



**UNITED STATES MARINE CORPS**  
OFFICER CANDIDATES SCHOOL  
TRAINING COMMAND  
2189 ELROD AVENUE  
QUANTICO VA 22134-5033

1000  
OCS  
14 Mar 26

**From:** Commanding Officer, Officer Candidates School

**To:** Officer Candidates Class 252 and Summer 2026 Platoon Leaders Class

**Subj:** OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

**Ref:** (a) MCO 1020.34H  
(b) MARADMIN 117/16  
(c) MARADMIN 204/15  
(d) DoD 7000.14R  
(e) MCBUL 10120 FY-24  
(f) MCB Quantico Order 8000.1A  
(g) OPNAVIST 5370.2E  
(h) Marine Corps Manual paragraph 1100.4  
(i) MARADMIN 590/24  
(j) MCO 1730.9  
(k) DoDI 1300.17  
(l) MARADMIN 232/25  
(m) MCO 6110.3A with change 3  
(n) MARADMIN 066/26

**Encl:** (1) Officer Candidates Pre-Ship Checklist  
(2) IPAC OCS Candidate Screening  
(3) SF 1199A (Direct Deposit Sign-up Form)  
(4) DD Form 2983 (Recruit/Trainee Prohibited Activities Acknowledgment)  
(5) NAVMC 11000 (Privacy Act Statement)  
(6) Fraternalization Statement of Understanding  
(7) Map to Officer Candidates School  
(8) Gear List (All Components)  
(9) Special Gear List: Enlisted to Officer  
(10) Special Gear List: Naval Reserve Officer Training Corps  
(11) Suggested Gear List: Additional Products Recommended for Female Candidates  
(12) OCS Pre-Ship Physical Training Program

1. **Background.** The mission of Officer Candidates School (OCS) is to educate and train officer candidates in Marine Corps knowledge and skills within a controlled and challenging environment in order to evaluate and screen individuals for the leadership, moral, mental, and physical qualities required for commissioning as a Marine Corps officer.

2. **Purpose.** This letter, in accordance with references (a) through (k), and the OCS Website, are an aid to all those involved in the preparation of officer candidates for Officer Candidates Class 252 (OCC-252).

3. **Preparation.** It is expected that officer candidates thoroughly read and understand this document. In order to best prepare officer candidates for induction into training, Officer Selection Officers (OSOs),

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

Marine Officer Instructors (MOIs), and Officer Mentors should review this document with each officer candidate. It is imperative that each officer candidate utilize all resources available to prepare for the rigors of OCS and ensure they are physically, mentally, and spiritually prepared. As an officer candidate you are expected to arrive in peak physical condition with your personal affairs in order. This letter, along with the OCS website contain important information and responses to questions frequently asked by officer candidates. **The website also includes a physical training preparation guide, Candidate Regulations, academic resources, and other preparation tips to aid before your arrival.** The OCS website can be viewed at the address below:

<https://www.ocs.marines.mil/Information/Candidates/>

4. Class Dates.

| Class                                 | Report Date  | Graduation Date |
|---------------------------------------|--------------|-----------------|
| Summer 2026 PLC Juniors 1st Increment | 17 May 2026  | 25 June 2026    |
| Summer 2026 PLC Seniors 1st Increment | 17 May 2026  | 27 June 2026    |
| OCC-252                               | 24 May 2026  | 1 August 2026   |
| Summer 2026 PLC Juniors 2nd Increment | 28 June 2026 | 6 August 2026   |
| Summer 2026 PLC Seniors 2nd Increment | 28 June 2026 | 8 August 2026   |

5. Common Preparation Issues. Officer candidates who are disenrolled early in the training cycle disclose similar issues regarding their physical, mental, and spiritual preparation. Common physical preparation issues include not physically preparing for OCS, not meeting OCS physical fitness induction standards, and not disclosing preexisting injuries to your OSO, MOI, or parent command prior to shipping. It is highly recommended that you use the resources available on the OCS website to physically prepare. Ensure that your personal affairs are in order prior to shipping so you can focus on training and your ability to succeed.

6. Updated Physical Fitness Test Requirements. In accordance with reference (1), the following Physical Fitness Test standards will be utilized for induction into training for all OCC and PLC candidates:

| Updated OCC / PLC Seniors Standards |                |                 |                 |
|-------------------------------------|----------------|-----------------|-----------------|
| Male Standards                      | Event          | Time/Repetition |                 |
|                                     | Pull-ups only  | 11 pull-ups     |                 |
|                                     | Plank only     | 2:30 plank      |                 |
|                                     | Three-mile run | 24 minutes      |                 |
| Female Standards                    | Pull-ups only  | 4 pull-ups      |                 |
|                                     | Plank only     | 2:30 plank      |                 |
|                                     | Three-mile run | 27 minutes      |                 |
| Updated PLC Juniors Standards       |                |                 |                 |
| Male Standards                      | Event          | Age             | Time/Repetition |
|                                     | Pull-ups only  | All ages        | 8 pull-ups      |
|                                     | Plank only     | All ages        | 1:10 plank      |
|                                     | Three-mile run | All ages        | 24 minutes      |
| Female Standards                    | Pull-ups only  | 17-20           | 1 pull-up       |
|                                     |                | 21-25 & 31/+    | 3 pull-ups      |
|                                     |                | 26-30           | 4 pull-ups      |
|                                     | Plank only     | All ages        | 1:10            |
|                                     | Three-mile run | All ages        | 27 minutes      |

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

7. Transportation. Officer candidates are authorized to travel via Privately Owned Vehicle (POV), airline flight into **Ronald Reagan Washington National Airport (DCA)**, or drop off (rideshare, OSO etc.). Officer candidates must collect and retain all travel receipts to and from OCS, as they will file a travel claim for reimbursement at either The Basic School (TBS), their Officer Selection Station, Naval Reserve Officer Training Corps (NROTC) unit, or parent command upon their return. Afternoon and evening meals will be provided to officer candidates on the day of their arrival.

a. Privately Owned Vehicles. Any officer candidate that elects to travel via POV only rates one day of travel per diem. Any additional cost will not be reimbursed. Officer candidates driving POVs will arrive at OCS on Marine Corps Base Quantico (MCBQ), between the hours of **1000 and 1400** on the report date in appropriate civilian attire. Officer candidates who arrive before 1000 will be instructed to report back during the designated arrival window. Officer candidates that arrive after 1400 may be considered for induction at the discretion of the Commanding Officer (CO), OCS. All drivers must arrive with a valid driver's license, current vehicle registration, and proof of insurance to gain access to MCBQ. Vehicle inspections shall be completed by the officer candidate's OSO/MOI or parent command prior to departure to OCS. At no time will recreational vehicles be allowed on Brown Field. All officer candidates arriving via POV are encouraged to arrive the day prior and stay at a hotel in the local area. Traffic on Interstate 95 is unpredictable and can cause significant delays.

b. Arrival Flight Information. Officer candidates must schedule the earliest flight available from the nearest major airport in order to mitigate any delays. Officer candidates' flights must arrive and be checked-in with the Marine Liaison Team at **Ronald Reagan Washington National Airport (DCA)** prior to 1900 on the report date listed above. **The Marine Liaison Team at DCA will be in the Blue Dress "D" uniform and will greet officer candidates at DCA's Historic Lobby** adjacent to the United Service Organizations (USO) in Terminal A beginning at **1100**. Officer candidates will be directed to the OCS busses outside the DCA airport for transportation to the reception site aboard Brown Field. **Any officer candidate that arrives at DCA after 1900 may be directed to utilize rideshare or taxi at their own expense, but this expense will be reimbursed upon travel claim settlement.**

c. Travel Delays. If a weather emergency causes a significant amount of inbound travel to be delayed or cancelled, OCS will disseminate alternate reporting requirements via the Marine Corps Recruiting Command (MCRC) Liaison (LNO) as far out from the arrival window as possible. **If an officer candidate's travel is delayed (past 1400 for drivers or past 1900 for flyers) or cancelled for any reason, they must contact the OCS Officer of the Day (OOD)**. Officer candidates will resume their travel upon the next available opportunity and maintain communication with the OCS OOD until their arrival. The OCS OOD contact numbers are, 540-419-5210 or 571-481-8952. Officer candidates that arrive after the prescribed window will be considered for induction at the discretion of the CO, OCS on a case-by-case basis. Keeping the OOD informed on your travel delays allows the CO, OCS to make an informed decision on your induction into training.

d. Departing Flight Information. Any officer candidates who are designated to report to TBS after graduation do not need roundtrip tickets. Enlisted to Officer (E to O), candidates on temporary additional duty (TAD) orders, and all other officer candidates must have roundtrip tickets prior to their arrival at OCS with their return flights scheduled for departure after 1800 on graduation day. In the event an officer candidate is disenrolled, OCS will assist the officer candidate in coordinating return travel to the "Home" address listed on their reporting orders. OSOs/MOIs must ensure that the officer candidate's "Home" address is correctly listed on their reporting orders. OCS will not coordinate travel to any other location.

8. Check-in Procedures. Upon arrival to either of the reception sites, officer candidates will proceed to the accountability area where they will check-in and be directed (or transported) to OCS (Brown Field) for processing. All officer candidates must arrive in appropriate civilian attire [i.e. business casual; slacks

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

with a belt if applicable (no denim jeans or sweats), a collared shirt or blouse, and running shoes. Male officer candidates will arrive clean shaven with no facial hair. Female officer candidates will arrive with their hair within Marine Corps standard per reference (a). Upon arrival, officer candidates will call home to let a family member or friend know that they have arrived safely at OCS. Officer candidates that have transportation issues or who are unable to meet the check-in deadline must call the OCS OOD, as well as their respective OSO, NROTC unit, or parent command.

9. Fraternization. All officer candidates are expected to understand the Marine Corps and OCS policy regarding fraternization per references (g) and (h). Officer candidates intending to marry an enlisted member of the armed forces must inform their OSO, parent command, or NROTC unit prior to shipping. Furthermore, they must inform their OCS staff upon check-in. All officer candidates and OCS staff will maintain a strict formal military relationship.

10. Urinalysis. All candidates are required to submit to a urinalysis test upon their arrival at OCS. Officer candidates who refuse to consent to testing will be disenrolled. Any officer candidate whose urinalysis confirms the presence of illicit drugs will be processed for disenrollment.

11. Waist to Height Ratio (WHtR). All officer candidates are expected to arrive within Marine Corps WHtR standards. An initial WHtR will be conducted during In-Processing for all officer candidates regardless of their component. Any officer candidate who is out of WHtR standards in accordance with references (m) and (n) may be disenrolled at the discretion of the CO, OCS.

12. Required Items. Enclosure (8) contains a list of required gear for **ALL** officer candidates regardless of their component. Items listed in enclosure (8) must fit in a carry-on sized bag, which will be stored in the platoon's gear locker upon arrival. Any bag larger than a carry-on will be inventoried and stored in the OCS supply warehouse until graduation or disenrollment. Enclosure (9) contains a list of additional items for prior enlisted officer candidates. Enclosure (10) contains a list of items for NROTC officer candidates. Items listed in enclosure (9) and enclosure (10) must fit in an issued sea bag.

a. Money. Officer candidates will only use cash, debit, or credit cards for the purchase of their bag issue, weekly haircuts (male officer candidates only), and exchange visits. **The minimum amount of gear required to induct into training will cost \$378.00. Officer candidates are encouraged to have no less than \$550.00 of available funds to support the minimum required gear to induct into training and weekly exchange visits.**

b. Insufficient Funds. OCS will not lend money or apply checkage for an officer candidate's bag issue or other required costs. Officer candidates arriving without the required funds may be disenrolled if the CO, OCS deems them financially incapable of meeting the initial procurement requirements to commence training. **OSOs, MOIs, and parent commands are responsible for ensuring that officer candidates have available funds prior to shipping to OCS.** Additionally, it is recommended that officer candidates coordinate with their banks that they are traveling to prevent transactions declining at cash sales.

13. Medical. Officer candidates shall not depart for OCS if acutely ill or injured. OCS Medical will conduct a screening of all officer candidates prior to induction into training. All officer candidates Military Health System (MHS) GENESIS profiles must be complete **no later than 30 days prior to shipping**. NROTC Units are responsible for ensuring that Marine Option MIDN medical records are sent via DoDSafe to OCS Medical **no later than 30 days prior to shipping**.

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

a. Points of Contact. OCS Medical staff.

(1) Dr. Bannister, Angelique. Angelique.f.bannister.civ@health.mil

(2) HM2 Gray, Matthew. Matthew.p.gray.mil@health.mil

b. Medical Records. All officer candidates, regardless of their program, must ensure that all required documentation, to include commissioning physicals, are accurate and listed in the officer candidates MHS Genesis profile or their medical record.

c. Undisclosed/Undocumented Injuries or Conditions. Significant medical conditions that have developed before or after enrollment must be included in the officer candidate's medical record even if the Bureau of Medicine has granted a waiver. Candidates must ensure that they disclose any instances of pre-existing injuries, pain, or conditions for inclusion into their medical record. OSOs/MOIs are responsible for ensuring that these injuries/conditions are listed correctly for appropriate screening. Officer Candidates who fail to disclose pre-existing conditions, injuries, or pain may be disenrolled at the discretion of the CO, OCS.

(1) Physicals. Required physicals will be included in the officer candidates MHS GENESIS or medical record according to their respective component.

(a) NROTC, OCC, and Platoon Leaders Class (PLC). All Navy Medicine (NAVMED) 6120/3 (annual certificate of physical condition) will be used by OCC and PLC officer candidates, while NROTC officer candidates will use the Naval Service Training Command 1533-107 form. The respective forms must be completed every year after the initial commissioning physical, including a current certificate (within one year). The NAVMED 6120/3 must be signed by the appropriate administrative personnel in the unit. An initial commissioning physical will be considered invalid if there is a lapse in the completion of required annual certificates. If there is a gap in the annual certificates, a new physical will need to be completed prior to arriving at OCS. Any missing documentation or gaps in an officer candidate's medical history may result in the officer candidate being not physically qualified to begin training.

(b) Active Duty and Selected Reserve Officer Candidates. Active duty and Selected Reserve officer candidates must possess completed and current (within one year) Periodic Health Assessments in addition to the forms listed on their application process.

(2) Immunization Records. Current immunization records are required. Medical restrictions prevent officer candidates from receiving more than five immunizations over a short period of time. Officer candidates with outdated/missing immunizations may be medically disqualified during in-processing if they are unable to receive the required immunizations. At a minimum, officer candidates must have had their childhood immunizations (MMR, Varicella, HIB, DTAP, and HEPB). **It is recommended that candidates arrive vaccinated with the seasonal flu vaccine at least two weeks prior to arrival.** Shot records should be signed by a licensed medical professional and be included in the officer candidate's medical record.

(3) Medications. Officer Candidates are allowed to bring required medications, to include vitamins, but must have written authorization from their physician stating why they are required during training. During medical in-processing, officer candidates must disclose these medications or vitamins. OCS Medical must approve these medications for officer candidate use during the training cycle.

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

(4) Dental Evaluation. Copies of current (within one year) dental evaluations are to be included in the medical record. Do not send dental records. Officer Candidates that require dental services may be medically disqualified during in-processing or during the training cycle as there are limited dental services available. All dental surgeries must occur a minimum of 21 days prior to reporting to OCS.

(5) Eyeglasses. **Officer candidates who wear glasses will bring a minimum of one pair of brown or black framed glasses with them for training.** Officer candidates are not authorized to wear transition lenses. It is recommended to bring at least one non-eccentric head strap to keep glasses tight on the head during physical training at in-processing. If possible, prior service and prior OCS attendees should bring their military-issued glasses to streamline the issue process, two pairs are recommended. Officer candidates will not arrive at OCS wearing contact lenses, nor will they wear contact lenses at any time while at OCS. OCS Medical will issue military eyeglasses within three weeks of arrival, depending on the complexity of the prescription. To receive military-issued eyeglasses, officer candidates must hand-carry their current prescription (within one year), or they can wear/take their current eyeglasses to allow for optometry to scan the prescription. OCS Medical will not process faxed-in prescriptions. Officer candidates who have undergone any eye surgery must be at least 180 days post-operation prior to reporting to OCS. Their medical records must also include all post-surgical follow-ups regardless of when the surgery took place. Documentation must state that the officer candidate is free of any post-surgical complications, demonstrates vision stability, and does not require use of ophthalmic medications or treatments.

(6) Birth Control. Officer candidates who are currently taking oral contraceptives must bring their medication with them during in-processing for documentation into their record. After medications have been reconciled, officer candidates will continue prescribed contraceptives as directed by providers. If an officer candidate is using an intra-uterine device (IUD) or implantable long-acting removable contraceptive (LARC), the IUD/LARC will have to remain in place for the duration of the training cycle. The IUD/LARC is required to be in place for at least two weeks prior to arrival at OCS.

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

14. Administration. MCBQ Installation Personnel Administrative Center (IPAC), Student Personnel Section is responsible for all administrative matters pertaining to the pay and entitlements of officer candidates **except NROTC**.

a. Administrative Package. Officer Selection Teams will be responsible for scanning and uploading the administrative package to a location designated by the MCRC Officer Procurement Staff for all candidates from their respective office **no later than 30 days prior to shipping**. Additionally, each officer candidate will hand-carry a manila envelope labeled in the top right corner with their last name, first name, and middle initial. No medical information will be contained in this envelope. The following items will be placed in the manila envelope:

(1) Three copies of the officer candidate's orders. Parent commands of E to O candidates are responsible for producing TAD to OCS for their respective officer candidate.

(2) One signed copy of each of the following documents.

(a) Fraternalization Statement of Understanding.

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

(b) Privacy Act Statement of Understanding.

(c) Recruit/Trainee Prohibited Activities Acknowledgement.

(3) Completed enclosure (1) Pre-ship Checklist (dated 1 March 2025).

(a) **In addition to providing a hardcopy of enclosure (1) to OCS**, each officer candidate will submit the enclosure **no later than 30 days prior** to the officer candidate's arrival via their chain of command to the points of contact listed below. OSOs, MOIs, and parent commands (for E to O) must review enclosure (1) with each officer candidate. Enclosure (1) allows MCRC and OCS to properly flag any issues and allow time for corrections/follow-up.

(b) OCC/PLC/NROTC/MECEP/ECP/RECP/MCP-R pre-ship checklists will be scanned and sent via email **no later than 30 days** prior to shipping to their respective program coordinators listed below.

(c) NROTC: keauana.strowder@marines.usmc.mil or patrick.shirley@marines.usmc.mil.

(d) MECEP/ECP/RECP/MCP-R: troi.spencer@marines.usmc.mil.

(4) IPAC Checklist. A full list of required documentation and additional information can be found in enclosure (2) and will also be included in this envelope. MCBQ IPAC Student Branch will only accept documentation listed in enclosure (2).

b. E to O Entitlements. E to O candidates do not rate per diem or lodging while at OCS. Therefore, they are unable to file 30-day travel vouchers and settle their outstanding Government Travel Charge Card charges until they return to their parent command. Ensure that variation of itinerary is authorized in the event the candidate is disenrolled prior to graduation. Officer candidates reporting via Defense Travel System (DTS) will be placed on partial payments in a mission-critical status. E to O candidates will provide a full copy of their DTS travel claim, including DD Form 1610 and the itemized printout of the daily cost. While enrolled at OCS, E to O officer candidates will receive the discounted meal rate (DMR). Parent commands should also be aware that a DMR deduction will be started and run via unit diary entry while assigned to OCS. Meals and lodging are directed and provided for the officer candidate. E to O candidates are encouraged to read references (d) and (e) for additional information on entitlements.

c. NROTC Entitlements. **All NROTC candidate pay will be exclusively handled by their respective NROTC units.** NROTC officer candidates must ensure they have coordinated with, and have reliable points of contact for, the appropriate NROTC support personnel prior to their departure to OCS. NROTC officer candidates need to understand how they will be paid, whether they attend a six or 10-week training cycle. This is done through the Navy until they graduate OCS, access into the Marine Corps, and are joined at TBS.

d. Basic Allowance for Housing (BAH). Officer candidates may rate BAH according to their respective program. If an officer candidate rates BAH they are required to provide the documentation listed in enclosure (2). If an officer candidate's family member(s) is staying at an address other than the officer candidate's home of record, e.g. parents/in-laws, the officer candidate will provide that address to OCS during in-processing. All officer candidates with dependents will be required to provide a valid rental/lease or mortgage agreement to receive BAH during OCS, in accordance with reference (d).

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

e. Orders and Follow-On Reporting.

(1) E to O. Parent commands are responsible for producing TAD orders for all E to O candidates. All selectees are instructed not to break their domicile leases, move their dependents or household goods to Quantico, or initiate departures from base housing. Officer candidates who are authorized Basic BAH at their present command will continue to receive BAH at their current duty station rates.

(a) Upon completion of OCS, MECEP and MCP-R officer candidates will return to their parent command to execute Permanent Change of Station (PCS) or Permanent Change of Assignment (PCA) orders to their assigned NROTC units as outlined in reference (j).

(b) Upon completion of OCS, ECP and Reserve ECP (RECP) officer candidates will commission and return to their units. PCS orders will be hand delivered by MCRC to the officer candidate prior to departing OCS. They will coordinate their PCS moves with their local Distribution Management Office and execute orders to TBS.

(c) MECEP, ECP, RECP, and MCP-R selectees who have questions should contact Officer Naval/Enlisted Programs (ON/E) at 703-784-9443 or DSN 278-9443.

(d) Single Marines without dependents will be required to occupy available government lodging while at TBS, and therefore will not receive BAH while in a student status.

(e) Married Marines with traveling dependents, coming from a former Primary Duty Station, may check into TBS up to 10 days prior to the class report date in order to execute "house hunting PTAD." This needs to be coordinated through MCRC and communicated to TBS if being exercised.

(2) OCC. All OCC candidates should plan to report to TBS directly following graduation. OCS and MCRC LNO will not assist with requests for Permissive Temporary Additional Duty unless directed by MCRC Officer Programs.

f. Fitness Reports. An officer candidate's parent command is responsible for providing them a Temporary Duty (TD) report before reporting to OCS. MECEP officer candidates who are Sergeants and above will receive non-observed From Temporary Duty (FD) fitness reports upon completion or disenrollment. ECP officer candidates who are active or reserve will receive Grade Change (GC) reports when departing OCS as Second Lieutenants back to their parent command. Any prior service officer candidate who is no longer interested in the program must formally disenroll before checking into OCS. Prior service officer candidates who are disenrolled by the CO, OCS for unsatisfactory conduct or as a result of a Drop on Request will receive a "not observed" adverse report in accordance with Marine Corps Order 1610.7B Chapter 5, paragraph 6.f.(9), "Comments pertaining to the MRO's drop from, or failure at, a school because of the MRO's unwillingness to try, cavalier attitude, or unprofessional conduct."

15. Candidate Mail. Officer candidates will be allowed to write home to provide their company and platoon information. Additionally, families are encouraged to visit the official OCS website <https://www.ocs.marines.mil/> or the official OCS Facebook page at [www.facebook.com/usmcocs/](http://www.facebook.com/usmcocs/) for more information. Officer candidates will only use the United States Postal Service (USPS) for packages.

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

- a. Mailing Address. Use the following address to send mail:

Candidate Last Name, First Name MI. \_\_\_ Company, \_\_\_ Platoon  
Officer Candidates School  
2189 Elrod Avenue Quantico, Virginia 22134-5033

b. Non-USPS Packages. All non-USPS packages that are sent to OCS will not be signed for and will be returned to the carrier facility. OCS is not responsible for packages delivered via non-USPS methods. There is no guarantee what level of liberty officer candidates may receive. Liberty is granted at the discretion of the CO, OCS.

16. Religious Services. Officer candidates maintain their right to the free exercise of religion so long as those requirements do not adversely impact military readiness, unit cohesion, and good order and discipline. Officer candidates will have weekly opportunities to attend to their spiritual needs during their time at OCS, except for the first day candidates arrive on Brown Field. Once on Brown Field, officer candidates will have the right to attend divine services of one's faith, and to reasonably partake in one's religious practices within the scope authorized by military directives per scheduled training dates and times. Once candidates are authorized to go on liberty after four weeks, they will be able to attend places of worship in the local community, subject to availability and command approval.

a. Religious Accommodations. Officer candidates requesting religious accommodations must do so in accordance with paragraph 4.a. of reference (j) and must have the request processed by Manpower and Reserve Affairs prior to inducting into training at OCS. All requests must be submitted in writing to the CO, OCS **no later 30 days prior to shipping**.

b. Faith Based Meal Accommodations. OCS dining facilities are unable to provide meals that meet all religious dietary restrictions (e.g., kosher, halal, vegetarian, etc.). When Meals Ready-to-Eat (MRE) are issued to officer candidates for field evolutions, kosher and halal MREs are available in lieu of the standard MRE. Officer candidates should request these via the OCS Chaplain's Religious Needs Assessment disseminated during in-processing.

(1) All requests for faith-based meal accommodations must be annotated on the officer candidate's pre-ship checklist.

(2) Region recruiting commands are required to forward a roster of candidates requesting faith-based meals to OCS via Officer Procurement Operations **no later than 30 days prior to the candidate's reporting day**.

c. Religious Items. Officer candidates may bring personal religious items in accordance with reference (k). Such items will be stowed in footlockers with other personal effects. Subject to temporary revocation due to training requirements, officer candidates may wear religious apparel items as follows:

(1) Articles of religious apparel which are not visible or apparent when worn with the uniform.

(2) Visible articles of religious apparel with the uniform while attending religious services.

17. Contraband. The following items are not authorized aboard Brown Field. Officer candidates found in possession of the following will face possible disenrollment:

Subj: OFFICER CANDIDATES OFFICER CANDIDATES CLASS 252 PRE-SHIP PREPARATION LETTER

a. Study Guides. To eliminate any possible situations which could place an officer candidate's integrity into question, any study material, aside from what OCS provides officer candidates, is contraband. Upon arrival, OCS provides each officer candidate with a knowledge binder containing the study material necessary for success at OCS.

b. Weapons. Officer candidates will not transport personal weapons (knives, firearms, ammunition, etc.) to OCS. Per reference (f), weapons will not be stored in an officer candidate's vehicle.

c. Dietary Supplements. Dietary supplements, such as pre-workout, protein powder, anything containing caffeine or stimulants are contraband and are not allowed on Brown Field. Officer candidates are authorized to possess (10) "on-the-go" packets of Liquid IV or Drip Drop in powdered form.

d. Tobacco Products/Electronic Cigarettes. The possession or use of any tobacco products is prohibited for officer candidates on Brown Field. This includes the use of electronic cigarettes/vaping, regardless of their tobacco or nicotine content (or lack thereof). Officer candidates who report to OCS with tobacco or nicotine products will be required to dispose of them upon check-in.

e. Alcohol. Alcohol is prohibited on Brown Field. Officer candidates shall not consume any alcohol within 12 hours prior to reporting to OCS.

f. Athletic Equipment. Personally procured pull-up bars and electronic recovery tools, such as massage devices, are not authorized for use on Brown Field. Non-electric recovery tools, such as lacrosse balls, Thera-canes, roller sticks, and recovery bands, are authorized for use while on Brown Field. However, these items will be turned into the contraband locker until induction into training. Foam rollers and recovery gear will be issued to each officer candidate during their first week of in-processing and will be available for their use during the training cycle. Braces, straps, and compression sleeves for athletic injuries/prevention are authorized, however these items must be inspected and cleared by medical staff during in-processing.

g. Personal Electronic Devices. Officer candidates are not permitted to bring the following items: videogames, headphones, laptops, or items of similar nature to Brown Field. The only item authorized while at OCS is a personal cellphone, which will be secured in the contraband locker during training. OCS is not responsible for any unauthorized personal electronic devices.

18. For all questions concerning officer candidate information, please contact the OCS, Student Activities Section at 703-784-2531 or at [ocs\\_csa@usmc.mil](mailto:ocs_csa@usmc.mil).



M. M. MELENDEZ

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

## Pre-ship Checklist (1 March 2025)

|                                                                                                                                                             |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Program (circle): OCC   PLC-Comb   PLC Jr   PLC Sr   PLC Law   PLC-R<br>EJA   ECP   RECP   MCP-R   MECEP   NROTC   NROTC-R                                  | District/RS/OSS:<br>Parent Command:<br>NROTC Unit:                                                                          |
| <b>Note: PFT must be within 45 days of shipping, scored per the <u>appropriate age category</u>, and administered by the OSO/MOI/OIC of this candidate.</b> |                                                                                                                             |
| PFT Date: _____      PFT Score: _____<br>Pull-ups: _____      (or) Push-ups: _____<br>Plank: _____      3 Mile Run: _____                                   | Age: _____<br>Candidate Ht/Wt/BF% Date: _____<br>Ht: _____      Wt: _____      Max Wt: _____      BF%: _____<br>WHtR: _____ |

**Instructions:** This checklist must be filled out in person with the OSO/MOI/OIC. Use page three to provide explanations for any answers as required.

1. Candidate Section: Answer questions by placing your **initials** in the appropriate box.
2. OSO/MOI/OIC Section: Answer questions with the candidate by placing your **initials** in the appropriate box.

| CANDIDATE SECTION |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes               | No | N/A | Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                   |    |     | <b>Have you received and read the OCS 60-Day Letter?</b>                                                                                                                                                                                                                                                                                                                                                                                                   |
|                   |    |     | <b>Have you received and read the OCS Candidate Regulations?</b>                                                                                                                                                                                                                                                                                                                                                                                           |
|                   |    |     | <b>Have you accessed the OCS website for additional information including the OCS Physical Training Preparation Guide?</b>                                                                                                                                                                                                                                                                                                                                 |
|                   |    |     | <b>Do you have any injuries or pain, which may impact your ability to train at OCS, or any previous medical history, injuries, or pain that you have not disclosed? If yes, please explain. Failure to disclose any of these issues will result in disenrollment and will not rate Line of Duty benefits.</b>                                                                                                                                              |
|                   |    |     | Do you have any religious dietary restrictions (e.g. kosher, halal, vegetarian, or vegan)? Have you been briefed on the Marine Corps Accommodation of Religious Practices policy in accordance with MCO 1730.9.                                                                                                                                                                                                                                            |
|                   |    |     | Do you possess a valid photo ID in order to travel to OCS and have you ensured that the license will not expire during training? Beginning May 7, 2025, Real ID-compliant documentation will be required for boarding commercial flights, including domestic flights, entering federal buildings, and military bases.                                                                                                                                      |
|                   |    |     | Do you understand you must possess a debit or credit card with a minimum of \$378.00 for your initial small/large bag issue? If no, please explain. (Note: Additional items are available for purchase if desired; optional items may increase price up to \$550.00)                                                                                                                                                                                       |
|                   |    |     | Do you have any pending legal action against you (civil or criminal and including minor infractions)? This includes court appearances before, during, or after reporting to OCS? If yes, please explain.                                                                                                                                                                                                                                                   |
|                   |    |     | Have you used any drugs the Marine Corps deems illegal prior to, or during the application/selection process, <b>which has not been properly documented</b> in your paperwork? If you are not sure, ask your OSO/MOI/OIC. All drug use must be properly identified, explained, and documented. <b>Warning: You will be taking a urinalysis upon your arrival at OCS; a positive urinalysis will disqualify you from the Marine Corps Officer Programs.</b> |
|                   |    |     | Have you informed your OSO/MOI/OIC of all minor and major law infractions? (regardless if the offense occurred when you were a minor and you were told the case has been sealed)                                                                                                                                                                                                                                                                           |
|                   |    |     | Have you informed your OSO/MOI/OIC about all paid/unpaid speeding tickets, moving violations, parking tickets, and any other infractions or fines you have ever incurred (including those on a college campus)?                                                                                                                                                                                                                                            |
|                   |    |     | Do you understand that, if you are in a relationship with an enlisted member of the Armed Forces of the United States of America and you are considering marriage, per paragraph 1100.6 of the Marine Corps Manual, the marriage must occur prior to accepting your commission?                                                                                                                                                                            |

**ENCLOSURE ( )**

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

|            |           |            |                                                                                                                                                                                                                                           |
|------------|-----------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |           |            | If flying, do you have information regarding location and timeline to be at the <b>Historic Lobby (not the USO)</b> in Ronald Reagan Washington National Airport (DCA) to be transported by OCS personnel?                                |
|            |           |            | If driving, do you have information regarding the driving directions to OCS? (See OCS 60-Day Letter)<br>Do you possess a valid driver's license, registration, auto insurance, and POV inspection checklist completed by your OSO or OIC? |
|            |           |            | If you are a college graduate, do you understand that you must bring a certified copy of your transcripts which state that degree requirements have been met?                                                                             |
| <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>E-O Candidates &amp; Drilling Reservists Only</b>                                                                                                                                                                                      |
|            |           |            | Have you recently deployed?                                                                                                                                                                                                               |
|            |           |            | If you have recently deployed, have you completed your 30, 60, and 90 day Post-Deployment Health Assessment per MARADMIN 112/07?                                                                                                          |
|            |           |            | Do you possess the required serviceable uniforms per the OCS 60-day Preparation Letter? (Note: Nametapes must be removed)                                                                                                                 |
| <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Returning PLC Seniors Only</b>                                                                                                                                                                                                         |
|            |           |            | Do you have all issued uniform items to bring with you to OCS?                                                                                                                                                                            |

**This section must be completed, with each question initialed, by the OSO, MOI, or OIC.**

| Yes | No | N/A | Questions                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |    |     | Has the candidate utilized the OCS website for information regarding the OCS 60-Day Letter, Candidate Regulations, and Physical Fitness Preparation Guide?<br><a href="https://www.ocs.marines.mil/Information/Candidates">https://www.ocs.marines.mil/Information/Candidates</a>                                                                                                                |
|     |    |     | Have you made the candidate aware that, if they have not been 100% truthful in their application, during their subsequent selection, and induction at OCS, they will be sent home from OCS, and may be found unfit to return?                                                                                                                                                                    |
|     |    |     | Has the candidate been briefed that, if there are any changes in their status (medical or legal), they must notify their OSO/MOI/OIC immediately? And, that they are not authorized to report to OCS with any unresolved medical or legal issues?                                                                                                                                                |
|     |    |     | Has the candidate experienced any changes in health, to include doctor visits, hospital stays, and/or surgery since their initial physical?                                                                                                                                                                                                                                                      |
|     |    |     | Has the candidate taken over the counter medication and/or prescribed narcotics for any chronic medical issue since his/her initial physical? (All changes are required to be submitted to the district corpsman)                                                                                                                                                                                |
|     |    |     | Are all annual certificates, NSTC 1533/107 (NROTC units), and PHAs (Selected Reserve & E-O applicants) available, and show continuity since the original physical exam not exceeding a total of five years?                                                                                                                                                                                      |
|     |    |     | Does the candidate meet waist to height ratio (WHtR) standards in accordance with MARADMIN 066/26?                                                                                                                                                                                                                                                                                               |
|     |    |     | Does the candidate have any religious dietary restrictions (e.g. kosher, halal, vegetarian, or vegan)? The candidate is required to be briefed on the on the Marine Corps Accommodation of Religious Practices policy in accordance with MCO 1730.9. <b>All requests must be submitted in writing to the Commanding Officer of Officer Candidates School no later 30 days prior to shipping.</b> |
|     |    |     | Have you instructed the candidate on proper civilian attire and grooming standards for checking in to OCS. Females must arrive with their hair within Marine Corps standards in accordance with MCO 1020.34H. Candidates are not authorized to arrive with any body ornamentation.                                                                                                               |
|     |    |     | Does the candidate have all required documentation in accordance with the OCS 60-Day Letter?                                                                                                                                                                                                                                                                                                     |
|     |    |     | a. Complete medical record listed in MHS GENESIS or hard copy medical record mailed to OCS LNO NLT 30-days prior to shipping.                                                                                                                                                                                                                                                                    |

**ENCLOSURE ( )**

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

|  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  |
|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  |  | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Three copies of reporting orders. The "Home" address listed on orders must list where the candidate intends to return to in the event that they are disenrolled. |
|  |  |  | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IPAC Screening Checklist.                                                                                                                                        |
|  |  |  | Have you provided your phone number and the OCS duty phone number to the candidate?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |
|  |  |  | <p>Have you initiated the candidate's OPM case? What is the OPM case number? If not, please explain.<br/>           *Note: IAW Frost Call 02-21 all PLC Senior, PLC Combined, PLC Law and OCC shippers are required to report with the OST Security Letter as explained in Frost Call showing the SF-86 T3/T3R investigation has been received, scheduled or closed. (Not required for NROTC or enlisted-to-officer candidates with active security clearances).</p> <p>Does the candidate have an open investigation? Yes _____ No _____<br/>           If not, please explain.<br/>           Case #:</p> |                                                                                                                                                                  |
|  |  |  | <p>If the candidate is a drilling reservist, have you provided the candidate's transfer orders to OCS to the candidate's I&amp;I unit? If not, please explain. If possible, please provide the Unit Diary # (or future Unit Diary #) and anticipated transfer date.</p> <p>Unit Admin POC/ Phone # _____<br/>           Transfer Date: _____ Unit Diary #: _____</p>                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|  |  |  | <p>If the candidate was a member of a different service, has the OST received the appropriate release of service documents which allow the candidate to be contracted into the Marine Corps and ship to OCS? (e.g. DD 214 or DD 368)</p>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |

Explanations/Comments:

**Certification**

This Pre-Ship Checklist was answered to the best of the candidate's and interviewing officer's knowledge. The officer candidate is qualified to attend to OCS.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OSO/MOI/OIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ENCLOSURE ( )**

### IPAC Checklist and Additional Information

1. All officer candidates, regardless of program, are required to hand-carry a manila envelope labeled in the top right corner with their last name, first name, and middle initial. No medical information will be contained in this envelope. The following items will be placed in the manila envelope:

a. Three copies of the officer candidate's orders. Parent commands are responsible for producing TAD orders for all E to O candidates.

b. Completed Pre-ship Checklist (dated 1 March 2024).

c. IPAC Checklist. MCBQ IPAC Student Branch will only accept documentation listed in this enclosure. Below is additional information to assist in filling out forms:

(1) Two copies of completed IPAC OCS Candidate Screening.

(2) Direct deposit sign-up form, for a current savings and/or checking account with a voided check or deposit slip for verification of electronic funds transfer information. OCS recommends this form be filled out electronically by the officer candidate's financial institution to prevent pay issues (not required for active duty or reservists unless updates are needed). All officer candidates, regardless of their component, are required to bring the direct deposit form.

(3) Two certified true copies of the officer candidate's birth certificate and two photocopies of their social security card.

(4) Special Circumstances. The following are documents required for officer candidates in special cases:

(a) Officer candidates with dependents must bring documentation for all dependents including certified true copies of birth certificates for spouses and all children. Birth verification letters (with footprints) will be accepted for newborns (not required for active duty unless information needs to be updated).

(b) All married officer candidates must provide a certified true copy of a marriage license, or marriage certificate, as well as the receipt that shows they paid for the license. If the officer candidate's spouse changed their name following the marriage, a copy of their social security card should be included to accurately show the current full name (not required for active duty unless information needs to be updated). A photocopy of a valid state-issued driver's license or social security card with spouse's name change is required to change an officer candidate's spouse's name in Marine Corps Total Force System (MCTFS).

(c) All single reserve component officer candidates will ensure that their primary residence is established and current in MCTFS in accordance with reference (c).

(d) Officer candidates who are prior military service members and officer candidates who are married to current or prior military service members must bring four copies of the service member's DD Form 214. Officer candidates must provide their active-duty spouse's social security number and current unit information (unit address, Monitor Command Code, Unit Identification Code).

## IPAC OCS CANDIDATE SCREENING

(L NAME, F NAME, MI): \_\_\_\_\_

**HAVE YOU PREVIOUSLY ATTENDED OCS?**

SSN: \_\_\_\_\_

YES / NO

COMPANY: \_\_\_\_\_ PLT#: \_\_\_\_\_

**COMMISSIONING SOURCE (circle one)**

**OSO INFORMATION**

OSS LOCATION: \_\_\_\_\_

OCC                      OCC-R

OSO NAME: \_\_\_\_\_

PLC                      PLC-R

OSO TELEPHONE NUMBER: \_\_\_\_\_

MECEP                  ECP                      MCP

OTHER: \_\_\_\_\_

**CIRCLE IF APPLICABLE:**      CURRENT USMC-R (SMCR or IRR)      PRIOR USMC/USMCR      PRIOR U.S. MILITARY (OTHER THAN USMC)

**DOCUMENTATION TURNED INTO OCS IPAC STAFF:**

***FOR ALL (NON-ACTIVE DUTY) OFFICER CANDIDATES***

***PRIOR SERVICE ONLY***

| INITIAL IF SUBMITTED          | YES   | NO    | INITIAL IF SUBMITTED:  | YES   | NO    |
|-------------------------------|-------|-------|------------------------|-------|-------|
| 1) ORDERS TO OCS (OSO/TAD)    | _____ | _____ | 1) CONDITIONAL RELEASE | _____ | _____ |
| 2) ANNEX C (SVC AGREEMENT)    | _____ | _____ | 2) DD 214 (ALL)        | _____ | _____ |
| 3) DD FORM 4 (CONTRACT)       | _____ | _____ | 3) DD FORM 4 (ALL)     | _____ | _____ |
| 4) DIRECT DEPOSIT FORM        | _____ | _____ | 4) OTHER: _____        |       |       |
| 5) BLANK CHECK                | _____ | _____ | 5) OTHER: _____        |       |       |
| 6) BIRTH CERTIFICATE          | _____ | _____ |                        |       |       |
| 7) SSN CARD                   | _____ | _____ |                        |       |       |
| 8) COLLEGE TRANSCRIPTS        | _____ | _____ |                        |       |       |
| 9) PROOF OF RESIDENCE / LEASE | _____ | _____ |                        |       |       |

***FOR ALL OFFICER CANDIDATES \*\*WITH DEPENDENTS\*\* (SUBMIT ONLY LEGIBLE CERTIFIED TRUE COPIES TO IPAC)***

| INITIAL IF SUBMITTED:     | SPOUSE | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
|---------------------------|--------|---------|---------|---------|---------|
| 1) MARRIAGE CERTIFICATE*  | _____  | _____   | _____   | _____   | _____   |
| 2) BIRTH CERTIFICATE*     | _____  | _____   | _____   | _____   | _____   |
| 3) SSN CARD*              | _____  | _____   | _____   | _____   | _____   |
| 4) OTHER COURT DOCUMENTS* | _____  | _____   | _____   | _____   | _____   |

\* ORIGINAL DOCUMENTATION SHOULD NOT BE TURNED IN TO OCS IPAC STAFF! IF YOU ONLY HAVE ORIGINAL VERSIONS OF THESE VITAL DOCUMENTS, YOU MUST NOTIFY IPAC SO WE CAN MAKE COPIES AND RETURN YOUR ORIGINALS TO YOU!

CANDIDATE SIGNATURE: \_\_\_\_\_

ENCLOSURE (2)

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

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

### SECTION 1 (TO BE COMPLETED BY PAYEE)

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

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

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

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

|                                                                                                                                                                                                                                                                                                         |                             |                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------|------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION                                                                                                                                                                                                                                                               | ROUTING NUMBER              | CHECK<br>DIGIT   |      |
| DEPOSITOR ACCOUNT TITLE                                                                                                                                                                                                                                                                                 |                             |                  |      |
| <b>FINANCIAL INSTITUTION CERTIFICATION</b>                                                                                                                                                                                                                                                              |                             |                  |      |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. |                             |                  |      |
| PRINT OR TYPE REPRESENTATIVE'S NAME                                                                                                                                                                                                                                                                     | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE |

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**GOVERNMENT AGENCY COPY**

1199-207

**ENCLOSURE (3)**

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

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

### SECTION 1 (TO BE COMPLETED BY PAYEE)

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

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

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

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

|                                                                                                                                                                                                                                                                                                         |                             |                         |      |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------|----------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION                                                                                                                                                                                                                                                               |                             | ROUTING NUMBER          |      | CHECK<br>DIGIT |
|                                                                                                                                                                                                                                                                                                         |                             | DEPOSITOR ACCOUNT TITLE |      |                |
| <b>FINANCIAL INSTITUTION CERTIFICATION</b>                                                                                                                                                                                                                                                              |                             |                         |      |                |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. |                             |                         |      |                |
| PRINT OR TYPE REPRESENTATIVE'S NAME                                                                                                                                                                                                                                                                     | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER        | DATE |                |

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**FINANCIAL INSTITUTION COPY**

1199-207

ENCLOSURE (5)

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

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

### SECTION 1 (TO BE COMPLETED BY PAYEE)

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

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

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

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

|                                                                                                                                                                                                                                                                                                         |                             |                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|-------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION                                                                                                                                                                                                                                                               |                             | ROUTING NUMBER          | CHECK DIGIT |
|                                                                                                                                                                                                                                                                                                         |                             | DEPOSITOR ACCOUNT TITLE |             |
| <b>FINANCIAL INSTITUTION CERTIFICATION</b>                                                                                                                                                                                                                                                              |                             |                         |             |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. |                             |                         |             |
| PRINT OR TYPE REPRESENTATIVE'S NAME                                                                                                                                                                                                                                                                     | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER        | DATE        |

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

PAYEE COPY

1199-207

ENCLOSURE (3)

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

**PRIVACY ACT NOTICE**

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

**PLEASE READ THIS CAREFULLY**

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

**INFORMATION FOUND ON CHECKS**

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

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

The diagram shows a government check with the following details:
 

- Top right: 15-51 000 PHILADELPHIA, PA
- Check No. 0000 415785
- Date: Month 08, Day 31, Year 84
- Pay to the order of: [Blank line]
- Amount: 28 28
- Bottom right: DOLLARS CTS
- Bottom center: .00000518' 0415771926"
- Bottom right: NOT NEGOTIABLE

 Callouts:
 

- (A) points to the payee name field.
- (C) points to the date field.
- (F) points to the amount field.

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

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

**CANCELLATION**

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

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

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

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

ENCLOSURE (3)

## RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

### INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

|                                                                              |                                  |                                       |
|------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| 1. RECRUIT/TRAINEE NAME <i>(Last, First, Middle)</i>                         | 2. PAY GRADE                     | 3. RECRUITING OFFICE/TRAINING COMMAND |
| 4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS <i>(City, State, ZIP Code)</i> | 5. DATE SIGNED <i>(YYYYMMDD)</i> | 6. SIGNATURE                          |

**7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>(Initial)</i><br>_____ | a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication. |
| _____                     | b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.                                                                                                                                                                                                                                                                                                                                                                 |
| _____                     | c. Consume alcohol with a recruiter/trainer on a personal social basis.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| _____                     | d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.                                                                                                                                                                                                                                                                                                                                                                        |
| _____                     | e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.                                                                                                                                                                                                                                                                    |
| _____                     | f. Gamble with a recruiter/trainer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| _____                     | g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                     | h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.                                                                                                                                                                                                                                                                                                                                                                                                                |

**8. EXCEPTIONS.** Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

|                           |                                                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>(Initial)</i><br>_____ | 9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action. |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                              |          |                                  |                   |
|----------------------------------------------|----------|----------------------------------|-------------------|
| <b>10. APPROVED BY</b>                       |          |                                  |                   |
| a. NAME <i>(Last, First, Middle Initial)</i> | b. TITLE | c. DATE SIGNED <i>(YYYYMMDD)</i> | d. SIGNATURE/RANK |
|                                              |          |                                  |                   |

**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.

**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)*

ENCLOSURE (5)

## 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 Candidate School, and, once commissioned, processing for administrative discharge, and court-martial.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Officer Selection Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME: (LAST, FIRST, MIDDLE)

SSN

PROGRAM

ENCLOSURE (6)

**Map to Officer Candidates School**



**OCS Address**

**2189 North Elrod Avenue  
Quantico, Va 22134**

**OCS OOD: 540-419-5210  
OCS CSA: 571-481-8952**

**— (Yellow Route)**

1. Enter MCB Quantico via Russell Road Gate
2. Follow Russell Road and take the first exit at the roundabout (Dunlap Road)
3. Turn right at the stop sign onto Range Road
4. Follow Range Road into Bauer Road
5. Turn right into OCS

**— (Red Route)**

1. Enter MCB Quantico via Fuller Road Gate
2. Follow Fuller Road into Barnett Avenue
3. Turn left on Range Road
4. Follow Range Road into Bauer Road
5. Turn right into OCS

**Legend**

- Primary Route
- Alternate Route
- ★ Officer Candidates School

### Required Gear List (All Components)

1. All officer candidates, regardless of program, are required to arrive at OCS with the items listed in the table below. All items in the table below, regardless of component, **must fit in a carry-on sized bag**:

| Item                                                                                                    | Qty                          |
|---------------------------------------------------------------------------------------------------------|------------------------------|
| Business casual collared shirt/ equivalent blouse                                                       | 2 (1 worn)                   |
| Undershirt (white)                                                                                      | 2 (1 worn)                   |
| Undershirt (gray)                                                                                       | 1                            |
| Black PT shorts (5" minimum inseam)                                                                     | 1                            |
| White Ankle Socks (no visible marking)                                                                  | 5                            |
| Business Casual Trousers (no denim jeans)                                                               | 1 worn                       |
| Belt (if trousers have belt loops)                                                                      | 1 (worn)                     |
| Business casual shoes (no ballet slippers, tennis shoes, boots or heels)                                | 1 pair (worn)                |
| Underwear (compression shorts are authorized but must not extend below the length of issued PT shorts)  | 6                            |
| Running Shoes (no older than three months and have less than 100 miles of wear)                         | 2 pairs                      |
| Eyeglasses (contact lenses are not authorized at any time at OCS)                                       | 1 pair (2 pairs recommended) |
| Eyeglass strap (black color only)                                                                       | 2                            |
| Basic Toiletries (must be placed in zip lock bag's)                                                     | 2 weeks worth                |
| Towel (plain white)                                                                                     | 1                            |
| Shower shoes (flip flop style, black) / (slides, crocs etc. are not authorized)                         | 1 pair                       |
| Watch (water resistant/rugged/black, coyote tan, or olive drab green. Smart watches are not authorized) | 1                            |
| Marine Corps Issue Combat Boot <b>**Optional**</b>                                                      | 1 pair                       |
| "M-Pact Covert" Mechanix gloves (all black)                                                             | 1 pair                       |

a. **Running Shoes.** All officer candidates must arrive at OCS with at least one pair of serviceable running shoes. To prevent injury, it is highly recommended that running shoes be no older than three months and have less than 100 miles of wear. Candidates are encouraged to bring two pairs of running shoes. It is recommended that one of these pairs be designed for trail running. Authorized Shoe Types: Minimalist running shoes (that house all toes in a single compartment) and Carbon-plated running shoes. Not Authorized Shoe Types: "Finger-toe" shoes that separate the toes into individual compartments. Please be aware that during the initial phase of training, your running shoes will be used for walking outside of physical training events.

b. **Physical Training (PT) Gear.** Officer candidates must bring one set of PT gear consisting of one plain gray crew neck tee shirt, appropriate length black shorts (non-spandex; inseam greater than 5"), and white ankle socks for use during in-processing. PT shorts will be worn during medical screening. The shirt and shorts must be free of writing or images. A small name brand is authorized.

c. **Toiletries.** Officer candidates will only bring enough basic overnight toiletry items (razors, shaving cream, soap, shampoo, deodorant, toothbrush, toothpaste, necessary hair products) to last the two weeks of training until they make their initial exchange visit. Officer candidates susceptible to pseudofolliculitis are authorized to bring an electric razor; however, they must receive authorization from OCS medical staff in order to use it. Officer candidates will receive a standard issue hygiene bag upon arrival to OCS.

d. **Boots.** Prior service members are not required to purchase ICB or jungle boots even if they do not currently own them. However, they will be required to bring two sets of issued boots (not steel toe) to train with at OCS. OCS will issue Marine Corps combat boots (cold weather and jungle) to all officer candidates who are not prior service or NROTC. All officer candidates may bring one pair of additional USMC regulation boots to OCS (for a total of three when included with the required/issued pairs). Officer candidates who wish to bring a third pair of boots are encouraged to purchase USMC regulation boots prior to arrival at OCS. Multiple pairs of boots allow

candidates to have an inspection pair and a daily-use pair simultaneously. Officer candidates are encouraged to review paragraph 3012 of reference (a) for boot regulations. Further guidance on boot fitting can be found on the OCS website.

e. Watches. Officer candidates are only authorized to bring a non-smart digital watch. Examples are a Casio G-Shock or Timex Ironman. Smartwatches are not authorized. A smartwatch is defined as any watch that has wireless communication capabilities, such as Bluetooth, Wi-Fi, GPS, or the ability to sync data (e.g., Apple Watch, Fitbits, Garmin etc.).

f. Authorized Gloves. Officer candidates are authorized to wear “M-Pact Covert” Mechanix gloves (all black) during training evolutions at OCS. Any other form of Mechanix gloves are not authorized for wear. (<https://www.mechanix.com/us-en/tactical-and-military-gloves/MPT-55.html>)

**Special Gear List: Active Duty/Reservist/Individual Ready Reserve (IRR) within 90 days of EAS**

1. In addition to the gear listed in Enclosure (5), all current active and reserve Marines, to include IRR Marines within 90 days of their end of active service (EAS), are required to bring the items in the table below. **These items must fit in an issued sea bag.**

| Item                                                     | Qty |
|----------------------------------------------------------|-----|
| Blouse, MARPAT, Woodland                                 | 2   |
| Trousers, MARPAT, Woodland                               | 2   |
| Blouse, MARPAT, Desert                                   | 2   |
| Trousers, MARPAT, Desert                                 | 2   |
| Service "A" (full uniform to include ribbons and badges) | 1   |
| Service "C" Blouse                                       | 1   |
| 8-Point Cover, MARPAT, Woodland                          | 2   |
| 8-Point Cover, MARPAT, Desert                            | 2   |
| Boonie Cover, MARPAT, Desert                             | 1   |
| Hot Weather Combat Boots (Jungle) (see para 7.c.5)       | 1   |
| Infantry Combat Boots (ICB) (see para 7.c.5)             | 1   |
| Sea Bag                                                  | 1   |
| Web Belt                                                 | 2   |
| Web Belt Buckle                                          | 2   |
| Green PT Sweat Top                                       | 1   |
| Green PT Sweat Bottom                                    | 1   |
| PT Shorts (silkie are not authorized)                    | 2   |
| Green Skivvy Shirts                                      | 6   |
| Boot Socks (brown)                                       | 6   |

a. Additional Uniforms. Upon arrival, two additional sets of Woodland MARPAT uniforms will be issued, at no cost, to those Marines who are still on active or Selected Reserve status. All uniform items must be serviceable in accordance with reference (a). Uniforms deemed unserviceable will be replaced at the Marine's expense. Prior enlisted Marines must remove name tapes from all desert MARPAT utilities and one set of woodland MARPAT utilities upon induction into training. Prior enlisted Marines will not receive a new issue of boots. IRR Marines who do not possess these uniform items will purchase them at Cash Sales.

b. Full Uniform Issue. IRR Marines who are 90 or more days past their EAS will receive a full uniform issue. The officer candidate must inform their receiving staff if they possess these items prior to uniform issue to prevent double issue or the purchasing of surplus uniform items.

c. Service "A" Uniforms. All direct-commission officer candidates, to include ECP, will stand an inspection in the Service "A" uniform with garrison cover. All prior enlisted officer candidates are required to hand-carry their current Service "A" uniform to OCS. Those prior enlisted officer candidates earning their commission upon graduation will have the option to convert their Service "A" uniform from enlisted to officer, or to purchase a new uniform. MECEP officer candidates who are not commissioning will NOT alter their uniform but will stand the inspection with their enlisted rank. Platoon gear lockers will be available in order to store these items.

### Special Gear List: Naval Reserve Officer Training Corps (NROTC) Candidates

1. NROTC students are required to bring the items in the table below in addition to the items in Enclosure (5). If midshipmen have not received these items, a roster from each unit is required to be provided to the MCRC LNO no later than 13 December 2023. If they have not received the below items prior to arriving, NROTC students will receive them in their initial issue at OCS. **The below listed items must fit in an issued sea bag.**

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

### Suggested Gear List: Additional Products Recommended for Female Candidates

1. In addition to the gear listed in Enclosure (5), the table below provides additional gear and toiletry products for female officer candidates. While these items are suggested, they are not mandatory for training.

| Item                                                                                                                                            | Qty           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Recommended non-damaging hair products:<br>1. ECO Style Hair Gel<br>2. Shea Moisture Defining Styling Gel<br>3. Wet Line Xtreme Hairstyling Gel | 2 (If needed) |
| Inconspicuous hair pins                                                                                                                         | As needed     |
| Inconspicuous bobby pins                                                                                                                        | 1 pack        |
| Sports Bra (Black, brown, white, or grey in color)                                                                                              | 6             |
| Feminine products                                                                                                                               | As needed     |

a. Hair Products. The table above lists three recommended hair products for females. However, officer candidates are encouraged to use products that are suitable for their hairstyle. Furthermore, these products must promote a neat and professional look with a clear and dry finish.

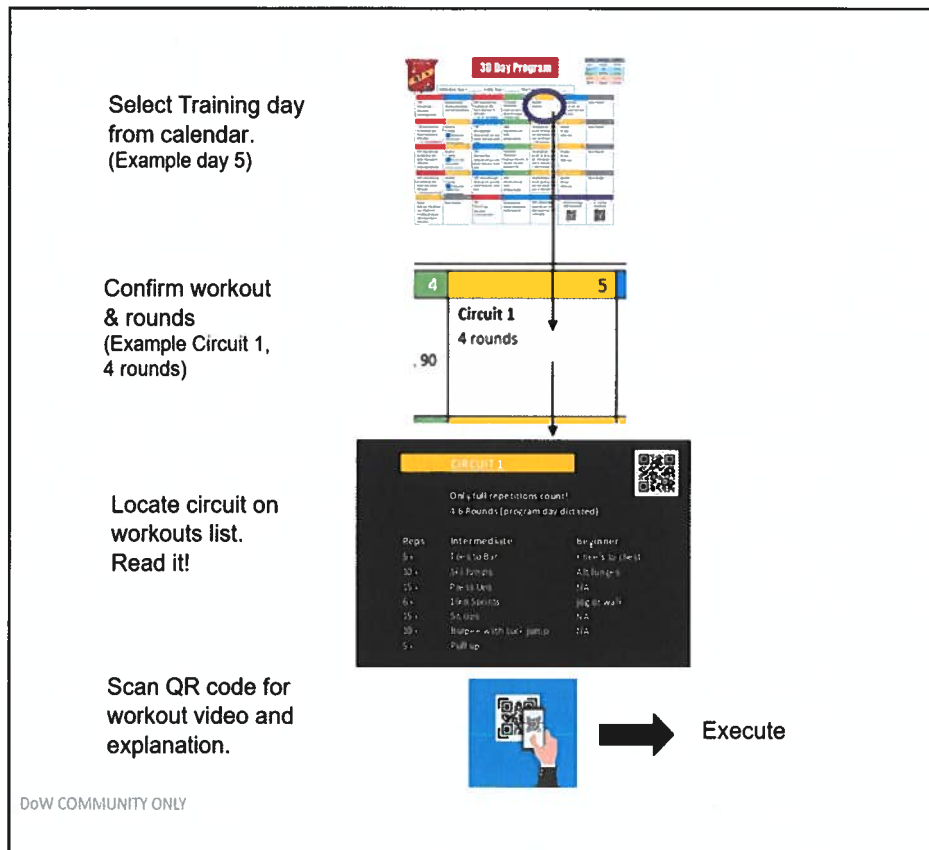
b. Sports Bras. Female officer candidates must bring sports bras that will provide adequate support during training at OCS. Sports Bras will be black, brown, white, or grey in color.

a. Feminine Products. It is encouraged that female officer candidates bring feminine products (as needed) that will last approximately two weeks until the first PX call.

# OCS PRE-SHIP PHYSICAL FITNESS PROGRAM

## OSO Guidance

- 1. Distribution.** The program has been designed for distribution across 2 modalities:
  - a. Hard copy booklet. Print. Fold pages along center line. Staple at fold.
  - b. Digitally. Save to Candidates (OCANS) personal device.
- 2. Program Design.**
  - a. Simple. Easy to both understand and use.
  - b. Accessible. To all OCANS. A pair of running shoes and a pull up bar are all that's required to execute.
  - c. Effective. To ensure OCANS undertake a range of training components to set them up for success across the POI's entirety. PREVENT TRAINING "JUST TO PASS THE IPFT".
- 3. Execution.**



#### 4. Key Points.

- a. OCANs must understand how to make the basic calculation using their PFT run time on day 1, to establish their average 1 mile pace. This will set their paces across the running modalities within the program:
  - i. Zone 2 Run = 1 mile pace + 2 to 3 minutes.
  - ii. Zone 4 Run = 1 mile pace + 30 seconds.
  - iii. Zone 5 Run = 1 mile pace – 10 seconds.

Failure to achieve this will prevent individualization to their current fitness level.

- b. OCANs must conduct the workouts in order to benefit from the periodization.
- c. Encourage OVERHAND pull ups when training. This will provide transferability across key functional movements conducted on Brown Field.
- d. The inclusion of 'toes to bar' on circuit 1 is deliberate. We are increasingly seeing OCANs who are deficient the hip flexor / core strength, in conjunction with basic coordination to touch a parallel bar with their feet from a dead hang. This is detrimental to many techniques across the Obstacle-Course. Emphasize this movement, it doesn't have to be 'crossfit' perfect, but encourage them to address this should they be unable.
- e. Emphasize the importance of mastering the correct techniques across the functional movement workout. This will assist injury prevention and promote performance when they arrive and conduct these movements under fatigue.
- f. OCANs will conduct the 60 day program. The 30 day program is to be used in the instance an OCAN has been given short notice to ship.
- g. Boots / hiking. A very gradual introduction to walking in boots and the principles of hiking is included within the program. We are trying to achieve basic foundations here.
  - i. 'Breaking boots in', identifying hot spots on feet, securing laces comfortably and effectively. An introduction to volume.
  - ii. Hiking with a small weight. Identify correct fastening of straps, pack placement and economic distribution of weight.

Stress the importance of NOT overtraining in this domain. This is notorious with early onset stress symptoms in the lower extremities. Follow the program!

**5. Limitations.**

- a. This program targets the lower half of OCANs from a physical conditioning standpoint. For high-performing athletes, exercise your discretion. If their existing training is safe and effective, this program should serve as supplemental guidance, not a strict directive.
  
- b. Strength and Conditioning. To achieve the design aims mentioned in paragraph 2, please note that targeted strength and conditioning is not included in this program. Priority has been given to aerobic and muscular endurance, with an emphasis on strength maintenance. Subsequently, you should use your judgment. If an OCAN has access to a fitness center and can train safely and effectively, they should be allowed to continue their strength training alongside the pre-shipping program.

- 6. Feedback.** We welcome feedback from both you and the OCANs. If there are any issues with understanding, execution, or any other matters, please let us know so we can address them. This is especially important during the initial rollout of the program. Your assistance in ensuring candidates understand and comply with the program is pivotal. To help us measure success, we also welcome feedback on improvements in running times and conditioning

**CSgt D Groom RM, PT1 PT Advisor OCS**  
**Email address:** David.groom.mil@usmc.mil

The image features three soldiers in military attire against a dark background. On the left, a large, stylized, metallic '100' is visible. The soldiers are wearing helmets and tactical gear. The soldier in the foreground is wearing a bucket hat and a tactical vest. The soldier in the background is wearing a standard military helmet and is looking to the right. The overall tone is serious and professional.

# THE ROAD TO OCS:

30&60 DAY  
CONDITIONING  
PROGRAM

# TABLE OF CONTENTS

|                                   |           |
|-----------------------------------|-----------|
| <b>RULES</b>                      | <b>03</b> |
| <b>INSTRUCTIONS</b>               | <b>04</b> |
| <b>60 DAY CALENDAR PT. 1</b>      | <b>06</b> |
| <b>60 DAY CALENDAR PT. 2</b>      | <b>08</b> |
| <b>30 DAY CALENDAR</b>            | <b>10</b> |
| <b>WARM UP, STRETCH, AND HIKE</b> | <b>12</b> |
| <b>CIRCUIT 1 &amp; 2</b>          | <b>13</b> |
| <b>FUNCTIONAL MOVEMENT</b>        | <b>14</b> |
| <b>PULL-PLANK-PULL (PPP)</b>      | <b>15</b> |
| <b>RUNS</b>                       | <b>16</b> |

# PROGRAM RULES

1. You must record your max pull-ups and 3 mile run time to use this program.
2. Only kit required - pull-up bar.
3. Only wear military boots for walks and hikes.
4. The sequencing of PT sessions has been designed to enhance performance and recovery [Do it in order].
5. Conduct a 15 minute warm up prior and stretch post all workouts.



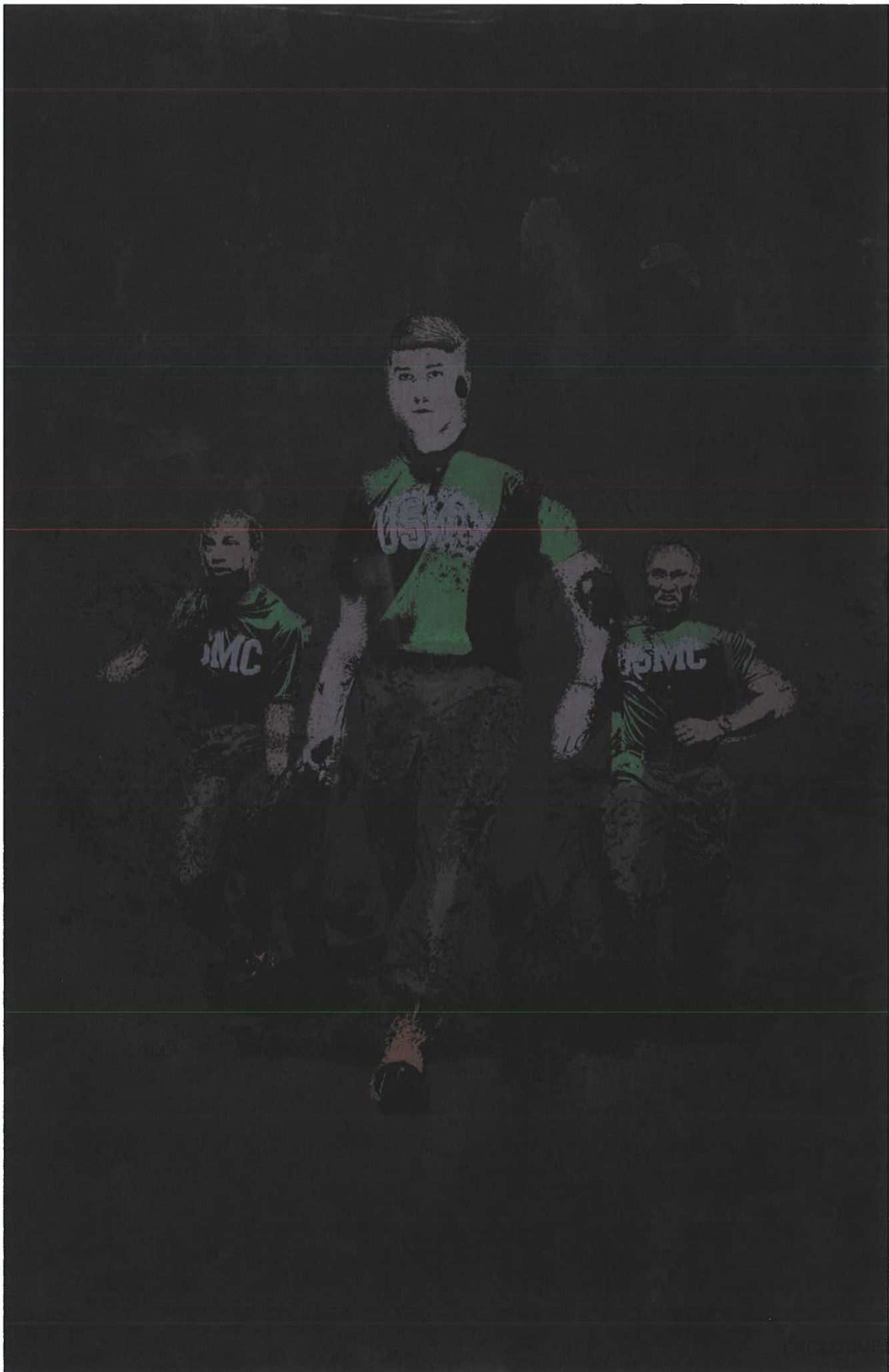
# INSTRUCTIONS

Follow each workout as directed by the provided 60 and 30 day calendars. The colors are used to guide the intensity of a given workout.

Scan the QR codes to explore videos that demonstrate proper execution of each planned workout.

## TRAINING ZONES

| <b>ZONE</b>   | <b>INTENSITY</b>  | <b>%MHR</b>    |
|---------------|-------------------|----------------|
| <b>ZONE 1</b> | <b>VERY LIGHT</b> | <b>50-60%</b>  |
| <b>ZONE 2</b> | <b>LIGHT</b>      | <b>60-70%</b>  |
| <b>ZONE 3</b> | <b>MODERATE</b>   | <b>70-80%</b>  |
| <b>ZONE 4</b> | <b>HARD</b>       | <b>80-90%</b>  |
| <b>ZONE 5</b> | <b>MAXIMUM</b>    | <b>90-100%</b> |



# 60 DAY PROGRAM

## MONTH ONE

### TRAINING ZONES

ZONE 1

ZONE 2

ZONE 3

ZONE 4

ZONE 5

|                                                                                                     |                                                                                          |                                                                                    |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1                                                                                                   | 2                                                                                        | 3                                                                                  |
| <b>PFT</b><br>- MAX PULL-UPS<br>- MAX PLANK<br>- 3 MILE BEST EFFORT                                 | <b>RECOVERY WALK</b><br>- 30 MIN WALK STEADY STATE<br>(MILITARY BOOTS)                   | <b>THRESHOLD RUN + PPP</b><br>- 2X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE |
| 8                                                                                                   | 9                                                                                        | 10                                                                                 |
| <b>PPP + RUN INTERVALS</b><br>- 4X800M @ 10 SEC FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN | <b>CIRCUIT 1</b><br>- AM: 4 ROUNDS<br>- PM: 40 MIN WALK STEADY STATE<br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 35 MIN @ 2-3 MIN SLOWER THAN YOUR 1 MILE PACE      |
| 15                                                                                                  | 16                                                                                       | 17                                                                                 |
| <b>PPP + RUN INTERVALS</b><br>- 5X800M @ 10 SEC FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN | <b>CIRCUIT 1</b><br>- AM: 4 ROUNDS<br>- PM: 50 MIN WALK STEADY STATE<br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 40 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE  |
| 22                                                                                                  | 23                                                                                       | 24                                                                                 |
| <b>PPP + RUN INTERVALS</b><br>- 6X800M @ 10'S FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN   | <b>CIRCUIT 1</b><br>- AM: 5 ROUNDS<br>- PM: 60 MIN WALK STEADY STATE<br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 50 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE  |
| 29                                                                                                  | 30                                                                                       | 31                                                                                 |
| <b>PPP + RUN INTERVALS</b><br>- 7X800M @ 10'S FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN   | <b>CIRCUIT 1</b><br>- AM: 5 ROUNDS<br>- PM: 70 MIN WALK STEADY STATE<br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 60 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE  |

# PERSONAL PERFORMANCE LOG

1 MILE TIME

3 MILE TIME

MAX PULL-UPS

PFT SCORE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                                                                  |                                                                                                                        |                                                                             |                     |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------|
| 4                                                                                | 5                                                                                                                      | 6                                                                           | 7                   |
| <b>REST/STRETCH</b>                                                              | <b>FUNCTIONAL MOVEMENT</b><br>- 4 SETS PER EXERCISE, 90 SEC RECOVERY BETWEEN                                           | <b>BLUE ZONE RUN</b><br>- 30 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE | <b>REST/STRETCH</b> |
| 11                                                                               | 12                                                                                                                     | 13                                                                          | 14                  |
| <b>HIKE</b><br>- 30 MIN WALK WITH 10 LBS<br><br>(MILITARY BOOTS)                 | <b>THRESHOLD RUN + PPP</b><br>- 2X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br>- 5 MINUTE WALK RECOVERY BETWEEN | <b>CIRCUIT 2</b><br>- 30 REPS<br>- 200M RUNS                                | <b>REST/STRETCH</b> |
| 18                                                                               | 19                                                                                                                     | 20                                                                          | 21                  |
| <b>FUNCTIONAL MOVEMENT</b><br>- 4 SETS PER EXERCISE<br>- 90 SEC RECOVERY BETWEEN | <b>THRESHOLD RUN + PPP</b><br>- 3X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br>- 5 MIN WALK RECOVERY BETWEEN    | <b>CIRCUIT 2</b><br>- 35 REPS<br>- 200M RUNS                                | <b>REST/STRETCH</b> |
| 25                                                                               | 26                                                                                                                     | 27                                                                          | 28                  |
| <b>HIKE</b><br>- 40 MIN WALK WITH 20 LBS<br><br>(MILITARY BOOTS)                 | <b>THRESHOLD RUN + PPP</b><br>- 4X10 MIN @30 SEC PER MILE SLOWER THAN 1 MILE PACE<br>- 5 MIN WALK RECOVERY BETWEEN     | <b>CIRCUIT 2</b><br>- 40 REPS<br>- 200M RUNS                                | <b>REST/STRETCH</b> |
| 32                                                                               | 33                                                                                                                     | 34                                                                          | 35                  |
| <b>FUNCTIONAL MOVEMENT</b><br>- 4 SETS PER EXERCISE<br>- 90 SEC RECOVERY BETWEEN | <b>THRESHOLD RUN + PPP</b><br>- 5X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br>- 5 MIN WALK RECOVERY BETWEEN    | <b>CIRCUIT 2</b><br>- 45 REPS<br>- 200M RUNS                                | <b>REST/STRETCH</b> |

# 60 DAY PROGRAM

## MONTH TWO

### TRAINING ZONES

ZONE 1

ZONE 2

ZONE 3

ZONE 4

ZONE 5

|                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 36                                                                                                                                                                                   | 37                                                                                                                                                | 38                                                                                                                                      |
| <p><b>PPP + RUN INTERVALS</b></p> <ul style="list-style-type: none"> <li>- 8X800M @ 10 SEC FASTER THAN 1 MILE PACE</li> <li>- 2 MIN RECOVERY BETWEEN</li> </ul>                      | <p><b>CIRCUIT 1</b></p> <ul style="list-style-type: none"> <li>- AM: 6 ROUNDS</li> <li>- PM: 75 MIN WALK STEADY STATE (MILITARY BOOTS)</li> </ul> | <p><b>BLUE ZONE RUN + PPP</b></p> <ul style="list-style-type: none"> <li>- 70 MIN @ 2-3 MIN SLOWER THAN 1 MILE PACE</li> </ul>          |
| 43                                                                                                                                                                                   | 44                                                                                                                                                | 45                                                                                                                                      |
| <p><b>PPP + RUN INTERVALS</b></p> <ul style="list-style-type: none"> <li>- 8X800M @ 10 SEC FASTER THAN 1 MILE PACE</li> <li>- 2 MIN RECOVERY BETWEEN</li> </ul>                      | <p><b>CIRCUIT 1</b></p> <ul style="list-style-type: none"> <li>- AM: 6 ROUNDS</li> <li>- PM: 80 MIN WALK STEADY STATE (MILITARY BOOTS)</li> </ul> | <p><b>BLUE ZONE RUN + PPP</b></p> <ul style="list-style-type: none"> <li>- 80 MIN @ 2-3 MIN SLOWER THAN 1 MILE PACE</li> </ul>          |
| 50                                                                                                                                                                                   | 51                                                                                                                                                | 52                                                                                                                                      |
| <p><b>PPP + RUN INTERVALS</b></p> <ul style="list-style-type: none"> <li>- 6X800M @ 10 SEC FASTER THAN 1 MILE PACE</li> </ul>                                                        | <p><b>CIRCUIT 1</b></p> <ul style="list-style-type: none"> <li>- AM: 4 ROUNDS</li> <li>- PM: 90 MIN WALK STEADY STATE (MILITARY BOOTS)</li> </ul> | <p><b>BLUE ZONE RUN + PPP</b></p> <ul style="list-style-type: none"> <li>- 90 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE</li> </ul> |
| 57                                                                                                                                                                                   | 58                                                                                                                                                | 59                                                                                                                                      |
| <p><b>PRIMER</b></p> <ul style="list-style-type: none"> <li>- PULL-UPS 70% OF MAX REPS</li> <li>- PLANK 2 MIN</li> <li>- 2X800M @ 10 SEC PER MILE FASTER THAN 1 MILE PACE</li> </ul> | <p><b>REST/STRETCH</b></p>                                                                                                                        | <p><b>PFT</b></p> <ul style="list-style-type: none"> <li>- MAX PULL-UPS</li> <li>- MAX PLANK</li> <li>- 3 MILE BEST EFFORT</li> </ul>   |

# PERSONAL PERFORMANCE LOG

1 MILE TIME

3 MILE TIME

MAX PULL-UPS

PFT SCORE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                                                                           |                                                                                                                                 |                                                       |                            |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|
| 39                                                                                        | 40                                                                                                                              | 41                                                    | 42                         |
| <p><b>HIKE</b><br/>- 50 MIN WALK WITH 30 LBS<br/><br/>(MILITARY BOOTS)</p>                | <p><b>THRESHOLD RUN + PPP</b><br/>- 2X15 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br/>- 5 MINUTE WALK RECOVERY BETWEEN</p> | <p><b>CIRCUIT 2</b><br/>- 50 REPS<br/>- 200M RUNS</p> | <p><b>REST/STRETCH</b></p> |
| 46                                                                                        | 47                                                                                                                              | 48                                                    | 49                         |
| <p><b>FUNCTIONAL MOVEMENT</b><br/>- 4 SETS PER EXERCISE<br/>- 90 SEC RECOVERY BETWEEN</p> | <p><b>THRESHOLD RUN + PPP</b><br/>- 2X20 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br/>- 5 MINUTE WALK RECOVERY BETWEEN</p> | <p><b>CIRCUIT 2</b><br/>- 50 REPS<br/>- 200M RUNS</p> | <p><b>REST/STRETCH</b></p> |
| 53                                                                                        | 54                                                                                                                              | 55                                                    | 56                         |
| <p><b>HIKE</b><br/>- 60 MIN WALK WITH 35 LBS<br/><br/>(MILITARY BOOTS)</p>                | <p><b>THRESHOLD RUN + PPP</b><br/>- 2X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE<br/>- 5 MIN WALK RECOVERY BETWEEN</p>    | <p><b>CIRCUIT 2</b><br/>- 30 REPS<br/>- 200M RUNS</p> | <p><b>REST/STRETCH</b></p> |
| 60                                                                                        | 61                                                                                                                              | 62                                                    | 63                         |
| <p><b>FUNCTIONAL MOVEMENT</b><br/>- 4 SETS PER EXERCISE<br/>- 90 SEC RECOVERY BETWEEN</p> | <p><b>BLUE ZONE RUN + PPP</b><br/>- 40 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE</p>                                       | <p><b>REST/STRETCH</b></p>                            | <p><b>REST/STRETCH</b></p> |

# 30 DAY PROGRAM

## TRAINING ZONES

ZONE 1

ZONE 2

ZONE 3

ZONE 4

ZONE 5

|                                                                                                                    |                                                                                              |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1                                                                                                                  | 2                                                                                            | 3                                                                                 |
| <b>PFT</b><br>- MAX PULL-UPS<br>- MAX PLANK<br>- 3 MILE BEST EFFORT                                                | <b>RECOVERY WALK</b><br>- 40 MIN WALK STEADY STATE<br><br>(MILITARY BOOTS)                   | <b>PPP + RUN INTERVALS</b><br>- 4X800 M @10 SEC FASTER THAN 1 MILE PACE           |
| 8                                                                                                                  | 9                                                                                            | 10                                                                                |
| <b>PPP + RUN INTERVALS</b><br>- 5X800M @ 10 SEC FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN                | <b>CIRCUIT 1</b><br>- AM: 4 ROUNDS<br>- PM: 50 MIN WALK STEADY STATE<br><br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 40 MIN @ 2-3 MIN SLOWER THAN 1 MILE PACE          |
| 15                                                                                                                 | 16                                                                                           | 17                                                                                |
| <b>PPP + RUN INTERVALS</b><br>- 6X800M @10 SEC FASTER THAN 1 MILE PACE                                             | <b>CIRCUIT 1</b><br>- AM: 6 ROUNDS<br>- PM: 60 MIN WALK STEADY STATE<br><br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 50 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE |
| 22                                                                                                                 | 23                                                                                           | 24                                                                                |
| <b>PPP+RUN INTERVAL</b><br>- 7X800M @ 10'S FASTER THAN 1 MILE PACE<br>- 2 MIN RECOVERY BETWEEN                     | <b>CIRCUIT 1</b><br>- AM: 6 ROUNDS<br>- PM: 70 MIN WALK STEADY STATE<br><br>(MILITARY BOOTS) | <b>BLUE ZONE RUN + PPP</b><br>- 60 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE |
| 29                                                                                                                 | 30                                                                                           | 31                                                                                |
| <b>PRIMER</b><br>- PULL-UPS 70% OF MAX REPS<br>- PLANK 2 MIN<br>- 2X800M @ 10 SEC PER MILE FASTER THAN 1 MILE PACE | <b>REST/STRETCH</b>                                                                          | <b>PFT</b><br>- MAX PULL-UPS<br>- MAX PLANK<br>- 3 MILE BEST EFFORT               |

# PERSONAL PERFORMANCE LOG

1 MILE TIME

3 MILE TIME

MAX PULL-UPS

PFT SCORE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                                                                                      |                                                                                                                              |                                                                                             |                            |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------|
| 4                                                                                                    | 5                                                                                                                            | 6                                                                                           | 7                          |
| <p><b>FUNCTIONAL MOVEMENT</b></p> <p>- 4 SETS PER EXERCISE</p> <p>- 90 SEC RECOVERY BETWEEN</p>      | <p><b>CIRCUIT 1</b></p> <p>- 4 ROUNDS</p>                                                                                    | <p><b>BLUE ZONE RUN</b></p> <p>- 30 MIN @ 2-3 MIN PER MILE SLOWER THAN YOUR 1 MILE PACE</p> | <p><b>REST/STRETCH</b></p> |
| 11                                                                                                   | 12                                                                                                                           | 13                                                                                          | 14                         |
| <p><b>HIKE</b></p> <p>- 40 MIN WALK WITH 25 LBS</p> <p>(MILITARY BOOTS)</p>                          | <p><b>THRESHOLD RUN + PPP</b></p> <p>- 2X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE</p> <p>- 5 MINUTE WALK BETWEEN</p> | <p><b>CIRCUIT 2</b></p> <p>- 30 REPS</p> <p>- 200M RUNS</p>                                 | <p><b>REST/STRETCH</b></p> |
| 18                                                                                                   | 19                                                                                                                           | 20                                                                                          | 21                         |
| <p><b>FUNCTIONAL MOVEMENT</b></p> <p>- 4 SETS PER EXERCISE</p> <p>- 90 SEC RECOVERY BETWEEN SETS</p> | <p><b>THRESHOLD RUN + PPP</b></p> <p>- 3X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE</p> <p>- 5 MIN WALK BETWEEN</p>    | <p><b>CIRCUIT 2</b></p> <p>- 40 REPS</p> <p>- 200M RUNS</p>                                 | <p><b>REST/STRETCH</b></p> |
| 25                                                                                                   | 26                                                                                                                           | 27                                                                                          | 28                         |
| <p><b>HIKE</b></p> <p>- 55 MIN WITH 35 LBS</p> <p>(MILITARY BOOTS)</p>                               | <p><b>THRESHOLD RUN + PPP</b></p> <p>- 4X10 MIN @ 30 SEC PER MILE SLOWER THAN 1 MILE PACE</p> <p>- 5 MIN WALK BETWEEN</p>    | <p><b>CIRCUIT 2</b></p> <p>- 50 REPS</p> <p>- 200M RUNS</p>                                 | <p><b>REST/STRETCH</b></p> |
| 32                                                                                                   | 33                                                                                                                           |                                                                                             |                            |
| <p><b>RECOVERY WALK</b></p> <p>- 70 MIN STEADY STATE</p> <p>(MILITARY BOOTS)</p>                     | <p><b>BLUE ZONE RUN + PPP</b></p> <p>- 60 MIN @ 2-3 MIN PER MILE SLOWER THAN 1 MILE PACE</p>                                 |                                                                                             |                            |

# WORKOUT

## WARM UP

15 minute RAMP warm up prior to every period.



## STRETCH

15 minute stretch (minimum) post every period.



---

## HIKES

Hike at a natural pace. Key is to condition the weight and boots.



# WORKOUT

## CIRCUIT 1

Only full repetitions count!  
4-6 rounds (program day dictated)



| REPS | EXERCISE              | REGRESSION |
|------|-----------------------|------------|
| 10x  | Plyometric Lunges     | N/A        |
| 6x   | 10m sprints           | N/A        |
| 10x  | Burpee with tuck jump | N/A        |

## CIRCUIT 2

Only full repetitions count!  
200m after every exercise.

\*Build up to 50 repetitions as detailed across the program calendar.



| REPS | EXERCISE          | RUN  |
|------|-------------------|------|
| 50x  | Butterfly Sit ups | 200m |
| 50x  | Lunges (per leg)  | 200m |
| 50x  | Burpees           | 200m |
| 50x  | Abdominal Crunch  | 200m |
| 50x  | Squat Thrust      | 200m |

# WORKOUT

## FUNCTIONAL MOVEMENT

### Body-weight Resistance Training

Tempo/time under tension - ensure you follow the correct timings for each repetition.

Example Squat: 3,1,1 = 3 seconds lower, hold for 1 second, 1 second up.

60-90's recovery between sets.  
Quality of repetitions is key!

| EXERCISE                     | SETS           | REPS       | RECOVERY | TEMPO<br>(Seconds) |
|------------------------------|----------------|------------|----------|--------------------|
| Squat                        | 4              | 8-12       | 60-90's  | 3,1,1              |
| Single leg romanian deadlift | 4              | 8-12       | 60-90's  | 3,1,1              |
| Static Lunge                 | 4              | 8-12       | 60-90's  | 3,1,1              |
| Push-ups                     | 4              | 8-12       | 60-90's  | 3,1,1              |
| Pull-ups                     | 4              | 70% of 1RM | 60-90's  | 1,1,3              |
| Inverted Row                 | 4              | 8-12       | 60-90's  | 1,1,3              |
| Side Plank                   | 4 (2 per side) | 45 seconds | 60-90's  | N/A                |
| Russian Twists               | 4              | 8-12       | 60-90's  | 1,1                |



# WORKOUT

## PULL-PLANK-PULL

(PPP)

No Rest Between sets

1. 1st set of pull-ups
2. 1 x plank
3. 2nd set of pull-ups



Tips:

Less than 10 = (Males)  
Less than 5 = (Females)  
Consider "Armstrong"  
pull-up program

| WEEK | PULL UPS (SET 1) | PLANK | PULL UPS (SET 2) |
|------|------------------|-------|------------------|
| 1    | Max Pull ups -2  | 2:00  | Failure          |
| 2    | Max Pull ups -1  | 2:30  | Failure          |
| 3    | Max Pull ups     | 3:00  | Failure          |
| 4    | Max pull ups +1  | 3:30  | Failure          |
| 5+   | Max pull ups +2  | 4:00  | Failure          |

PFT STANDARD



O-COURSE



# WORKOUT

Calculate your 1 mile pace to individualize the runs to your ability.

Calculation: 3 mile run time  $\div$  3 = 1 mile pace

A heart rate strap and watch will provide more accuracy.

## ZONE 2 - RUN

Designed to work at 60-70% max heart rate.

Take your 1 mile pace and add 2-3 minutes to establish zone 2 running pace.

Run for the denoted time on the program day

## ZONE 4 - THRESHOLD RUN

Designed to work at 80-90% of your max heart rate.

Take your 1 mile pace and add 30 seconds to it. Hold this pace for the interval duration.

Walk for 5 minutes between intervals.

Conduct the number of intervals prescribed by the program day.

## ZONE 5 - INTERVAL RUN

Designed to work at 90-100% of your max heart rate.

Take your 1 mile pace and subtract 10 seconds from it. Hold this pace for your 800m intervals.

2 minute recovery walk between intervals.