misconduct offense, drug, and dependent(s). Refer to current 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 MERITORIOUS
COMMISSIONING PROGRAM-RESERVE

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 Meritorious Commissioning Program-Reserve.

2. I acknowledge that if NACLIC develops information that disqualifies me as an officer candidate I will be determined ineligible and disenrolled from the MCP-R.

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 ___SNFO

Religious preference: _____

Race: ___White ___Black ___Hispanic ___Asian ___Other

Ethnicity: _____

5. 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 MCP-R 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 MCP-R 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 MCP-R 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(YMMDD)		MARITAL STATUS		RACE	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DOB(YMMDD)		RELIGION				CITIZENSHIP			
HOME OF RECORD ADDRESS: (INCLUDE COUNTY)				EMAIL				DTE OF PRGM ENTRY (board/msg date)			
				PHONE							
UNIT ADDRESS		PROGRAM		<input type="checkbox"/> NROTC NAVY		<input type="checkbox"/> CIVILIAN		<input type="checkbox"/> NAVAL ACADEMY			
		(CHECK ALL THAT APPLY)		<input type="checkbox"/> NROTC MARINE		<input type="checkbox"/> ECP/RECP		<input type="checkbox"/> AIR FORCE ACAD			
				<input type="checkbox"/> COLLEGE PROGRAM		<input type="checkbox"/> MECEP		<input type="checkbox"/> WEST POINT			
				<input type="checkbox"/> SCHOLARSHIP		<input type="checkbox"/> MCP-R		<input type="checkbox"/> 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						Commissioned Officer's Signature:					
Date						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: _____

APPENDIX G

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)

APPENDIX G

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); DO NOT SUBMIT INSTRUCTIONS

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

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

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)

(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

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

(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCO 1020.34 ."

(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 HANDDRAWN 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 IN THE SQUARE PROVIDED AND SELECT THE APPROPRIATE PHOTO.

PT GEAR PHOTOS
(GREEN ON GREEN PT GEAR ONLY)

RANK

NAME

EDPII

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 11876 MCP-R GROUND 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)
MERITORIOUS COMMISSIONING PROGRAM RESERVE GROUND
NAVMC 11876 (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 **MERITORIOUS COMMISSIONING PROGRAM RESERVE (MCP-R) GROUND** program of the United States Marine Corps Reserve (USMCR) (other than Active Reserve), I hereby acknowledge that:

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

b. I understand that possession of the minimum required uniform is expected upon reporting to OCS although subsequent service in the USMCR may qualify me for an initial uniform allowance of \$200.

c. 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 before any voluntary request for disenrollment will be considered. A disenrollment, whether voluntary or for cause, will fully void the enlistment contract and result in my discharge from the USMCR unless I have a preexisting service obligation, in which case I would be returned to my parent unit to fulfill my obligation. I understand that should I terminate attendance at OCS prior to the completion of the requisite (4) weeks of training without the concurrence of the Commanding Officer of OCS, the Marine Corps is under no obligation to settle resultant travel expenses.

(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 **MCP-R 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 **MCP-R 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 **MCP-R GROUND** program.

d. I am entitled to pay and allowances while attending OCS not less than those prescribed for pay grade E-5. I am entitled to pay and allowances for my current grade if I am an E-6 or above.

e. 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 **MCP-R GROUND** program and may request reenrollment to CMC, provided I remain otherwise qualified.

f. A commission in the USMCR is held at the pleasure of the President of the United States.

g. I understand that my Military Service Obligation (MSO) in the USMCR will not terminate upon commissioning and does not change from my previous enlisted obligation (DODI 1304.25). Any portion of my 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).

h. 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.

i. 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.

j. Upon successful completion of TBS I will be further assigned to a follow-on primary Military Occupational Specialty (MOS) school and my assignment will be based upon the SMCR unit(s) and MOS available prior to my assignment to MOS training.

2. Upon completion of MOS school, I consent to satisfactorily participate in 48-scheduled inactive duty training (IDT) periods per fiscal year during the first four (4) years of commissioned service, and to attend the first three (3) Annual Training (AT) periods. I agree not to resign a commission in the Marine Corps Reserve prior to the eighth (8) anniversary of the date of acceptance of first commission.

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.

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.

(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.

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 understand that the intent of the program is to fill specific billets in an SMCR unit (not on active duty) and that any request for active duty must be approved by CMC (Reserve Affairs). Requests for augmentation to the Active Component will only be considered after the officer completes thirty-six (36) months of service in an SMCR unit. Requests for assignment to the Active Reserve (AR) program will only be considered after the officer has completed at least 36 months of commissioned service.

4. I understand that if I am on an AR contract I am not eligible to attend OCS until I am within (6) months of EAS and I will be released from my AR contract upon appointment to the MCP-R GROUND program and assignment to OCS.

5. 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 MCP-R GROUND program except as specified above. I acknowledge receipt of a copy of this document. I further understand that failure to complete or abide by any of the provisions of this Service Agreement may result in being discharged or reverted back to the enlisted rank that I held upon completion of OCS.

Signature of Witnessing Officer

Signature of Applicant

Full Name and Grade of Witness

Full Name of Applicant

Date

SERVICE AGREEMENT - MERITORIOUS COMMISSIONING PROGRAM RESERVE (MCP-R) GROUND

ANNEX C

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

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.



ADMINISTRATIVE REMARKS (1070)

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

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

SNM

<p>NAME (last, first, middle)</p>	<p>EDIPI</p>
-----------------------------------	--------------

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)

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

COLLEGE TRANSCRIPTS

REQUIRED:

- UNOFFICIAL TRANSCRIPTS MUST SHOW:
 - SCHOOL NAME
 - ADDRESS (TO INCLUDE STATE)
 - CUMULATIVE GRADE POINT AVERAGE
 - CREDITS EARNED
 - MUST COPY BACK OF TRANSCRIPTS
 - FULL CONFER DATE FOR ASSOCIATES OR MINIMUM OF 75 CREDITS
 - 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 Meritorious Commissioning Program-Reserve 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

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)

SERVICEMEMBERS CIVIL RELIEF ACT ADVICE AND STATEMENT OF UNDERSTANDING

1. I, _____, by my signature at the bottom of 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
--	---------------------	-------------

FOR OFFICIAL USE ONLY

DATA REQUIRED BY THE PRIVACY 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 one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related 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:

<u>SYSTEM DESCRIPTION</u>	<u>SYSTEM NUMBER</u>
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. Information 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.

PART 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. 6-90) (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

Applicants Printed Name

X X X - X X - _ _ _ _
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

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