

USMC OFFICER TATTOO SCREENING FORM

NAME _____ L4 SSN _____ DATE _____

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

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

Y _____ N _____

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

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

Y _____ N _____

3. Are any of the tattoos, brands or markings:

- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with white undershirt) or inside the mouth?

- on hands, elbows, knees, or fingers (with exception of wedding band tattoo--not to exceed 3/8 of an inch), or within 2 inches of the wrists?

Y _____ N _____

4. Are any tattoos, markings or ornamentations exposed while wearing the standard PT uniform:

- Larger than the individual wearers hand with fingers extended and joined?

- Band Tattoos, (cannot exceed 3 inches or the width of the individual's four fingers extended and joined, whichever is greater)?

- Single band tattoo on one finger (max width less than 3/8 of an inch)?

- Excessive Tattoos (combined coverage must be covered by the individual wearers hand with their fingers extended and joined)?

Y _____ N _____

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

Y _____ N _____

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

Y _____ N _____

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

Y _____ N _____

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

Y _____ N _____

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

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

(Name of Candidate) (Signature) (Date)

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

*Certifying Officer Comments:

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

Part III: Reviewing.

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

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

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

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

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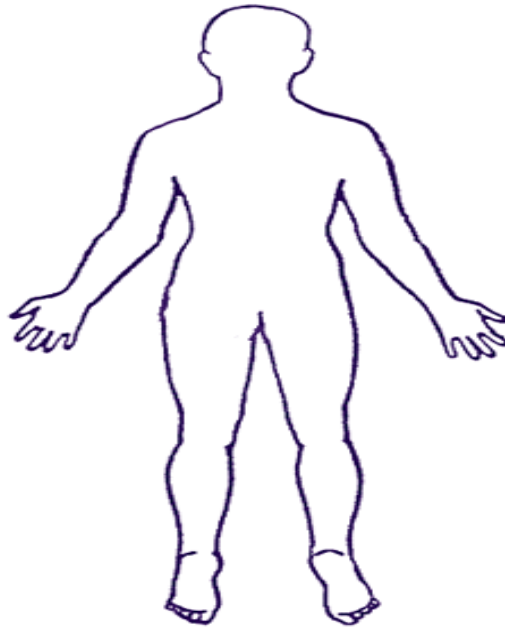
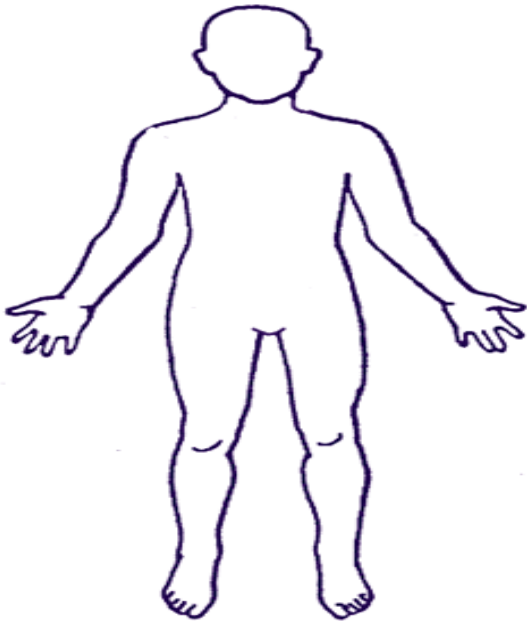
NAME _____ **L4 SSN** _____ **DATE** _____

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

"Applicant is eligible for commissioning after review and adjudication in accordance with MCBul 1020 & Frost Call 017-16."

NAME/SIGNATURE OF REVIEWING OFFICER _____ RANK _____ BILLET _____

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



FRONT VIEW

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

BACK VIEW

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

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

(Name of Candidate) (Signature) (Date)

"Applicant is qualified in accordance with MCBul 1020 & Frost Call 017-16."

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

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

1. Changes to this Tattoo Screening Form Y _____ N _____

(Name of Candidate) (Signature) (Date)

"Applicant is eligible for commissioning after review and adjudication in accordance with MCBul 1020 & Frost Call 017-16."

NAME/SIGNATURE OF REVIEWING OFFICER RANK BILLET