TAKE THIS PACKET TO YOUR LOCAL NAVY RECRUITER

To get the phone number of the Navy Recruiter nearest you, call:
800.USA.NAVY
800.872.6289

Reminder: The enlistment Deadline is 15 July 2016. You MUST be enlisted before then. Only under special circumstances will this change.

IMPORTANT!!!

BEFORE FILLING OUT ANY INFORMATION, THE NAPS CANDIDATE AND RECRUITER SHOULD READ OVER BOTH THE CANDIDATE PROCESSING CHECKLIST AND RECRUITER ACTION FOR NAPS!

RECRUITERS:
FOR NAPS GUIDANCE PLEASE READ COMNAVCRUITCOMINST 1130.8J VOL IV CHAPTER 3 SECTION 11

For questions, please call LSC Regino (NAPS/Fleet Coordinator).

Voice:
COMM: 410.293.1839
888.249.7707 x 31839
DSN: 281.1839

Fax:
COMM: 410.293.4348
DSN: 281.4348
NAPS CANDIDATE PROCESSING CHECKLIST

Name:____________________________________________________________

Print: Last, First, Middle

Address:___________________________________________________________

Street   City   State  Zip

Phone No:___________________________________

The following is a checklist for Recruiters/MEPS/NRD to complete with the new enlistee’s service record for the Naval Academy Preparatory School, NAVSTA Newport, Rhode Island.

PLEASE NOTE THE CHANGES IN THE PROCEDURE.

Reference (a) –ENL- Amendment to section 203 of the USC Title 37 (Paygrade)

1. Letter of authorization to Enlist in the Naval Reserve for NAPS from Director Of Admissions, USNA.

2. Birth Certificate (certified/notarized copy) and SSN Card.

3. Initiate Active Duty Orders by copying, signing and stamping an original. Encl (3)


5. Record of Emergency Data (DD FORM 93) Encl (5)

6. Annex “A” to DD Form 4. REVISED: Complete DD Form 4 including Section 8B (Remarks) which states: “Modified by Annex ‘A’ which takes precedence over Section C Below.” (All NAPS enlistees are covered in Reference (a) Encl (7&8)

7. Arrange enlistee’s transportation. If required, make travel reservations and cut TR. If member is flying, TR should be made only as far as Providence, Rhode Island. Shuttle bus services are available to NAVSTA Newport, RI on an hourly basis. Cost is approximately $40.

8. Report enlistment by faxing a copy of Enclosure 3, A/D Orders to the NAPS Coordinator, DSN 281.4348. Commercial: 410.293.4348. Do not make PRIDE reservations for NAPSters. If there are any problems, contact the NAPS coordinator at 410.293.1839/DSN 281.1839.

9. Breakdown and assemble enlistees service record & maintain a command residual file. Make sure all the necessary forms are completed. Revised: In Encl (6) pg 1 of 6-Students are to be entered in 17 i as SR.

10. IMMEDIATELY mail service record with original copy of contracts along with the documents indicated in the checklist to: COMMANDING OFFICER, NAVAL ACADEMY PREPARATORY SCHOOL, NAVSTA NEWPORT, RI 02841.1519

11. Deliver copies of the contracts/active duty orders & transportation request (if applicable) to enlistees.

12. Brief the enlistee on the importance of reporting on time and complying with orders as directed. Render any other assistance as necessary. Also, just for clarification, these individuals DO NOT need to go through a MEPS physical. They need to be sworn in by an Officer and receive assistance with their paperwork. They are enlisting for the express purpose of attending NAPS ONLY.

Encl (1)
RECRUITER ACTION FOR NAPS

NAPS Candidates have already completed physical examinations and have been found FULLY QUALIFIED MEDICALLY by the Department of Defense Medical Examination Review Board (DODMERB), Colorado Springs, Colorado. PULHES codes will be ALL ZEROS.

PHYSICALS: MEDICAL EXAM IS NOT REQUIRED
SECURITY CLEARANCE: DD 398-2 (NAC) IS NOT REQUIRED FOR NAPS
CANDIDATES TESTING: ASVAB TESTING IS NOT REQUIRED FOR NAPS

The following items are the absolute minimum required and must be included in the pre-enlistment kit when reporting to the Recruiting District for enlistment:

- Copy of Birth Certificate (certified or notarized copy)
- Social Security Card
- Letter of Authorization to Enlist in the Naval Reserve for NAPS from Director of Admissions, USNA
- DD Form 1966 completed in rough
- Copy of high school diploma. Transcript is NOT REQUIRED (copy on file at USNA).

US CITIZENSHIP:

If the NAPS Candidate is NOT a US Citizen, immediately notify the NAPS Coordinator at DSN 281-1839 or 888-249-7707 X31839

NOTE: This does not disqualify the candidate from entering the NAPS program.

Upon completion of the pre-enlistment packet, schedule candidate’s enlistment at the NRD or MEPS if there is not a commissioned officer at your location. The candidates should provide his/her own transportation during all processing and pre-shipping transactions.


Encl (2)
From: Commanding Officer
To:
Subj: ACTIVE DUTY ORDERS
Ref: (a) Director of Admissions, USNA, Annapolis, MD Ltr xxxx of xx May 2016
     (b) BUPERSINST 7040.6

1. In accordance with the authority contained in reference (a) and (b), you are hereby
   ordered to active military service for a period of 24 months and will comply with
   detailed instructions contained herein. Upon reporting have your Social Security
   Card in your possession.

2. You are directed to commence travel in sufficient time to report to the Commanding
   Officer, Naval Academy Preparatory School, Newport, RI no earlier than 1200,
   25 July 2016 and no later than 0900, 26 July 2016, for military indoctrination,
   outfitting, and duty under instruction at the Naval Academy Preparatory School.

3. Your service record will be delivered to the Commanding Officer, Naval Academy
   Preparatory School, Newport, RI 02841-1519.

4. Use the following accounting data :

   NGA5  1761453.2250  210  00022  068566  2D SXXXXX  000224G42008 N0002214CSXXXXX
   (XXXXX - WILL BE REPLACED WITH THE LAST 5 OF THE SSN)

5. Ensure a Travel Information Card (NAVPERS 7041/1) with legible copy of Active Duty orders is
   submitted in accordance with Chapter III, Section I and II of reference (b).

6. Non-compliance with orders is a serious offence punishable under the Uniform Code of
   Military Justice. If any circumstances exist which would prevent you from complying with
   these orders, you must notify the order delivering activity and the Naval Academy
   Preparatory School, Newport, RI by calling 401.841.6966/4303 explaining the circumstances
   and request further instructions.

   Signature
   Commanding Officer or
   By Direction Authority

Copy to:
NAPS COORD, USNA, Annapolis, MD   FAX (410.293.4348/DSN 281.4348)
CO, NAPS NAVSTA, Newport, RI      FAX (401.841.7067/DSN 948.7067)

Encl (3)
ADMISTHISTRATIVE REMARKS
NAVSTERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION:

SUBJECT:

ENLISTMENT STATEMENT OF UNDERSTANDING FOR NAVY RESERVE

☐ PERMANENT ☐ TEMPORARY

AUTHORITY (IF PERMANENT)
COMNAVCRUITCOMINST 1130.8

Applicants shall acknowledge each relevant entry by placing initials by the entry. The original shall be placed in the service record, one copy to the applicant and one copy in the residual file.

1. Electronic Fund Transfer (EFT). I have been briefed on the contents of SECNAVINST 7200.17 and understand the requirement that I enroll for EFT. I understand that failure to perform the duty of establishing and maintaining an EFT account may subject me to administrative and/or disciplinary action under the Uniform Code of Military Justice.

2. Married Members. If I am married, or subsequently marry while a member of the Navy Reserve, and if my spouse is serving as a member of the Armed Forces, either active or inactive, I understand upon mobilization, my assignment will be determined by the needs of the U.S. Navy and neither my spouse’s assignment nor my dependency status will be the basis for my reallocation or discharge.

3. Navy Physical Readiness Program. I must at all times maintain physical readiness standards. I understand remedial training will be required for those who fail below prescribed standards of physical fitness and body fat. Continued failure over a reasonable period of time to show progress in meeting minimum Navy standards, when there are no medically limiting circumstances, shall result in consideration for an administrative separation. If I fail to meet the Navy’s height/weight standards, I must be 22 percent or less (males) or 33 percent or less (females) body fat.

4. Drug Usage. DRUG USAGE IN THE NAVY IS PROHIBITED AND WILL NOT BE TOLERATED! I understand that urinalysis testing will take place. If I test positive, I will be discharged. Alcohol abuse or illegal or improper use of drugs during my enlistment could result in possible administrative separation with less than an honorable discharge and loss of veterans benefits.

5. Swim Quals. I certify I know how to swim or will learn how to swim. I understand, failure to achieve water survival qualifications will result in remedial training. Failure of remedial training may result in separation from the Navy Reserve.

6. Support of Equal Protection and Civil Liberty Guarantees of the Constitution: I understand that my accession requires me to uphold and defend the Constitution of the United States, which guarantees the civil rights and equal protection under the law for all residents of the United States. I further understand that Navy and Department of Defense directives prohibit participation of military personnel in extremist or supremacist activities or organizations that attempt to deprive individuals of their civil rights. Failure to comply with these prohibitions may result in disciplinary action and/or involuntary separation from the Navy Reserve.

Applicant’s Signature Recruiter’s Signature

PRIVACY ACT NOTIFICATION

This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this document in error, please notify the sender immediately and destroy any copies you have made.

NAME (LAST, FIRST, MIDDLE) SOCIAL SECURITY NUMBER BRANCH AND CLASS

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE
**RECORD OF EMERGENCY DATA**

**PRIVACY ACT STATEMENT**

AUTHORITY: 5 USC 552, 10 USC 855, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

<table>
<thead>
<tr>
<th>INSTRUCTIONS TO SERVICE MEMBER</th>
<th>INSTRUCTIONS TO CIVILIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members of fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</td>
<td>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</td>
</tr>
</tbody>
</table>

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)  
   
2. SSN
   
3a. SERVICE/CIVILIAN CATEGORY
   
   - [ ] ARMY
   - [ ] NAVY
   - [ ] MARINE CORPS
   - [ ] AIR FORCE
   - [ ] DoD
   - [ ] CIVILIAN
   - [ ] CONTRACTOR

3b. REPORTING UNIT CODE/DUTY STATION

4a. SPOUSE NAME (if applicable) (Last, First, Middle Initial)
   
4b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

4c. SINGLE  [ ] DIVORCED  [ ] WIDOWED

5. CHILDREN
   a. NAME (Last, First, Middle Initial)
      
   b. RELATIONSHIP
   
   c. DATE OF BIRTH
      (YYYYMMDD)
      
   d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

6a. FATHER NAME (Last, First, Middle Initial)
   
6b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

7a. MOTHER NAME (Last, First, Middle Initial)
   
7b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

8a. DO NOT NOTIFY DUE TO ILL HEALTH
   
8b. NOTIFY INSTEAD

9a. DESIGNATED PERSON(S) (Military only)
   
9b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractor only)

DD FORM 93, JAN 2008

PREVIOUS EDITION IS OBSOLETE.
### SECTION 2 - BENEFITS RELATED INFORMATION

<table>
<thead>
<tr>
<th>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</th>
<th>b. RELATIONSHIP</th>
<th>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Military only)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| 12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | c. PERCENTAGE |
| (Military only) NAME AND RELATIONSHIP |                                                   |               |

| 13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
| (Military only) NAME AND RELATIONSHIP |                                                   |

<table>
<thead>
<tr>
<th>14. CONTINUATION/REMARKS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (include rank, rate, or grade if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. SIGNATURE OF WITNESS (include rank, rate, or grade as appropriate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

DD FORM 93 (BACK), JAN 2008
INSTRUCTIONS FOR PREPARING DD FORM 93
(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer
or typewriter is not available, print in black or blue-black ink ensuring a legible image on all copies. Include "Jr.", "Sr.",
"llth" or similar designation for each name, if applicable.

When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street
desk or general guidance to reach the place of
residence. In addition, the notation "See Item 14" should be
in the item pertaining to the particular next of kin or
when the space for a particular item is insufficient. If the
address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address;
however, the name must be entered. Those items that are
considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. Military: Mark X in appropriate block
Civilians: Mark two blocks as appropriate. Examples: an
Army civilian would mark Army and either Civilian or
Contractor; a DoD civilian, without affiliation to one of the
Military Services, would mark DoD and then either Civilian or
Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service
Directives.

ITEM 4a. Spouse Name. Enter last name (if different from
Item 1), first name and middle initial on the line provided.
If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the
"actual" address and telephone number, not the mailing
address. Include civilian title or military rank and service if
applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from
Item 1) first name and middle initial, relationship, and date of
birth of all children. If none, so state. Include illegitimate
children if acknowledged by member or paternity/maternity
has been judicially decreed. Relationship examples: son,
daughter, stepson or daughter, adopted son or daughter or
ward. Date of birth example: 1990/07/04. For children not
living with the member's current spouse, include address
and name and relationship of person with whom residing in
Item 5d.

ITEM 6a. Father Name. Last name, first name and middle
initial.

ITEM 6b. Address and Telephone Number of Father. If
unknown or deceased, so state. Include civilian title or
military rank and service if applicable. If other than natural
father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle
initial.

ITEM 7b. Address and Telephone Number of Mother. If
unknown or deceased, so state. Include civilian title or
military rank and service if applicable. If other than natural
mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

a. List relationship, e.g., "Mother," of person(s) listed in
Items 4, 5, 6, or 7 who are not to be notified of a casualty
due to ill health. If more than one child, specify, e.g.,
"daughter Susan." Otherwise, enter "None".

b. List relationship, e.g., "Father" or name and address of
person(s) to be notified in lieu of person(s) listed in Item 8a.
If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the
person or persons, if any, other than the member's primary
next of kin or immediate family; to whom information on the
whereabouts and status of the member shall be provided if
the member is placed in a missing status. Reference 10
USC, Section 655. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated
Person(s). NOT APPLICABLE to civilians.

ITEM 10. Contracting Agency and Telephone Number
(Contractors only). NOT APPLICABLE to military
personnel. Civilian contractors will provide the name of
their contracting agency and its telephone number.
Example: XYZ Electric, (703) 555-5689. The telephone
number should be to the company or corporation's
personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (Military
only). Enter first name(s), middle initial, and last name(s) of
the person(s) to receive death gratuity pay. A member
may designate one or more persons to receive all or a
portion of the death gratuity pay. The designation of a
person to receive a portion of the amount shall indicate the
percentage of the amount, to be specified only in 10 percent
increments, that the person may receive. If the member
does not wish to designate a beneficiary for the payment of
death gratuity, enter "None," or if the full amount is not
designated, the payment or balance will be paid as follows:

(1) To the surviving spouse of the person, if any;
(2) To any surviving children of the person and the
descendants of any deceased children by representation;
(3) To the surviving parents or the survivor of them;
(4) To the duly appointed executor or administrator of the
estate of the person;
(5) If there are none of the above, to other next of kin of
the person entitled under the laws of domicile of the person
at the time of the person's death.

The member should make specific designations, as it
expedites payment.
INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but
designates a person other than the spouse to receive all or a
portion of the death gratuity pay, the Service concerned is
required to provide notice of the designation to the spouse.
NOT APPLICABLE to civilians.

Item 11b. Relationship. NOT APPLICABLE to civilians.

ITEM 11c. Enter beneficiary(ies) full mailing address and
telephone number to include the ZIP Code. NOT
APPLICABLE to civilians.

ITEM 11d. Show the percentage to be paid to each person.
Enter 10%, 20%, 30%, up to 100% as appropriate. The sum
shares must equal 100 percent. If no percent is indicated and
more than one person is named, the money is paid in equal
shares to the persons named. NOT APPLICABLE to
civilians.

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance
(Military only). Enter first name(s), middle initial, last
name(s) and relationship of person to receive unpaid pay
and allowances at the time of death. The member may
indicate anyone to receive this payment. If the member
designated two or more beneficiaries, state the percentage
to be paid each in Item 10c. If the member does not wish to
designate a beneficiary, enter “By Law.” The member is
urged to designate a beneficiary for unpaid pay and
allowances as payment will be made to the person in order
of precedence by law (10 USC 2271) in the absence of a
designation. Seek legal advice if naming a minor child as
beneficiary. NOT APPLICABLE to civilians.

ITEM 12b. Enter beneficiary(ies) full mailing address and
telephone number to include the ZIP Code. NOT
APPLICABLE to civilians.

ITEM 12c. If the member designated two or more
beneficiaries, state the percentage to be paid each in this
section. The sum shares must equal 100 percent. NOT
APPLICABLE to civilians.

ITEM 13a. Enter the name and relationship of the Person
Authorized to Direct Disposition (PADD) of your remains
should you become a casualty. Only the following persons
may be named as a PADD: surviving spouse, blood relative
of legal age, or adoptive relatives of the decedent. If neither
of these three can be found, a person standing in loco
parentis may be named. NOT APPLICABLE to civilians.

ITEM 13b. Address and telephone number of PADD. NOT
APPLICABLE to civilians.

ITEM 14. Continuations/Remarks. Use this item for remarks
or continuation of other items, if necessary. Prefix entry with
the number of the item being continued; for example, 5/John
J./son/ 18651220/021 Pecan Drive, Schertz TX 78151. Also
use this item to list name, address, and relationship of other
persons the member desires to be notified. Other
dependents may also be listed. This block offers the
greatest amount of flexibility for the member to record other
important information not otherwise requested but
considered extremely useful in the casualty notification and
assistance process. Besides continuing information from
other blocks on this form, the member may desire to include
additional information such as: NOK language barriers,
location or existence of a Will, additional private insurance
information, other family member contact numbers, etc. If
additional space is required, attach a supplemental sheet of
standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and
verify all entries and sign all copies in ink as follows: First
name, middle initial, last name. Include rank, rate, or grade
if applicable. May be electronically signed (see DoD
Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness
(disinterested person) sign all copies in ink as follows: First
name, middle initial, last name. Include rank, rate, or grade
as appropriate. A witness signature is not required for
electronic versions of the DD Form 93 (see DoD
Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This
item is an ink entry and must be completed on all copies.
PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50
USC Appendix 451; and EO 9397 (SSAN).

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the
Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records
for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions
labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained
and used in strict compliance with Federal laws and regulations. The information provided by you
becomes the property of the United States Government, and it may be consulted throughout your military
service career, particularly whenever either favorable or adverse administrative or disciplinary actions
related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF
MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS
(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.

2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional"
questions may be left blank.

3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD
fashion. June 1, 2006 is written 20060601.
**SECTION III - OTHER PERSONAL DATA**

### 22. EDUCATION

<table>
<thead>
<tr>
<th>1. FROM</th>
<th>2. TO</th>
<th>3. NAME OF SCHOOL</th>
<th>4. LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?

### 23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA

(a) Is anyone dependent upon you for support?

(b) Is there any court order or judgment in effect that directs you to provide alimony or support for children?

(c) Do you have an inculpable relative (father, mother, brother, or sister) who, (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?

(d) Are you the only living child in your immediate family?

### 24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT

(a) Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?

(b) Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?

(c) Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?

(d) Have you ever been employed by the United States Government?

(e) Are you now drawing, or do you have an application pending, or approval for, retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?

### 25. ABILITY TO PERFORM MILITARY DUTIES

(a) Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

(b) Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?

(c) Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?

### 26. DRUG USE AND ABUSE

Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quinuclidines), stimulant, hallucinogen (to include LSD or PDP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?
### SECTION IV - CERTIFICATION

20. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

- **a.** I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document, that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

<table>
<thead>
<tr>
<th>b. TYPED OR PRINTED NAME (Last, First, Middle Initial)</th>
<th>c. SIGNATURE</th>
<th>d. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

<table>
<thead>
<tr>
<th>a. NAME (X one)</th>
<th>b. AGE (X one)</th>
<th>c. CITIZENSHIP (X one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BIRTH CERTIFICATE</td>
<td>(1) BIRTH CERTIFICATE</td>
<td>(1) BIRTH CERTIFICATE</td>
</tr>
<tr>
<td>(2) OTHER (Explain)</td>
<td>(2) OTHER (Explain)</td>
<td>(2) OTHER (Explain)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. SOCIAL SECURITY NUMBER (SSN) (X one)</th>
<th>e. EDUCATION (X one)</th>
<th>f. OTHER DOCUMENTS USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SSN CARD</td>
<td>(1) DIPLOMA</td>
<td></td>
</tr>
<tr>
<td>(2) OTHER (Explain)</td>
<td>(2) OTHER (Explain)</td>
<td></td>
</tr>
</tbody>
</table>

31. CERTIFICATION OF WITNESS

- **a.** I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by court-martial under the Uniform Code of Military Justice should I make or cause to be made the enlistment of anyone known by me to be ineligible for enlistment.

<table>
<thead>
<tr>
<th>b. TYPED OR PRINTED NAME (Last, First, Middle Initial)</th>
<th>c. PAY GRADE</th>
<th>d. RECRUITER ID. OR ORGANIZATION</th>
<th>e. SIGNATURE</th>
<th>f. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

- **a.** SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.)

(Use clear text English.)

<table>
<thead>
<tr>
<th>c. APPLICANT'S INITIALS</th>
</tr>
</thead>
</table>

33. CERTIFICATION OF RECRUITER OR ACCEPTOR

- **a.** I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) and certify that I have not made any promises or guarantees other than those listed in Item 32, above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect an applicant's enlistment have been secured and are attached to this document.

<table>
<thead>
<tr>
<th>b. TYPED OR PRINTED NAME (Last, First, Middle Initial)</th>
<th>c. PAY GRADE</th>
<th>d. RECRUITER ID. OR ORGANIZATION</th>
<th>e. SIGNATURE</th>
<th>f. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

### SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

- **a.** I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

<table>
<thead>
<tr>
<th>b. ITEM NUMBER</th>
<th>c. CHANGE REQUIRED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>d. APPLICANT</th>
<th>e. WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SIGNATURE</td>
<td>(2) DATE SIGNED (YYYYMMDD)</td>
</tr>
<tr>
<td>(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)</td>
<td>(1) RANK/ GRADE</td>
</tr>
<tr>
<td>(2) SIGNATURE</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

<table>
<thead>
<tr>
<th>35. NAME (Last, First, Middle Initial)</th>
<th>36. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of __________________________________________________________________________________________ which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

   (1) SIGNATURE
   (2) DATE SIGNED (YYYYMMDD)

e. WITNESS

   (1) TYPED OR PRINTED NAME (Last, First, Middle Initial)
   (2) PAY GRADE
   (3) SIGNATURE
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant), * has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service)

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)  
(2) SIGNATURE  
(3) DATE SIGNED (YYYYMMDD)

d. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)  
(2) SIGNATURE  
(3) DATE SIGNED (YYYYMMDD)

e. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)  
(2) SIGNATURE  
(3) DATE SIGNED (YYYYMMDD)

f. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)  
(2) SIGNATURE  
(3) DATE SIGNED (YYYYMMDD)

41. VERIFICATION OF SINGLE SIGNATURE CONSENT
ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)  
2. SOCIAL SECURITY NUMBER

3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code)

4. PLACE OF ENLISTMENT/REENLISTMENT (Mili. installation, City, State)

5. DATE OF ENLISTMENT/REENLISTMENT (YYYYMMDD)

6. DATE OF BIRTH (YYYYMMDD)

7. PREV MIL SVC UPON ENLIST/REENLIST  
   YEARS MONTHS DAYS
   a. TOTAL ACTIVE MILITARY SERVICE
   b. TOTAL INACTIVE MILITARY SERVICE

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) on this date for 2 years and 0 weeks beginning in pay grade MIDN (Student) of which: years and weeks is considered an Active Duty Obligation, and weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe).

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):
   I understand that I am enrolling the DEP. I understand that by enrolling in the DEP I am enlisting in the Ready Reserve component of the United States (list branch of service) for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I will be ordered to active duty unless I report to the place shown in Item 4 above by (list date YYYYMMDD) for enlistment in the Regular component of the United States (list branch of service) for not less than ______ years and ______ weeks.

b. REMARKS (If none, so state.)

c. The agreements in this section and attached Annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee)

(Continued on Page 2)

DD FORM 4/1, OCT 2007
PREVIOUS EDITION IS OBSOLETE.
C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws or that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces REGARDLESS of the provisions of this enlistment/reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 606, 12103(c)).

c. As a member of a Reserve Component of an Armed Service, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12306).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10140).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and that, except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.
### D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civil, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

<table>
<thead>
<tr>
<th>b. SIGNATURE OF ENLISTEE/REENLISTEE</th>
<th>c. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

### 14. SERVICE REPRESENTATIVE CERTIFICATION

<table>
<thead>
<tr>
<th>a. On behalf of the United States (list branch of service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. NAME (Last, First, Middle)</th>
<th>c. PAY GRADE</th>
<th>d. UNIT/COMMAND NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>e. SIGNATURE</th>
<th>f. DATE SIGNED (YYYYMMDD)</th>
<th>g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)</th>
</tr>
</thead>
</table>

### E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of ____________________________, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of ____________________________, and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this ________ day of ________ in the ________ National Guard and as a Reserve of the United States (list branch of service) with membership in the National Guard of the United States for a period of ________ years, ________ months, ________ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

<table>
<thead>
<tr>
<th>a. SIGNATURE OF ENLISTEE/REENLISTEE</th>
<th>b. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>

### 18. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

<table>
<thead>
<tr>
<th>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. NAME (Last, First, Middle)</th>
<th>c. PAY GRADE</th>
<th>d. UNIT/COMMAND NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>e. SIGNATURE</th>
<th>f. DATE SIGNED (YYYYMMDD)</th>
<th>g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)</th>
</tr>
</thead>
</table>

| (Initials of Enlistee/Reenlistee) | |

DD FORM 4/2, OCT 2007  PREVIOUS EDITION IS OBSOLETE.
F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States [list branch of service] for a period of [number] years and [number] weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) ____________________________
which replace(s) Annex(es) ____________________________

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE
c. DATE SIGNED (YYYYMMDD)

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in Item 8 and is accepted for enlistment in the Regular Component of the United States [list branch of service] in pay grade ____________________________

b. NAME (Last, First, Middle)
c. PAY GRADE
d. UNIT/COMMAND NAME
e. SIGNATURE
t. DATE SIGNED (YYYYMMDD)
g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE
c. DATE SIGNED (YYYYMMDD)

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)
c. PAY GRADE
d. UNIT/COMMAND NAME
e. SIGNATURE
t. DATE SIGNED (YYYYMMDD)
g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

(Initials of Enlistee/Reenlistee) ____________________________

DD FORM 4/3, OCT 2007 PREVIOUS EDITION IS OBSOLETE.
ANNEX "A"

SHIP OR STATION
NAVAL ACADEMY PREPARATORY SCHOOL, NETC NEWPORT, RI

In connection with my application to attend the Naval Academy Preparatory School (NAPS) I understand and agree that:

A. OBLIGATION: Midshipman Candidates who attend NAPS directly from civilian life incur no service obligation in the event that they are discharged, voluntarily, or involuntarily, or they later choose not to accept an appointment to the Naval Academy.

B. FAILURE TO COMPLETE NAPS. If I am selected for or enrolled in, but subsequently fail to complete NAPS for any reason, I understand that I will receive a discharge from the Naval Service.

C. APPOINTMENT TO THE NAVAL ACADEMY. Should I receive an appointment to the Naval Academy from NAPS, I understand that I am obliged to the same agreement to serve and degree requirements as Midshipmen who enter the Naval Academy from civilian status.

D. TIME SPENT AT NAPS. I understand that time spent at NAPS is creditable toward fulfillment of my active duty Naval Reserve obligation, not creditable toward military retirement purposes.

E. BASIC MILITARY TRAINING. I must complete a period of military indoctrination at NAPS three (3) weeks prior to the commencement of the Academic Year. If I withdraw from the NAPS program and elect to continue into military active duty service, I may be required to undergo additional military training.

F. RANK AND PAY FOR STUDENTS AT NAPS. In accordance with the USC Title 37 Section 203, I understand that as a student at NAPS my monthly pay will be equivalent to that of a Midshipman at the Naval Academy. My title will be that of Midshipman Candidate.

Witness Name (printed) Enlisted Name (printed)

Witness Signature and Date Enlisted Signature and Date

ANNEX "A" TO DD FORM 411 DATED

CANDIDATE NAME (Last, First, M.I.) SSN Branch and Class

Encl (6)