



UNITED STATES MARINE CORPS

NAME OF UNIT
UNIT'S ADDRESS
CITY, STATE, ZIP

1533/1040
XX Oct XX

First Endorsement on Midn X/C or Rank Iam A. Marine, USMC/USMCR
ltr of XX XX

From: Commanding Officer, Naval Reserve Officer Training Corps
Unit, Unit Name

To: Commanding General, Marine Corps Recruiting Command (ON/E)

Subj: REQUEST FOR AVIATION GUARANTEE

1. Forwarded, recommending approval.
2. Enter paragraph here if applicant requires and age waiver per current policy with justification.
3. Point of contact for this matter is (Rank Full Name), unit telephone number and electronic mail address.

CO SIGNATURE



UNITED STATES MARINE CORPS

NAME OF UNIT
UNIT'S ADDRESS
CITY, STATE, ZIP

1533/1040
XX SEP XX

From: Midshipman X/C or Rank Iam A. Marine, EDIPI USMC/USMCR
To: Commanding General, Marine Corps Recruiting Command (ON/E)
Via: Commanding Officer, Naval Reserve Officer Training Corps
Unit, Unit Name

Subj: REQUEST FOR AVIATION GUARANTEE

Ref: (a) CNSTCINST 1533.2D (ROD)
(b) MCO 1040.43B

Encl: (1) Essay
(2) MCRC Regular Officer (ON/E) Information Sheet
(3) Aviation Service Agreement (MCRC Form xxx)
(4) Official ASTB scores
(5) PQ NAMI letter with flight physical
(6) Current unofficial transcripts

1. In accordance with the references, I am requesting a guarantee assignment as a Student Naval Aviator upon successful completion of my degree and commissioning.

2. Point of contact for this matter is (Rank Full Name), unit telephone number and electronic mail address.

APPLICANT SIGNATURE

GUIDE FOR ESSAY

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

Essay must be a maximum 100 words or less. Essay can be typed or handwritten, but must fit in the text box provided.

Statement is only required if over 29 years of age.

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

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			<input type="checkbox"/> NROTC MARINE			<input type="checkbox"/> ECP/RECP			<input type="checkbox"/> AIR FORCE ACAD					
			ALL THAT			<input type="checkbox"/> COLLEGE PROGRAM			<input type="checkbox"/> MECEP			<input type="checkbox"/> WEST POINT					
			APPLY)			<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/BILLETTS 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 Feb 2021; 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	See Race Codes on MCRC ON/E Website
SEX	MALE or FEMALE
DOB	Date of Birth as it shows on birth certificate in YYMMDD format.
RELIGION	See Religion Codes on MCRC ON/E Website 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, cannot be a .edu 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
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
SEM GPA	Last completed semester/quarter GPA
GRAD DATE	Date of degree completion in YYMMDD format
PROJ COMM DATE	Date projected to commission in YYMMDD format
COLLEGE	Name of school currently attending

APPENDIX G

PFT SCORE	Marine Corps Physical Fitness Test total points
PULL UPS/ PUSH UPS	Pull ups/ Push ups (total)
CRUNCHES/PLANKS	Total number or time
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
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

**COPY OF ALL
OFFICIAL
ASTB SCORES**

**NAMI PQ LETTER
WITH FLIGHT
PHYSICAL**

**UNOFFICIAL
TRANSCRIPTS
FROM
UNIVERSITY**