

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

OMB No. 0704-0173
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR	B. PRIOR SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NO.
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SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)	
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)		4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)	
5. CITIZENSHIP (X one) a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER (If issued) c. U.S. NON-CITIZEN NATIONAL d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		6. SEX (X one) a. MALE b. FEMALE	
		7.a. RACIAL CATEGORY (X one or more) (1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE	
		7.b. ETHNIC CATEGORY (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO	
		8. MARITAL STATUS (Specify)	
		9. NUMBER OF DEPENDENTS	
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)	
		12. EDUCATION (Yrs/Highest Ed Gr Completed)	
		13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)	
14. VALID DRIVER'S LICENSE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date)		15. PLACE OF BIRTH (City, State and Country)	

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS																																																																																																																																																									
a. TEST ID	b. TEST SCORES			AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE																																																																																																																																											
17. DEP ENLISTMENT DATA																																																																																																																																																									
a. DATE OF ENLISTMENT - DEP (YYYYMMDD)			b. PROJ ACTIVE DUTY DATE (YYYYMMDD)			c. ES		d. RECRUITER IDENTIFICATION			e. STN ID		f. PEF																																																																																																																																												
g. T-E MOS/AFS		h. WAIVER (1)		(2)	(3)	(4)	(5)	(6)	i. PAY GRADE		j. SVC ANNEX CODES		k. MSO (YYWW)		l. AD OBLIGATION (YYWW)																																																																																																																																										
18. ACCESSION DATA																																																																																																																																																									
a. DATE OF ENLISTMENT (YYYYMMDD)			b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)			c. PAY ENTRY DATE (YYYYMMDD)			d. MSO (YYWW)		e. AD/RC OBLIGATION (YYMMWWDD)																																																																																																																																														
f. WAIVER (1)		(2)	(3)	(4)	(5)	(6)	g. PAY GRADE		h. DATE OF GRADE (YYYYMMDD)		i. ES		j. YRS/HIGHEST ED GR COMPL																																																																																																																																												
k. RECRUITER IDENTIFICATION			l. STN ID			m. PEF		n. T-E MOS/AFS		o. PMOS/AFS		p. YOUTH		q. OA		r. STATE GUARD																																																																																																																																									
s. SVC ANNEX CODES			t. REPLACES ANNEXES			u. TRANSFER TO (UIC)			11-16 YYMMDD Last discharged		17-19 Last discharge code		20-22 Act. code		23. Mil Obl. Des code		24. State born																																																																																																																																								
19. SERVICE REQUIRED CODES																																																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td> </tr> <tr> <td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td> </tr> <tr> <td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td> </tr> <tr> <td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td><td>101</td><td>102</td><td>103</td><td>104</td><td>105</td><td>106</td><td>107</td><td>108</td><td>109</td><td>110</td> </tr> <tr> <td>111</td><td>112</td><td>113</td><td>114</td><td>115</td><td>116</td><td>117</td><td>118</td><td>119</td><td>120</td><td>121</td><td>122</td><td>123</td><td>124</td><td>125</td><td>126</td><td>127</td><td>128</td><td>129</td><td>130</td><td>131</td><td>132</td><td>133</td><td>134</td><td>135</td><td>136</td><td>137</td><td>138</td><td>139</td><td>140</td> </tr> </table>														1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
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<p>85-89 Reserve Uic 56. Type of last discharge 72-73 Height 74-76 Weight 77-79 hair color 80-82 eye color</p>																																																																																																																																																									

If NO WAIVER then YYY
 1. the # of enlistment into Navy
 26-27 type of gain into Navy
 28-29 RE-code
 50-55 Youth program

30-49. If no foreign languages

Remember!!! CIRIMS does Not always put the correct information in the Form! When in doubt, go thru Manual block for Block!!!