

OCS STUDENT ENROLLMENT PREREQUISITE CHECKLIST

NAME (LAST,FIRST, MI) _____ SSN _____ UNIT/STATE _____

_____ APPLICATION FOR ADMISSION TO OCS (AND/OR ATTRS)

_____ ATTACHMENT ORDERS TO STATE TRAINING ORGANIZATION

_____ PROMOTION ORDERS TO E6 FOR E5's AND BELOW (PROMOTION TO E5 FOR ARMY RESERVE SOLDIERS)

_____ BIRTH CERTIFICATE DOB: _____ AGE AT COMMISSIONING: _____

_____ AGE WAIVER (AS REQUIRED) DATE COUNSELED _____ DATE REQUESTED _____ DATE APPROVED _____

_____ PROOF OF CITIZENSHIP (IF APPLICABLE)

_____ NAME CHANGE DOCUMENT (IF APPLICABLE)

_____ CHAPTER 2 COMMISSIONING PHYSICAL (INCLUDING DAT AND HIV TEST RESULTS) (SF 88/93 OR DD 2808/2807-1)

DATE: _____ HT/WT: _____ / _____ CURRENT BODY COMPOSITION _____ % MAX ALLOWANCE: _____

_____ TAG LETTER (EXCEPTION TO POLICY-CHAPTER 2 PHYSICAL) (IF APPLICABLE)

_____ MEDICAL WAIVER (AS REQUIRED) DATE COUNSELED _____ DATE REQUESTED _____ DATE APPROVED _____

_____ DA FORM 705 WITH PASSING APFT SCORE WITHIN 60 DAYS OF PHASE I

_____ DA 5500-R OR DA 5501-R (AS REQUIRED) HT/WT _____ / _____ BODY COMPOSITION _____ % MAX ALLOWABLE _____ %

_____ COLLEGE TRANSCRIPT: RAISED SEAL TRANSCRIPT COMMISSION (MIN OF 60 SEMESTER HOURS OR 90 QUARTER HOURS)

OFFICIAL TRANSCRIPT _____ QTR HRS _____ SEM HRS _____ DEGREE _____ AGO 229 _____

_____ GT SCORE (MIN 110) ANNOTATED ON DA FORM 2-1 OR ENLISTMENT CONTRACT _____ (SCORE)

_____ DD 214 (Certificate or release or discharge active duty) / DD 220 (Active duty report) / NGB 22 (Report of separation and record of service)
REFLECTING ALL NATIONAL GUARD, USAR & ACTIVE DUTY TOURS (MUST REFLECT COMPLETION OF BCT AND AIT)

_____ WAIVER FOR NON-COMPLETION OF AIT (AS REQUIRED)

DATE COUNSELED _____ DATE REQUESTED _____ DATE APPROVED _____

_____ OCS STATE ENLISTMENT OPTION COPY IF APPLICABLE (DA FORM 1966)

_____ DA FORM 873 (SECURITY CLEARANCE) VERIFICATION LETTER OR COPY OF REQUEST FROM (EPSQ FORM SF 86) INDICATING
THE CLEARANCE IS SUBMITTED TO TAG

DATE COUNSELED _____ DATE REQUESTED _____ DATE APPROVED _____

_____ CONVICTION WAIVERS AS OUTLINED IN NGR 600-100

DATE COUNSELED _____ DATE REQUESTED _____ DATE APPROVED _____

_____ NGB 62 DRAFT

_____ ETS DATE (MUST BE LATER THAN END OF COURSE)

_____ SSN CARD (COPY)

REMARKS: _____

NOTE: Applicants requiring a waiver may attend the ARNG State OCS Program pending approval of the waiver. The applicant must sign a counseling Statement accepting relief from the course without prejudice if the waiver is disapproved. A copy of the waiver request and the signed counseling statement is maintained in the applicant's OCS Candidate record.

DATE LAST UPDATED: _____ BY: _____
RANK, NAME, UNIT

OFFICER CANDIDATE SCHOOL APPLICATION

1. NAME (Last, First, Middle)	2. GRADE	3. SSN	4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. ORGANIZATION (Include Address & Zip Code)		6. UNIT PHONE	
7. HOME OF RECORD (Street, City, State & Zip Code)		8. HOME PHONE/CELL PHONE	
9. EMPLOYER (Include Address & Zip Code)		10. EMPLOYER PHONE	
11. DOB / AGE ____ / _____	12. ARE YOU A U. S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DATE OF CITIZENSHIP APPLICATION: _____	
13. WAIVER(S) REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	14. DO YOU HAVE A CHAPTER II PHYSICAL WITHIN SIX MONTHS OF CLASS START DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	15. DO YOU HAVE A "SECRET" CLEARANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DATE REQUESTED: _____	
16. COLLEGE DEGREE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO DEGREE, NUMBER OF COLLEGE CREDITS: _____	LEVEL OF DEGREE: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> MA TYPE OF CREDITS: <input type="checkbox"/> QUARTER (or) <input type="checkbox"/> SEMESTER		
NAME OF COLLEGE: (Include Address, City, State & Zip Code)		FRESHMAN _____ SOPHOMORE _____ JUNIOR _____ SENIOR _____	
17. MILITARY BACKGROUND: PEBD : _____ PRIMARY MOS: _____ HIGHEST LEVEL OF MILITARY EDUCATION: _____ GT SCORE: (110 MINIMUM) : _____	ETS DATE: (Must be 16 months from Class Start Date) _____ DATE OF ARNG ENLISTMENT: _____ TOTAL YEARS OF MILITARY SERVICE: _____ RANK _____ DOR _____		
18. LAST APFT SCORE: PU _____ SU _____ RUN _____ TOTAL: _____ DATE OF TEST: _____ LAST SEMI ANNUAL WEIGH-IN: HEIGHT IN INCHES _____ WEIGHT _____ DATE _____ PASSED SCREENING WEIGHT _____ YES _____ NO IF OVER SCREENING WEIGHT, PERCENT OF BODY FAT _____ % (Attach DA Form 5500 for Males, DA Form 5501 for Females.)			
19. WERE YOU EVER REJECTED FOR MILITARY SERVICE OR APPOINTMENT AS AN OFFICER? HAVE YOU EVER BEEN SEPARATED FROM SERVICE BY RECLASSIFICATION OR BOARD ACTION? WERE YOU EVER COURT-MARTIALED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? (If YES, attach statements of circumstances and request for waiver.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
20. ARE YOU PRESENTLY EMPLOYED BY THE NATIONAL GUARD ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. UNIT COMMANDER'S STATEMENT OF APPLICANT'S LEADERSHIP POTENTIAL: _____ _____ _____			
I certify that the information provided is correct or to the best of my knowledge.			

SIGNATURE OF APPLICANT

(DATE)

SIGNATURE OF UNIT COMMANDER

(DATE)

PRIVACY ACT STATEMENT (on reverse)

21. OFFICER CANDIDATE SELECTION BOARD COMMENTS:

IT IS THE OPINION OF THE OFFICER CANDIDATE SELECTION BOARD THAT _____
(SHOULD) / (SHOULD NOT) BE APPOINTED AS AN OFFICER CANDIDATE IN THE STATE RTI OFFICER CANDIDATE SCHOOL CLASS
.

TYPED RANK AND NAME OF BOARD PRESIDENT

SIGNATURE OF BOARD PRESIDENT

DATE

TYPED RANK AND NAME OF BOARD MEMBER

SIGNATURE OF BOARD MEMBER

DATE

TYPED RANK AND NAME OF BOARD MEMBER

SIGNATURE OF BOARD MEMBER

DATE

Privacy Act Statement

1. AUTHORITY: 32 USC 307, 10 USC 275

2. PRINCIPLE PURPOSES: To obtain data necessary to determine the eligibility of an individual for Officer Candidate School

3. ROUTINE USES: 1. Identify individual and provide addresses. 2. Obtain civilian occupational background. 3. Obtain military background. 4. Obtain both civilian and military education. 5. Obtain guide to character of individual and nature of prior service. 6. Data provided is verified and may be basis for unfavorable action if determination is made that incorrect information was intentional. 7. To convey data through channels to Federal recognition board and subsequently to Chief, National Guard Bureau for purpose of obtaining Federal recognition and Reserve of the Army appointment.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION. Disclosure is mandatory. Failure to provide data will negate enrollment.

ALABAMA ARMY NATIONAL GUARD
COMPANY
Address
City/State

Unit Symbol

Date

MEMORANDUM THRU

FIRST ADDRESSEE _____

SECOND ADDRESSEE _____

FOR Office of The Adjutant General, HQS, 200th Regiment (LDR), P.O. Box 5280
Ft. McClellan, AL 36205

SUBJECT: Application for OCS

1. Forwarded herewith is the OCS Application packet for _____.
2. I have conducted a personal interview and recommend approval of this application.
3. I would want an applicant of his/her caliber to serve as an officer in my command upon completion of OCS training.
4. The applicant has demonstrated adequate military leadership potential and possesses the desire and determination to complete the prescribed course.

3 Encls
Commanders Endorsement
Birth Certificate
Copy of Social Security Card

JOHN DOE
CPT, EN, AL ARNG
Commanding

NOTE: Commanders in the Chain of Command must endorse and application.

BIRTH CERTIFICATE

- Please include a legible copy (DO NOT USE ORIGINAL) of applicant's birth certificate in the OCS application packet.
- Verify age at graduation and annotate on OCS Prerequisite Checklist.
- A verification of Birth Form used by recruiters to enlist individual will not be acceptable.
- Verify that applicant name is spelled the same as on other documents in the application packet.

NAME CHANGE

- Please include appropriate documents, if applicant has gotten married, divorced, adopted or has gone to court to have his/her name legally changed.

PROOF OF CITIZENSHIP

- Verify that applicant was born in the United States or is a Naturalized citizen.
- If applicant was not born in the United States, applicant must produce documentation of being a US citizen (i.e. naturalization papers)
- Do not enclose a copy of the naturalization form, instead complete memorandum in accordance with NGR 600-100, figure 3-1 or 3-2.
- If applicant is not a US citizen, enclose in packet verification that he/she has applied for US citizenship.

AGE WAIVER

(If Applicable)

Please include a copy of applicant's age waiver request memorandum along with the counseling form, in the OCS application packet.

Applicant must be younger than 30 years of age on the day of his/her commissioning.

A states TAG can waiver up to the day prior to the applicant turning 35.

National Guard Bureau must approve and issue an age waiver if the applicant will be between 35 and 39 on the day of his/her commissioning.

ALABAMA ARMY NATIONAL GUARD
COMPANY
Address
City / State

Unit Symbol Date

MEMORANDUM THRU, HQS, 200th Regiment (LDR), P.O. Box 5280, Ft. McClellan, AL 36205

MEMORANDUM FOR, Office of The Adjutant General

SUBJECT: Request for Waiver of Maximum Age to Enter OCS

1. Request Waiver of Maximum Age be granted for **(Rank, Name, SSN)** to enter OCS. **(Rank and Name)** was born on **(Day, Month, Year)** and would graduate on approximately **(Day, Month, Year)**. He/she will be **(years)** and **(months)** old by graduation.
2. (Use this paragraph to justify the Request for Waiver. Describe the qualities of disposition, character and abilities that you feel warrant the granting of a waiver to this individual.)
3. POC is the undersigned at (###) ####-####.

FOR THE COMMANDER:

3 Encls

JOHN DOE

1. NGB Form 62-E

CPT, EN, AL ARNG

2. Birth Certificate (copy)

Commanding

3. DD Form 214 (copy)

ALABAMA ARMY NATIONAL GUARD
COMPANY
Address
City / State

Unit Symbol Date

MEMORANDUM THRU, MACOM (address)

MEMORANDUM THRU the Adjutant General, ATTN: AL-220RL, P.O. Box 3711, Montgomery, AL 36109-0711

MEMORANDUM FOR, NGB-ARZ-HRP-O, Departments of the Army and the Air Force National Guard Bureau, Attn: Mr. Harry Gilman, 111 S. George Mason Drive, Arlington, VA 22204-1382

SUBJECT: Request for Waiver of Maximum Age to Enter OCS

1. Request Waiver of Maximum Age be granted for **(Rank, Name, SSN)** to enter OCS. **(Rank and Name)** was born on **(Day, Month, Year)** and would graduate on approximately **(Day, Month, Year)**. He/she will be **(years)** and **(months)** old by graduation.
2. (Use this paragraph to justify the Request for Waiver. Describe the qualities of disposition, character and abilities that you feel warrant the granting of a waiver to this individual.)
3. POC is the undersigned at (###) ####-####.

FOR THE COMMANDER:

3 Encl.

1. NGBForm 62-E
2. Birth Certificate (copy)
3. DD Form 214 (copy)

CHAPTER 2 COMMISSIONING PHYSICAL

Please make sure copy of physical is legible

Check the following

- 1) Date taken: Must be prior to Phase I and within 24 months of commissioning (See TAG waiver)
- 2) Physical has been signed off by physician and reviewing officer
- 3) Individual has passed color vision to include red/green testing. Initiate appropriate waiver if necessary.
- 4) Look at annotations on physical and medical history to ensure that there are no other waivers needed.

ALL WAIVERS ARE THE UNIT OF ASSIGNMENTS RESPONSIBILITY

TAG Waiver: If applicable, packet must include a memorandum signed by the TAG granting an exception to policy for not having a Chapter 2 physical done prior to the start of Traditional Phase 1.

Applicant must complete Chapter 2 physical no later than 90 days from the end of Phase 1.

Applicant will be counseled for this deficiency and a copy of the counseling form with TAG memorandum will be included in application packet.

If Chapter 2 physical is over 12 months old at time of commissioning a DA Form 7349 (www.army.mil/usapa/eforms/pdf/A7349.PDF) is needed in the application packet.



DEPARTMENT OF THE ARMY
Unit Heading

REPLY TO
ATTENTION OF

(Office Symbol)

(Date)

MEMORANDUM THRU, HQS, 200th Regiment (LDR), P. O. Box 5280, Ft. McClellan, AL 36205

MEMORANDUM FOR, The Adjutant General of Alabama.

SUBJECT: Medical waiver request for commissioning.

1. I request that a Medical waiver be granted for commissioning for OC **Last Name, First Name, SSN**.
2. The following is pertinent information on the applicant:
 - a. Summary of Civilian Employment.
 - b. Summary of Educational Background.
 - c. Summary of Military Background.
3. Brief description of the Candidate's positive attributes to justify granting a waiver for commission.
4. POC for this request is the undersigned at (###) ###-####.

Encl.

1- Certified copy of 2-1
1- Current copy of APFT
1- Copy of College Transcripts
1- Copy of Chapter 2 Physical

JANE A. DOE
CPT, EN, AL ANG
Commanding

DA 705 (APFT) Card

Please include a legible copy of applicants DA 705 (www.army.mil/usapa/eforms/pdf/A705_A.PDF) card.

APFT must be administered 60 days prior to the start of Phase 1.

All information must be filled out

“For Record Go” must be marked in the comments block

HT/WT must be done on the same date as APFT

IF soldier exceeds weight standards, include a completed DA 5500-R (www.army.mil/usapa/eforms/pdf/A5500_R.PDF) (male) or DA 5501-R (www.army.mil/usapa/eforms/pdf/A5501_R.PDF) (female).

Taping forms must be done on the same date as APFT

If applicant requires additional taping after the date of the APFT, include second form also.

Form(s) must be signed by two individuals

All information must appear on form

Submit computer generated forms vs. hand written when ever possible.

COLLEGE TRANSCRIPT

- Please include a clear and legible copy of the candidates college transcript
- Candidate must have completed 60 semester hours/ 90 quarter hours at an accredited college for enrollment
- Multiple transcripts are acceptable for enrollment
- In addition, two official transcripts must be sent directly from the college to the address stated below.

MSG Jerry Harris
2nd Bn, 200th Regt
P.O. Box 5280
Ft. McClellan, AL 36205

GT SCORE

- ASVAB GT score must be 110 or higher, prior to the start of Phase I
- This is not waivable
- To verify test score, a copy of the applicants DA 2-1, block 8 or page 1 of the DD 1966 enlistment form will be included in the packet.

PROOF OF BASIC TRAINING AND AIT

- Please include NGB 22, DD 214, DD 220 and any other documentation reflecting all National Guard, United States Reserve and/or Active Duty Time.
- On all forms check to make sure the applicant has an honorable discharge
- Other areas to check, are to see what type of reentry code applicant has been given. Verify that individual will not need a waiver to be commissioned.
- If applicant needed waiver to re-enlist, he/she will need another waiver approved for commissioning.

*****EXCEPTION TO POLICY FOR NON-COMPLETION OF AIT*****

- If applicant did not enlist under the OCS State Enlistment Option and the individual does not have AIT - unit must request exception to policy for no AIT.
- Waiver must be approved by NGB
- Individual must be counseled and counseling must be in packet

DEPARTMENT OF THE ARMY
(Unit Heading)

REPLY TO
ATTENTION OF

(Office Symbol)

(Date)

MEMORANDUM THRU, HQS, 200th Regiment (LDR), PO Box 5280, Ft. McClellan, AL 36205

MEMORANDUM FOR, The Adjutant General of Alabama

SUBJECT: AIT waiver request for attending OCS.

1. I request that a waiver of the AIT requirement for OCS attendance be granted for OC
Doe, John, ### - ## - #####.

2. The following is pertinent information on the applicant:

a. Summary of Civilian Employment.

b. Summary of Educational Background.

c. Summary of Military Background.

3. Brief description of the Candidate's positive attributes to justify granting a waiver for attendance.

4. POC for this request is the undersigned at (###) ####-####.

Encl.

1- Certified copy of 2-1
1- Current copy of APFT
1- Copy of College Transcripts

JANE A. DOE

CPT, EN, AL ARNG
Commanding

1- Copy of Chapter 2 Physical

BASIC COURSE CONTRACT

I understand that if I am accepted to attend the Alabama Officer Candidate School that I will be required to complete an Officer Basic Course (OBC) within twelve months from the date of my appointment. I also understand that if I fail to complete OBC in the specified time, I will be separated from the ALARNG and transferred to the IRR.

Signature of Applicant

Printed Name

Signature of Witness

Printed Name

SECURITY CLEARANCE VERIFICATION

- If applicant does not have a secret clearance, do a verification Memo per 600-100, figure 3-5
- If applicant does not have a secret clearance, include a copy of EPSO Form 86 to show it has been submitted.
- Applicants counseling form must be included in packet to show he/she has been counseled on needing secret clearance.

SECURITY CLEARANCE STATEMENT OF
UNDERSTANDING

I understand that if I am commissioned in the Alabama Army National Guard, I will be required to obtain a **Final Secret Clearance**. I also understand that if the results of the investigation are unfavorable, I will be subject to discharge if found to be ineligible to hold an appointment. I also understand that waivers of this requirement will not be granted.

Printed Name

Signature

CONVICTION WAIVER

- Considered a show stopper if not in packet
- Reference NGR 600-100
- Counseling form must be included in packet if waiver is required

DOCUMENTS NEEDED FOR MORAL/CONVICTION WAIVERS

- Memorandums of recommendation/endorsement from chain of command (must state offenses in memorandum – along with positive soldier comments).
- Memorandum from soldier explaining the event and outcome surrounding the event. Also mention lessons learned and what they have done with their military and civilian life since then.
- Copy of final disposition of court case. (i.e. proof of fine paid, proof of no probation for a DUI, proof of completed mandatory instruction for alcohol abuse in the case of a DUI) If the county courthouse has no record of ticket or conviction do a [DD 369](#) (Police Records Check) for that county along with a document from that county that they have no records of listed offenses.

Documents to look at to see if any convictions are annotated are:

Enlistment Contract
SF 88 & SF 93
EPSQ form SF 86
Pg 3 of NGB 62 Draft

ALABAMA ARMY NATIONAL GUARD
Unit
Address
City/State

OFFICE SYMBOL

DATE

MEMORANDUM THRU

FIRST ADDRESSEE

SECOND ADDRESSEE

FOR Office of the Adjutant General, ATTN: AL-200RL, P. O. Box 3711, Montgomery, AL 36109-0711

SUBJECT: Request for Waiver of Civil /Military Conviction to Enter OCS

1. Request Waiver of Civil Conviction be granted **(Rank, Name, SSN)** to enter OCS. He/she has explained the conviction in the attached Statement of Circumstances. On interviewing him/her, the undersigned finds no reason to doubt the validity of his/her explanation.

2. The following is background information on this applicant:

a. (Summary of civilian employment).

b. (Summary of educational background with attention to special educational qualifications or achievements).

c. (Use this paragraph to fully justify the Request; and if necessary, to further explain the conviction. Include a statement of applicant's conduct and reputation on the present date).

3 Encls

- 1. NGB Form 62-E
- 2. Statement of Circumstances
- 3. Arrest/Court Documents
- 4. Character References (2)

JOHN DOE
CPT, EN, AL ARNG
Commanding

NOTE: Commanders in the Chain of Command (Battalion and Higher) must endorse and sign request for waiver.

DEPARTMENT OF THE ARMY
Unit Heading

REPLY TO
ATTENTION OF

(Office Symbol)

(Date)

MEMORANDUM THRU, HQS, 200th Regiment (LDR), P O. Box 5280, Ft. McClellan, AL 36205

MEMORANDUM FOR, The Adjutant General of Alabama.

SUBJECT: Moral Turpitude waiver request for commissioning.

1. I request that a Moral Turpitude waiver be granted for commissioning for OC Doe,
John, #### - ## - #####.

2. The following is pertinent information on the applicant:

- a. Summary of Civilian Employment.
- b. Summary of Educational Background.
- c. Summary of Military Background.

3. Brief description of the Candidate's positive attributes to justify granting a waiver for commission.

4. POC for this request is the undersigned at (###) ####-####.

Encl.

- 1- Statement of Circumstances
(Written and Signed by Candidate)
- 3- Letter of Recommendation
- 1- Certified copy of 2-1
- 1- Current copy of APFT
- 1- Copy of College Transcripts
- 1- Copy of Chapter 2 Physical

JANE A. DOE
CPT, EN, AL ANG
Commanding

SOCIAL SECURITY CARD

Please include the following letter signed by the unit commander, along with a legible copy of the applicants Social Security Card.

VERIFICATION OF SOCIAL SECURITY CARD

DD-MONTH-YYYY

I have this date verified that the following Social Security Number ###-##-#### is identical to the number listed on the Social Security Card issued to First Middle Last.

Commanders Name
Unit

COMMANDER'S INTERVIEW GUIDE

Unit Commander's Guide for Commissioning Program Interview

_____ Does the soldier meet height and weight standards IAW AR 600-9?

_____ Can the soldier pass APFT?

_____ Is the soldier on a profile?

_____ Is the soldier flagged?

_____ Does the soldier meet civilian education requirements for the program (60 SEM hrs)?

_____ Can the soldier be commissioned prior to his/her 30th birthday, if not will need TAG waiver. Age 35 to 39 requires NGB waiver.

_____ Can soldier attend all OCS drills and complete the course? Historically, attendance issues include civilian education, employee conflicts, family hardships, financial hardships, medical problems, lack of motivation and adaptability, and habitual absenteeism.

GENERAL INFORMATION

Inform applicants of the requirements to complete an Officer Basic Course following commissioning. The requirement is to be enrolled within 18 months of commissioning, there is one six month extension that can be granted. Failure to complete this course will result in the forfeiture of the commission and the individual will be reduced to enlisted rank.

OFFICER CANDIDATE PROFILE SUMMARY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code 133, Executive Order 9397, November 22, 1943 (Social Security Number) and Title 10, United States Code, Section 3012

PRINCIPAL PURPOSE: Used by candidate to supply information necessary for student enrollment in the OCS Program

ROUTINE USE: Used by appropriate authority for administrative processing, provide points of contact in case of emergency and background information essential for student identification.

DISCLOSURE: Voluntary; however, failure to complete the form may result in candidate's rejection for further training.

NAME-Last		First		MI	AGE	
RANK	MOS	COMMISSIONING BRANCH		DOB		
COMPONENT <input type="checkbox"/> RA <input type="checkbox"/> USAR <input type="checkbox"/> ARNG <input type="checkbox"/> ENLISTED OPTION <input type="checkbox"/> STATE (ARNG ONLY)		RACE <input type="checkbox"/> CAUCASION <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PROFILES <input type="checkbox"/> YES <input type="checkbox"/> NO FOR:
						SWIM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WEAK: _____
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> SINGLE		SPOUSE'S NAME			ANNIVERSARY	
					SPOUSE'S DOB	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
		DEPENDENT'S NAMES				
HOME OF RECORD				PHONE		

	PLACE OF BIRTH
NEXT OF KIN AND RELATIONSHIP	PHONE
SPOUSE'S ADDRESS (IF DIFFERENT FROM HOR)	PHONE

FB (USAIS) Form 264-R
April 1996

OFFICER CANDIDATE PROFILE SUMMARY (continued)		
RELIGION	SPECIAL NEEDS	
MILITARY EDUCATION AND SCHOOLS	CIVILIAN EDUCATION AND SCHOOLS	
	INSTITUTION	
	DEGREE	
	SUBJECT/DISCIPLINE	
SECURITY CLEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	AUTO <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE
	INSURED	COLOR
	LICENSE (STATE)	REGISTRATION #
PREVIOUS UNIT:	MILITARY SERVICE TIME	
POST/FORT:	ACTIVE <input type="checkbox"/> YRS <input type="checkbox"/> MOS	RESERVE <input type="checkbox"/> YRS <input type="checkbox"/> MOS
DISTINGUISHED RELATIVE(S) OF CANDIDATE		
A distinguished relative is an officer, active or retired, of grade O-6 (COL) or higher, an enlisted soldier of grade E-8 (MSG) or E-9 (SGM), a United States Representative or Senator, or a Federal Civil Service employee with the grade GS-16 or above. The relationship should be in the immediate family (parent, brother, sister, grandparent, aunt or uncle).		
RELATIVE	STATUS/POSITION	RELATIONSHIP

FB (USAIS) Form 264-R
April 1996

NGB 62-E

Traditional Classes: Can be in draft form. Age waivers may require a completed NGB 62-E

Accelerated Classes: Must be completed and submitted at orientation.

Visit - <http://www.ngbpdc.ngb.army.mil/pubfiles/ngbforms/adobe/Ngb62.pdf> - to fill out the NGB 62-E