

WARRANT OFFICER SAMPLE APPLICATION

This document provides instructions and forms to complete a Warrant Officer application. Submit your completed application to warrantofficerboard@marines.usmc.mil via DoD SAFE at www.safe.apps.mil.

In DoD SAFE, select Drop-Off. Input the recipient email address (found above). Check the "Encrypt every file" box. Create an Encryption Passphrase and confirm. Attach the application and medical submission as two (2) separate pdf documents. Do not password protect each document. Save the files as such:

LNAME, FNAME MI WO Application

LNAME, FNAME MI Med Docs

In the "Short note to Recipients" area of DoD SAFE, annotate the following:

FY__ WO (Choose board - Reg, Res, Gun, Rec) Application ICO Rank LNAME, FNAME MI EDIPI/PMOS.

After submission via DoD SAFE, send a follow-up email directly to the recipient with the passphrase you created. We cannot download the attachments without the passphrase. The subject of the follow-up email should be the same as the "Short note" in DOD SAFE.

Your application should contain all required documents IN THE SAME ORDER as the checklist.

In the event that DoD SAFE will not accommodate your submission, the application and medical documents can be sent in one unencrypted email to warrantofficerboard@marines.usmc.mil. The attachments must not exceed a combined file size of 10 MB. In this case, please password protect the documents and send password in a separate email. Hard copy applications will be accepted on a case-by-case basis ONLY if the Marine is unable to password protect the document and send the application to the email address above or utilize DoD SAFE.

To assemble an application, use the steps and procedures below:

1. Read the current announcement MARADMIN for the program you are applying, MCO 1040.42B, and SECNAVINST 1412.11. These references outline program eligibility and requirements.
2. Complete and sign the application letter. Use the template letter provided.
3. The commander's first endorsement should follow the provide template as well. The remaining endorsements from the chain of command will follow standard naval formatting.
4. Complete the top half of the data sheet only. Due to operational necessity, please ensure that you provide your full SSN and all other PII on the data sheet ONLY. PII is required to track, identify, and evaluate candidates throughout the application process.

5. Provide certified copies of the following Marine Corps Total Force System (MCTFS) screens: BIR/BTR, Education, Awards, Chronological Page, and Test Score Screen.

6. If qualifying using the ACT or SAT, please provide official test scores report.

7. Sign and date the Fraternization SOU. Be sure to include ALL Service Record Book page 11 entries.

8. Use the template to provide a signed security clearance verification letter. Security clearances must not expire before the projected date of appointment. JPAS printouts ARE NOT authorized. If the status of an applicant's clearance changes (e.g. clearance suspended due to investigation), the security manager MUST contact MCRC immediately.

9. Complete the tattoo screening form and tattoo statement of understanding even if you do not have any tattoos. Provide COLOR photos or drawings (for tattoos that are located in private areas) of all tattoos, brands, body markings or body ornamentation. When measuring distances to prohibited areas as defined by MCO 1020.34H, please ensure that all photos are of high quality and distances can be easily ascertained. Tattoo photos ARE required for all tattoos visible in warm weather PT gear. If covered in PT gear, a detailed drawing must be submitted. Also, provide any page 11 entries that document your tattoos. For tattoo removal please provide the following: photos of the tattoo(s) before the removal procedure was started; photos of the tattoo(s) after each removal session; and a statement from the provider who is removing the tattoo(s) indicating when treatment started, number of treatments required, and anticipated completion date.

10. If applicable, provide all non-judicial punishment(s) (NJPs) and a statement addressing the 5 W's of the incident(s)

11. Letters of recommendation, letters to the president of the board, professional certificates/certifications and college degrees and/or transcripts may be included with your application.

12. Please provide proof of citizenship, if you are a U.S. citizen and your BIR reflects your citizenship as "Alien". Per SECNAVINST 1412.11, you must be a citizen of the United States to be eligible for consideration on the Warrant Officer Selection Board.

13. Please DO NOT provide any additional documents (e.g. unit checklists, MBSs, etc.) not requested for in the MARADMIN, MCO 1040.42A or SECNAVINST 1412.9B.

14. Route only the application for endorsement. Do not route the medical forms due HIPAA.

ENDORSEMENTS

All Marines are required to obtain a commander's endorsement at each level of command up to the first General Officer (or equivalent) in the Marine's endorsing chain of command.

Commanders must ensure that their endorsement, denoting their level of confidence, is promptly returned to the Marine prior to the application deadline. Commands are no longer authorized to mail their endorsed applications to MCRC, as the Marine is responsible for submitting their own application via DoD SAFE or email to warrantofficerboard@marines.usmc.mil.

Commands must ensure that all Marines receive originals of their letters of endorsement. Any command at risk of not returning its endorsement to the Marine with sufficient time prior to the application deadline should immediately notify the MCRC Warrant Officer point of contact found in the MARADMIN.

Do not submit applications to MCRC if the application does not receive all endorsements from the Marine's chain of command. Furthermore, do not submit applications if the senior endorser deems the Marine "Not Recommended" for appointment. Applications that do not receive all endorsements or are "Not Recommended" by the senior endorsement will not be accepted nor forwarded to the board for consideration.

Commanding Officers are directed to pass this information to all eligible Marines in their command, review all applications for completeness, ensure that Marines requesting waivers receive comprehensive justification on all endorsements (including the senior endorser), and make definitive recommendations regarding Marines who submit applications.

Additionally, Commanding Officers must specifically address the technical proficiency of the Marine in each MOS which applying. Endorsements and applications must be screened closely to ensure that only technically and professionally qualified Marines are submitted for consideration.

ENLISTED TO WARRANT OFFICER PROGRAM CHECKLIST

REQUIRED DOCUMENTS:

- ___ COMMAND ENDORSEMENTS (MUST HAVE FAVORABLE ENDORSEMENT FROM CG IN CHAIN OF COMMAND TO BE SUBMITTED/ACCEPTED)
- ___ APPLICANT'S APPLICATION
- ___ DATA SHEET
- ___ ESSAY
- ___ MCTFS SCREENS (BIR/BTR, EDUCATION, AWARDS, CHRONOLOGICAL ORDER, TEST)
ANS/QNS: _____ EL SCORE: _____
AFQT: _____ GT SCORE (GUNNER ONLY): _____
- ___ ACT/SAT TEST SCORES (IF APPLICABLE)
ACT: MATH: _____ ENGLISH: _____ COMPOSITE: _____
SAT: MATH: _____ VERBAL: _____
- ___ CERTIFIED COPY OF ALL SRB PAGE 11 ENTRIES
___ W/FRATERNIZATION STATEMENT
- ___ SECURITY CLEARANCE VERIFICATION LETTER
- ___ CAREER RETIREMENT CREDIT REPORT (RESERVE APPLICANTS ONLY)
- ___ RESERVE QUALIFICATION SUMMARY (RESERVE APPLICANTS ONLY)
- ___ TATTOO SCREENING FORM
- ___ TATTOO STATEMENT OF UNDERSTANDING

WAIVER:

- ___ TATTOO PAGE 11 (IF APPLICABLE)
- ___ TATTOO PHOTOS/DRAWINGS (CLEAR, IN-FOCUS, COLOR PHOTOS REQUIRED WITH FULL DESCRIPTIONS AND MEASUREMENTS)
- ___ NON-JUDICIAL PUNISHMENT (IF APPLICABLE)
P.12 (UPB)/P.13: _____ STATEMENT: _____
- ___ EL SCORE (ELIGIBLE FOR WAIVER CONSIDERATION IF EL IS < 110 AND AFQT IS 70+)

OPTIONAL DOCUMENTS:

- ___ LETTERS OF RECOMMENDATION
- ___ LETTER TO THE PRESIDENT OF THE BOARD
- ___ PROFESSIONAL CERTIFICATES/CERTIFICATIONS
- ___ COLLEGE DEGREES AND/OR TRANSCRIPTS
- ___ PROOF OF CITIZENSHIP (IF BIR REFLECTS "ALIEN", PROVIDE PROOF OF U.S. CITIZENSHIP)

MEDICAL:

- ___ PRECOMMISSIONING PHYSICAL – DD FORM 2807-1/DD FORM 2808
- ___ SUPPORTING MEDICAL DOCUMENTATION (AS APPLICABLE)



UNITED STATES MARINE CORPS

UNIT LETTERHEAD
STREET
CITY ST 12345-1234

1040
Code
Date

FIRST ENDORSEMENT on (Rank Full Name)'s (Warrant Officer/Chief Warrant Officer 2 Gunner) application of (Date)

From: Commanding Officer
To: Commandant of the Marine Corps
Via: (1) Commanding Officer, (Unit)
(2) Commanding General, Marine Corps Recruiting Command (ON/E)

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR 20XX ENLISTED TO [WARRANT OFFICER (REGULAR/RESERVES/RECRUITER)/CHIEF WARRANT OFFICER 2 GUNNER] PROGRAM

1. The information contained in the basic application and the enclosures have been verified with records on file in this command and have been found to be correct and true. The applicant meets the basic eligibility requirements for the Fiscal Year 20XX Enlisted to [Warrant Officer (Regular/Reserves)/Chief Warrant Officer 2 Gunner] Program.

2. The height and weight of the applicant is ___ inches and ___ pounds. Body fat ___% (if applicable). The applicant last took the PFT on (date) and obtained the following score:

Pull up/Push up	Number	(points)
Crunches/Plank	Number	(points)
Run	Time	<u>(points)</u>
Total		(score)

The applicant last took the CFT on (date) and obtained the following score:

Movement to Contact	Time	(points)
Ammo Lift	Number	(points)
Maneuver under Fire	Time	<u>(points)</u>
Total		(score)

3. I have viewed the applicant's tattoos, brands, or body markings photos and/or descriptions (enclosure XX). They are within Marine Corps standards per the Marine Corps Uniform Regulations. (Omit this paragraph if it is not applicable)

4. The applicant has served in this command for ___ months and has ___ remaining on their current enlistment or extension.

5. Provide a statement of recommendation with justification using recommend with (enthusiasm, confidence, or reservation). Commander's comments will specifically address the technical

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR 20XX ENLISTED TO
[WARRANT OFFICER (REGULAR/RESERVES/RECRUITER)/CHIEF WARRANT
OFFICER 2 GUNNER] PROGRAM

proficiency of the applicant in the MOS for which applying and, where possible, cite the accomplishments of the Marine in that field.

6. In addition to the recommendation, any waiver requested must be fully justified by the Commanding Officer. (Omit this paragraph if it is not applicable)

7. If the endorsement is "Not Recommended" or is otherwise derogatory or unfavorable, this paragraph shall read: "The applicant has been counseled as to the nature and content of the endorsement per reference (). The applicant has been given the opportunity to make a statement." Reference () provides further guidance. (Omit this paragraph if it not applicable)

C. O. UNIT OR EQUIVALENT

1040
Code
Date

From: Rank Full Name, EPIPI/PMOS, USMC(R)

To: Commandant of the Marine Corps

Via: (1) Commanding Officer, (Unit)

(2) Commanding Officer, (Unit)

(3) Commanding General, (Unit Name)

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

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR 20XX ENLISTED TO
[WARRANT OFFICER (REGULAR/RESERVES)/CHIEF WARRANT OFFICER 2
GUNNER] PROGRAM

Ref: (a) SECNAVINST 1412.11

(b) MCO 1040.42B

(c) Announcement MARADMIN

Encl: (1) Data Sheet

(2) Personal Essay

(3) Certified MCTFS Screens (BIR/BTR, Education, Awards, Chronological Order, Test)

(4) Test Scores (if qualifying with ACT/SAT)

(5) Fraternalization Statement of Understanding

(6) Security Clearance Verification Letter

(7) Tattoo Statement of Understanding

(8) Tattoo Screening Form (with photos/drawings)

(9) Tattoo NAVMC 118 (11) (if applicable)

(10) NJP and Statement (if applicable)

(11) Letters of Recommendation (if applicable)

(12) Letters to the President of the Board (if applicable)

(13) Professional Certificates (if applicable)

(14) College Transcripts (if applicable)

1. Per the references, I am eligible for and request consideration on the Fiscal Year 20XX Enlisted to [Warrant Officer (Regular/Reserves)/Chief Warrant Officer 2 Gunner] board. Enclosures (1) through (14) (as applicable) are attached as requested. I was physically screened at (Medical Treatment Facility Name) on (Date). I will submit my medical forms to MCRC via separate correspondence. The following information is submitted:

a. I require a waiver for the following: N/A or list waivers

b. [Active Duty] "I, (Full Name), if selected for appointment to WO (CWO2) and upon acceptance of such appointment, agree to remain on active duty for a period of not less than three years, unless sooner separated for cause under the provisions of SECNAVINST 1920.6C, Administrative Separation of Officers. I understand that this obligation will run concurrently with any other legal obligation in force and will not serve to decrease any such obligation." [Active Reservists and Reserve Marines see MCO 1040.42B for specific wording]

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR 20XX ENLISTED TO [WARRANT OFFICER (REGULAR/RESERVES)/CHIEF WARRANT OFFICER 2 GUNNER] PROGRAM

c. Date of Birth: YYYYMMDD

d. Permanent Grade and Date of Rank:

e. List off-duty education courses if not included in MCTFS education screen. (Attach transcripts, if applicable)

f. List military school or correspondence courses completed or currently enrolled in if not included in MCTFS education screen. (Attach transcripts, if applicable)

g. I have a NAC/Background Investigation (BI)/Special Background Investigation (SBI) completed by the Defense Investigative Service on (date); or I do not have a NAC/BI/SBI, but I initiated one on (date). Enclosure (6) applies (if applicable).

h. Active naval service as of (date of appointment): XX yrs XX mos XX days. If other than naval service is included in your Armed Forces Active Duty Base Date (AFADB), include branch of service, periods of service and highest grade held.

i. "No UPB is provided due to no record of disciplinary action." OR NJP and statement provided as enclosures _____.

j. MOS for which applying (as appropriate):
(1) First Choice:
(2) Second Choice:
(3) "I am/am not willing to accept any MOS in which the board considers me qualified."

k. List test(ACT/SAT/ASVAB), test score, and date tested.

l. List years of actual experience and key billets held in first and second choice MOSs (if applicable).

m. Unit and applicant telephone number and point of contact. (Indicate your admin office's DSN or commercial numbers only. DO NOT use FTS numbers.)

APPLICANT SIGNATURE

DATA SHEET FOR WARRANT OFFICER PROGRAMS

A. Last Name _____

B. First Name _____

C. Middle Initial _____

D. Full Social Security Number _____

E. Current Pay Grade _____

F. Current Primary MOS _____

G. First Choice MOS for which applying _____

H. Race/Ethnicity Code per BIR _____

I. Age as of 1 Feb _____ (appointment year) _____

J. Active Naval Service as of board convene date _____

K. EL/SAT/ACT Test Score (circle one) _____

=====HQMC=====ACTION=====ONLY=====

WO _____ Program

Checklist

- _____ Tattoo Photos
- _____ SRB Pages (3,9,11,12)
- _____ ROS (Sgts Only)
- _____ Education

Waiver Required

BIR/BTR

- _____ US Citizen
- _____ ANS 8-20
- _____ EL > 110
- _____ NAC

Endorsements

- _____ Recommended
- _____ Not Recommended

MCC _____ RUC _____

PERSONAL ESSAY

Applicant must provide a narrative style essay for the following question:

Why do I want to be a Marine Corps Officer?

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

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

MCTFS/MOL SCREENS

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

- CHRONOLOGICAL RECORD
- BASIC INDIVIDUAL RECORD
- BASIC TRAINING RECORD
- RECORD OF SERVICE (SGT ONLY)
- AWARDS
- EDUCATION
- TEST SCORE SCREEN

MISSING DOCUMENTS MAY RESULT IN THE MARINE'S APPLICATION BEING CONSIDERED INCOMPLETE AND NOT FORWARDED TO THE BARD FOR CONSIDERATION

APTITUDE TEST SCORES

PROVIDE ONE OF THE FOLLOWING:

- OFFICIAL SAT SCORE REPORT - 1000 MINIMUM (MATH AND CRITICAL READING ONLY) - NOT WAIVERABLE
- OFFICIAL ACT REPORT - COMPOSITE SCORE OF 22 OR COMBINE MATH AND ENGLISH OF 39 - NOT WAIVERABLE
- MINIMUM ELECTRONICS REPAIR (EL) SCORE OF 110 ON EITHER THE ASVAB OR THE ARMED FORCES CLASSIFICATION TEST (AFCT). EL SCORE IS WAIVERABLE FOR ONLY THE REGULAR AND RESERVE PROGRAMS IF THE APPLICANT HAS AN AFQT SCORE ABOVE 70. NOT WAIVERABLE FOR THE RECRUITER WO PROGRAM.
- GT SCORE OF 110 FOR GUNNER APPLICANTS ONLY

MARINES MEETING THE APTITUDE TEST SCORE REQUIREMENT WITH EITHER THE ACT OR SAT SCORE **MUST** INCLUDE A CERTIFIED COPY OF THE TEST REPORT WITH THEIR APPLICATION.

MARINES MEETING THE APTITUDE TEST SCORE REQUIREMENT WITH THE ASVAB MUST USE THE MCTFS TEST SCORE SCREEN AS EVIDENCE.

ONLY EL SCORES WITHIN MCTFS WILL BE ACCEPTED AS OFFICIAL SCORES FOR ALL MARINES.

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING FRATERNIZATION

1. **Purpose.** The purpose of this document is to insure that you understand the Marine Corps policy on fraternization.
2. **Policy.** Personal relationships between officer and enlisted members that are unduly familiar and that do not respect differences in grade or rank are prohibited. Such relationships are prejudicial to good order and discipline and violate long-standing traditions of naval service. Fraternization may be charged as an offense under the Uniform Code of Military Justice. The only exceptions are familial relationships, such as marriages that occur prior to the date of commissioning and relationships between parents and children or between siblings.
3. **Certification.** I certify that I have read the Marine Corps policy on fraternization. I understand that violation of this policy can result in adverse action to include, but not limited to, disenrollment from the Officer Candidates School, and, once commissioned, processing for administrative discharge, and courts-martial.

Applicant' Signature

Date

Applicant' Printed Name

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

Officer Signature

Date

NAME: (LAST, FIRST, MIDDLE)

LAST 4 SSN

PROGRAM

ECP



UNITED STATES MARINE CORPS

UNIT LETTERHEAD
STREET
CITY ST 12345-1234

5500
Code
Date

From: Security Officer, (Unit)
To: Commanding General, Marine Corps Recruiting Command (ON/E)
Subj: SECURITY CLEARANCE VERIFICATION LETTER

1. The following has been extracted from official records:

- a. Name: Marine Full Name/EDIPI/PMOS
- b. Clearance: Investigation – PRSC (YYYYMMDD) OPM
NACLC (YYYYMMDD) OPM
ENAC (YYYYMMDD) OPM
Eligibility – SECRET (YYYYMMDD) DoNCAF
U.S. Access – Secret

2. Add sentence here if eligibility has expired, new investigation has been opened, and provide a date investigation was opened and accepted or enrolled in the Continuous Evaluation Program (CEP) and date enrolled. (Note: SECRET level lasts for 10 years and TOP SECRET lasts for 5 years).

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

SECURITY OFFICER SIGNATURE

GUIDANCE FOR COLOR PHOTOS

REQUIRED IF APPLICANT CURRENTLY HAS OR HAS EVER HAD ANY BODY MARKING(S) (TATTOOS, PIERCINGS, BRANDS, ETC.). THIS INCLUDES BODY MARKING PREVIOUSLY WAIVED OR DOCUMENTED FOR "GRANDFATHERING" PURPOSES.

GUIDANCE FOR BODY MARKING(S) AND CLEAR COLOR PHOTOS

- MUST SUBMIT CLEAR COLOR PHOTO FOR EACH BODY MARKING IN APPROPRIATE PHOTO BOXES (WILL NEED TO RESIZE TO FIT)
- MUST UTILIZE TATTOO TOOL OR RULER FOR BODY MARKING(S) NEAR RESTRICTED AREAS TO VERIFY THAT BODY MARKINGS ARE WITHIN POLICY AS PER MCO 1020.34H.
- MUST BE **HANDDRAWN IF NOT VISIBLE IN PT SHIRT AND SHORTS**
- ALL BODY MARKING(S) MUST HAVE A WRITTEN DESCRIPTION AS OUTLINED IN CURRENT MCO 1040.43
 - SIZE
 - DESCRIPTION
 - LOCATION
 - MEANING

MUST PROVIDE FULL BODY PHOTOS IN GREEN PT GEAR (ALL 4 ANGLES)

MARINE CORPS RECRUITING COMMAND TATTOO SCREENING FORM

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NAME (Last, First, MI)

LAST 4 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 <u>currently have, or ever had</u> any tattoos, brands, body markings, or body ornamentation, or has the applicant <u>ever had</u> a tattoo, brand or body ornamentation <u>removed, concealed, covered or altered?</u>	YES	NO*

**NOTE: If the answer to question 1 is NO; move on to the Part II Certification block of this form. Questions 2-8 are not required. If the answer to question 1 is YES; move on to question 2. The MEPS Liaison may endorse the TSF as the reviewing officer when the applicant has NO tattoos or body markings.*

2. Does applicant have body markings of any type that are exposed or partially exposed above the standard, well fitted PT shirt collar or below the wrist bone?	YES	NO*

**NOTE: If the answer to question 2 is NO; move on to questions 4-7. If the answer to question 2 is YES; complete questions 3-7.*

3. Are any of the tattoos, brands or markings: a. 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? b. On hands or fingers (with exception of a single band tattoo more than 3/8 of an inch in width on one finger of each hand)?	YES	NO

4. 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?	YES	NO

NAME (Last, First, MI)	LAST 4 SSN	DATE
5. 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?	YES	NO
6. 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)?	YES	NO
7. 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.).	YES*	NO
<i>*NOTE: Remind applicants or officer candidates that all body piercings must be removed prior to shipment to Recruit Training Depots or Officer Candidate School.</i>		
Location(s) of applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation and applicant's statements will be documented in Part V 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.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date
PART III. RECERTIFICATION (ONLY IF MARKED "NO" TO QUESTION 1)		
Have there been any changes to Part I of this Tattoo Screening Form after the date of signing Part II?	YES	NO
I certify the information previously given on the Tattoo Screening Form remains the same. If any change is indicated, parts IV through VI will be completed and forwarded to the Commanding Officer or appropriate authority prior to shipment to recruit training or request for appointment.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name/Signature of MEPS LCNO or Reviewing Officer (Rank, Billet)		Date

NAME (Last, First, MI)	LAST 4 SSN	DATE

PART V. DOCUMENTATION

The section below will be used to document any tattoo identified as a "YES" in section I. Insert photos by clicking in the square provided and selecting the appropriate photo. If additional space is needed use the addendum to this form.

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TATTOO NUMBER ONE

Size (in inches)	
Description	
Location	
Reason for review	

TATTOO NUMBER TWO

Size (in inches)	
Description	
Location	
Reason for review	

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TATTOO NUMBER THREE

Size (in inches)	
Description	
Location	
Reason for review	

TATTOO NUMBER FOUR

Size (in inches)	
Description	
Location	
Reason for review	

NAME (Last, First, MI)	LAST 4 SSN	DATE

Applicant Personal Statement for each tattoo identified above:

**NOTE: Each statement will identify the corresponding tattoo number above and answer the following questions in the applicants own words:*

What does the tattoo look like (detailed description)?

When, Where, and Why did you get this tattoo?

What does this tattoo personally mean to you?

NAME (Last, First, MI)	LAST 4 SSN	DATE
PART VI. CERTIFICATION		
I certify that I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date
PART VII. RECERTIFICATION		
Have there been any changes to Part I of this Tattoo Screening Form after the date of signing Part VI?	YES	NO
I certify the information previously given on the Tattoo Screening Form remains the same. If any change is indicated, parts IV through VI will be completed and forwarded to the Commanding Officer or appropriate authority prior to shipment to recruit training or request for appointment.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date

**ADDENDUM TO
MARINE CORPS RECRUITING COMMAND TATTOO SCREENING FORM**

NAME (Last, First, MI)	LAST 4 SSN	DATE	
TATTOO NUMBER		TATTOO NUMBER	
Size (in inches)		Size (in inches)	
Description		Description	
Location		Location	
Reason for review		Reason for review	
TATTOO NUMBER		TATTOO NUMBER	
Size (in inches)		Size (in inches)	
Description		Description	
Location		Location	
Reason for review		Reason for review	

NAME (Last, First, MI)	LAST 4 SSN	DATE

Applicant Personal Statement for each tattoo identified above:
**NOTE: Each statement will identify the corresponding tattoo number above and answer the following questions in the applicants own words:*

- What does the tattoo look like (detailed description)?*
- When, Where, and Why did you get this tattoo?*
- What does this tattoo personally mean to you?*

**MARINE CORPS RECRUITING COMMAND
STATEMENT OF UNDERSTANDING
MARINE CORPS UNIFORM REGULATIONS FOR STANDARDS OF PERSONAL APPEARANCE**

POLICY

In accordance with insert MARADMIN, Marines will present the best possible image at all times and continue to set the example in military presence. Marine Corps Uniform Regulations strictly **prohibit** mutilation of the body or any parts in any manner, and attaching, affixing or displaying objects, articles, jewelry or ornamentation to, through or under the skin, tongue or any other body part. Tattoos on the head (including in or around the mouth), neck area, hands, fingers, and any tattoos on other parts of the body, that are prejudicial to good order and discipline, gang or extremist group related, or bring discredit to the Marine Corps are also **prohibited**.

UNDERSTANDING

I understand that mutilation of the body or any body parts in any manner is **prohibited** and that attaching, affixing or displaying objects, articles, jewelry or ornamentation to, through or under the skin, tongue or any other body part is **prohibited** with the exception of females wearing earrings consistent with the Marine Corps regulations.

I understand that tattoos located anywhere on the body that are prejudicial to good order and discipline, or are of a nature to bring discredit upon the Marine Corps, are **prohibited** (Examples include, but are not limited to, tattoos that are drug-related, gang-related, extremist, obscene or indecent, sexist, or racist).

I understand that tattoos on the head or neck, including in or around the mouth area, are **prohibited** and that tattoos on the chest or back must be covered by wearing a properly fitting crew-neck undershirt with no portion of the tattoo showing.

I understand that tattoos on the hands, and fingers are **prohibited**, with the exception of a single band tattoo of no more than 3/8 of an inch in width on one finger of each hand.

I understand that any tattoo only visible with the use of ultra-violet light must still adhere to the same requirements, limitations, and prohibitions applicable to visible tattoos.

I understand that I will be screened for tattoos, brands and body ornamentations, and must complete the Marine Corps Tattoo Screening Form. I further understand I will be re-screened prior to shipping to recruit training or my request for appointment for any additional tattoos, brands and body ornamentations received while in the Delayed Enlistment Program or Officer commissioning process.

Certification

I certify that I completely understand the Marine Corps policy on the tattoos, brands, and ornamentations and I have reviewed the tattoo policy graphics on page three of this statement of understanding.

Applicant's Printed Name	Applicant's Signature	Date
Certifying Officer / Recruiter's Printed Name	Certifying Officer / Recruiter's Signature	Date
MEPS LNCO Printed Name (Non-prior service enlisted only)	MEPS LNCO Signature (Non-prior service enlisted only)	Date

MEDICAL DOCUMENTS

REQUIRED:

- **SIGNED/DATED REPORT OF MEDICAL EXAMINATION (DD FORM 2808)**
- **SIGNED/DATED REPORT OF MEDICAL HISTORY (DD FORM 2807-1)**
- **ALL SUPPORTING MEDICAL DOCUMENTS:**
 - **DENTAL EXAM MUST BE WITHIN 1 YEAR. DENTAL CLASS MUST BE TYPE 1 OR 2 AND DOCUMENTED BY A DENTIST ON THE DD FORM 2808 AND AS A SEPARATE ENCLOSURE, I.E. IMR SCREEN FROM MOL.**
 - **HIV RESULTS MUST BE WITHIN 2 YEARS. DATE TESTED MUST BE DOCUMENTED ON THE DD FORM 2808 AND AS A SEPERATE ENCLOSURE.**
 - **AUDIOGRAM RESULTS MUST BE WITHIN 3 YEARS. DATE AND RESULTS MUST BE DOCUMENTS ON THE DD FORM 2808 AND/OR AS A SEPERATE ENCLOSURE.**
 - **PAP PATHOLOGY RESULTS MUST BE WITHIN 3 YEARS.**
 - **ALL SUPPORTING DOCUMENTAION FOR ANY SURGERIES TO INCLUDE PRE- AND POST-OPERATIVE PAPERWORK .**
 - **ALL YES ANSWERS ON DD FORM 2807 MUST BE EXPLAINED BY A PHYSICIAN IN BLOCK 25 AND SUPPORTING DOCUMENTS ATTACHED WITH PRE-COMMISSIONING PHYSICAL. ALL ANSWERS ON THE DD FORM 2808 MUST BE MARKED NORMAL OR ABNORMAL. "NE" SHOULD BE MARKED FOR QUESTION 41 FOR MALES ONLY.**

FAILURE TO COMPLETE THE 2807-1/2808 OR PROVIDE THE REQUIRED DOCUMENTATION WILL DELAY PROCESSING OF YOUR PHYSICAL BY BOTH THE MCRC MEDICAL SECTION AND BUREAU OF MEDICINE AND SURGERY (BUMED).

REFER TO THE CURRENT MARADMIN OR NAVMED P-117, MANUAL OF THE MEDICAL DEPARTMENT, FOR MEDICAL REQUIREMENTS AND GUIDANCE.

COMMISSIONING PHYSICALS MUST BE COMPLETED BY A MILITARY DOCTOR.

POC FOR ALL MEDICAL QUESTIONS CAN BE REACHED AT (703) 784-9427.

ALL MEDICAL DOCUMENTS WILL ONLY BE SUBMITTED TO HQMC. DO NOT ROUTE THE 2807-1/2808 WITH YOUR PACKAGE.

DD FORMS 2807-1 AND 2808 CAN BE FOUND ON THE OFFICER WEBSITE AT <https://www.merc.marines.mil/Marine-Officer/Officer-Naval-Enlisted-Applicants/> UNDER THE GENERAL FORMS SECTION