DIRECTIONS / ITEMS TO BRING FOR INPROCESSING

- Please fill out everything that is highlighted in Yellow
- Please bring original birth certificate or certified true copy w/ stamp by a Notary
- Please bring social security card or certified true copy w/ stamp by a Notary
- Please bring high school transcripts
- Please bring ACT/SAT official score sheets with you final results
- Please bring any Civil Air Patrol Awards you have earned such as: Billy Mitchell, Amelia Earhart, or Car Spaatz if applicable if applicable
- Please bring any Eagle Scout certificate if applicable
- Please bring JROTC Certificate of Completion of 3 years or more if applicable
- Please bring copy of DD214 for prior service if applicable

For any questions please contact the NCOs at 303-492-6449 or 3132
APPLICATION FOR AFROTC MEMBERSHIP
(Please read Privacy Act Statement on reverse before completing this form.)

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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0105), 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302. 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 current valid OMB control number. Please DO NOT RETURN your form to the above address. Return completed form to your AFROTC detachment.

L. GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ETHNIC GROUP</th>
<th>ASIAN</th>
<th>AMERICAN INDIAN OR ALASKAN NATIVE</th>
<th>HAWAIIAN</th>
<th>BLACK, NOT OF HISPANIC ORIGIN</th>
<th>WHITE, NOT OF HISPANIC ORIGIN</th>
<th>HISPANIC</th>
<th>DECLINE TO RESPOND</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>MARRIED</th>
<th>SINGLE</th>
<th>DIVORCED</th>
<th>PLACE OF BIRTH (City/State)</th>
<th>NUMBER OF DEPENDENTS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN)</th>
<th>PROJECTED GRADUATION DATE</th>
<th>ACADEMIC MAJOR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PERMANENT MAILING ADDRESS (Street, City, State, Zip Code, and Telephone Number and E-mail Address)</th>
<th>IN CASE OF EMERGENCY CONTACT</th>
<th>TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BACKGROUND EXPERIENCE</th>
<th>JUNIOR ROTC</th>
<th>EAGLE SCOUT</th>
<th>CIVIL AIR PATROL AWARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>3-YEAR</td>
<td>4-YEAR</td>
</tr>
<tr>
<td></td>
<td>1-YEAR</td>
<td>2-YEAR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-YEAR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SELECTIVE SERVICE NUMBER (Males Only)</th>
<th>BRANCH OF SERVICE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MILITARY SERVICE OF PARENT OR GUARDIAN</th>
<th>CURRENT STATUS OF PARENT OR GUARDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR FORCE</td>
<td>MARINES</td>
</tr>
<tr>
<td>ARMY</td>
<td>NAVY</td>
</tr>
</tbody>
</table>

Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USN, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block. Yes | No |

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>FROM (Mo/Year)</th>
<th>TO (Mo/Year)</th>
<th>TYPE OF DISCHARGE</th>
<th>YEARS REMAINING ON ENLISTMENT</th>
<th>HIGHEST GRADE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever applied for, been enrolled, or on contract in an Officer Training Program of the US Army, USAF, USMC, USCG, USN, Merchant Marine, or preparatory schools? (If yes, indicate where and when.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USN, USAF, USMC, USCG, Merchant Marine)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you a U.S. Citizen? If yes, how obtained: BIRTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATURALIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTC 36-2011.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever taken the AFQT? (If yes, indicate section where and when.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate section where and when.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever been denied enlistment into the armed forces?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you already have a degree (BA, BS, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Are you an AFROTC Scholarship Designee? NO</td>
<td>YES (Check one) 4-year</td>
<td>3-year</td>
</tr>
<tr>
<td>11. Are you a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter or change our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AFROTC FORM 20, 20060901, V1 PREVIOUS EDITIONS ARE OBSOLETE.
ANSWER THE FOLLOWING QUESTIONS (CONT)

13. Do you understand that participation in Air Force ROTC requires strenuous physical activity? (You will be required to obtain medical clearance from a physician prior to program entry.)

[ ] YES [ ] NO

II.

STATEMENT OF UNDERSTANDING

I understand that membership in the General Military Course (GMC) or attendance at Field Training (FT) does not guarantee that I will be accepted into the Professional Officer Course (POC). I understand that if I am not on scholarship, attendance at FT does not guarantee or commit me to enter the POC. GMC scholarship cadets who attend the first AS 200 class or Leadership Laboratory incur an Active Duty Service Commitment and are liable to call to extended active duty or recoupment (which includes payback of scholarship benefits received during the AS 100 year).

SIGNATURE OF APPLICANT

DATE

III.

OATH OF ALLEGIANCE

I do solemnly [ ] swear or [ ] affirm that I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation or purpose of evasion.

SIGNATURE OF APPLICANT

DATE

REMARKS

If no remarks please write "None" and put initials

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 33, Appointment in Regular Component; 10 U.S.C. 103, Senior Reserve Officers’ Training Corps as implemented by AFROTC! 35-2011, Air Force Reserve Officers’ Training Corps; and E.O. 9397 (SSN). PURPOSE: To process and manage selected students for acceptance into the USAF ROTC program. ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency’s decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19, to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation. DISCLOSURE: Furnishing the information is voluntary. Failure to provide requested information will hinder processing.
1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:
   
a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.

b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.

c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.

d. A member may be separated for failure to meet service weight control standards or physical fitness standards.

e. A member may be separated for harassment of or violence against any service member.

<table>
<thead>
<tr>
<th>DATE OF APPLICATION</th>
<th>NAME (Last, First, MI)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF ENLISTMENT</td>
<td>NAME (Last, First, MI)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>DATE OF COMMISSION</td>
<td>NAME (Last, First, MI)</td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>
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 insuring a legible image on all copies. Include “Jr.”, “Sr.,” "III" 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 address or general guidance to reach the place of residence. In addition, the notation “See Item 14” should be included 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. Civilian: 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 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: 19950704. 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.
ITEM 11a. 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 2771) 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/ 19851220/321 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.
## RECORD OF EMERGENCY DATA

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552, 10 USC 655, 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 the 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.

### INSTRUCTIONS TO SERVICE MEMBER

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 or 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.

### INSTRUCTIONS TO CIVILIANS

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.

**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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>NAME</strong> (Last, First, Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>2. <strong>SSN</strong></td>
<td></td>
</tr>
<tr>
<td>3a. <strong>SERVICE/CIVILIAN CATEGORY</strong></td>
<td></td>
</tr>
<tr>
<td>3b. <strong>REPORTING UNIT CODE/DUTY STATION</strong></td>
<td>AFROTC Det 105 / Boulder, CO</td>
</tr>
<tr>
<td>4a. <strong>SPOUSE NAME</strong> (If applicable) (Last, First, Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>4b. <strong>ADDRESS</strong> (Include ZIP Code) AND TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>5. <strong>CHILDREN</strong></td>
<td></td>
</tr>
<tr>
<td>a. <strong>NAME</strong> (Last, First, Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>b. <strong>RELATIONSHIP</strong></td>
<td></td>
</tr>
<tr>
<td>c. <strong>DATE OF BIRTH</strong> (YYYYMMDD)</td>
<td></td>
</tr>
<tr>
<td>d. <strong>ADDRESS</strong> (Include ZIP Code) AND TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>6a. <strong>FATHER NAME</strong> (Last, First, Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>b. <strong>ADDRESS</strong> (Include ZIP Code) AND TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>7a. <strong>MOTHER NAME</strong> (Last, First, Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>b. <strong>ADDRESS</strong> (Include ZIP Code) AND TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>8a. <strong>DO NOT NOTIFY DUE TO ILL HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>b. <strong>NOTIFY INSTEAD</strong></td>
<td></td>
</tr>
<tr>
<td>9a. <strong>DESIGNATED PERSON(S)</strong> (Military only)</td>
<td></td>
</tr>
<tr>
<td>b. <strong>ADDRESS</strong> (Include ZIP Code) AND TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>10. <strong>CONTRACTING AGENCY AND TELEPHONE NUMBER</strong> (Contractors only)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

DD FORM 93, JAN 2008 PREVIOUS EDITION IS OBSOLETE.
<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) N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</th>
<th>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>c. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Military only) NAME AND RELATIONSHIP N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</th>
<th>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Military only) NAME AND RELATIONSHIP N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. CONTINUATION/REMARKS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have Life Insurance please write down the company name and coverage. If no Life Insurance please write “None” and Initials</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN</th>
<th>16. SIGNATURE OF WITNESS</th>
<th>17. DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include rank, rate, or grade if applicable)</td>
<td>(Include rank, rate, or grade as appropriate)</td>
<td>(YYYYMMDD)</td>
</tr>
</tbody>
</table>
## US Air Force Statement of Understanding for Dependent Care Responsibility

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C.; Chapter 31, Enlistments; AFI 36-2002, Enlisted Accessions; AFI 36-2013, Officer Training School (OTS) and Enlisted Commissioning Programs (ECPS); Executive Order 9397 (SSN), as amended.

**PURPOSE:** To determine enlistment/commissioning eligibility or process qualified applicants; classification and assignment actions after enlistment or commissioning.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD 'Blanket Routine Uses' published at the beginning of the Air Force's compilation of system of records notices apply.

**DISCLOSURE:** Voluntary. However failure to furnish personal identification information may negate the enlistment/commissioning application.

**SORN(s):** F036 AF PC H, Air Force Enlistment/Commissioning Records System.

### I. MARITAL STATUS

<table>
<thead>
<tr>
<th></th>
<th>SINGLE</th>
<th>MARRIED (Civilian)</th>
<th>MARRIED (Military)</th>
<th>SEPARATED</th>
<th>DIVORCED</th>
<th>WIDOWED</th>
</tr>
</thead>
</table>

### II. STATEMENT OF UNDERSTANDING

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes:

- 1. A spouse.
- 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support, includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse.
- 3. Unmarried natural children of the applicant or spouse for their care, maintenance, or support regardless of age.
- 4. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock.
- 5. For male applicants only. An unborn child of the spouse or one claimed by or a court order determines

It is my responsibility to provide legal documents (marriage certificates, birth certificates, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my military dependent(s) may result in disciplinary action, to include involuntary discharge.

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) do not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability.

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment, but there is no guarantee they will be assigned together.

---Initials

### III. REMARKS

If no remarks please write "None" and put initials

---Initials

### IV. APPLICANT CERTIFICATION

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

---Initials

### V. RECRUITER CERTIFICATION

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

<table>
<thead>
<tr>
<th>DATE</th>
<th>RECRUITER'S NAME/GRAD</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

---Initials

### VI. APPLICANT FINAL CERTIFICATION

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

---Initials

### VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION

I have verified all known changes to the applicant's marital or dependent status since initiation of this form and certify they are explained in Section III.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME/GRAD OF AIR FORCE REPRESENTATIVE</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

---Initials
INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFI 36-2002 and the following instructions:

Section I, Marital Status.
Applicant marks the applicable marital status.

Section II, Statement of Understanding.
Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependant under 18-years of age through formal adoption, they will not be considered a dependant for accession purposes.)

Section III, Remarks.
If a dependency eligibility waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter "None" and applicant must initial.

Section IV, Applicant Certification.
Self explanatory.

Section V, Recruiter Certification.
Self explanatory.

Section VI, Applicant Final Certification.
Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.) Ensure all changes to applicant’s marital and dependent status are annotated in Section III.

Section VII, Air Force Representative.
Complete on date of final enlistment, commissioning, or appointment. (NOTE: Do not complete at time of DEP entry.) Ensure all changes to applicant’s marital and dependent status are annotated in Section III.
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:
- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

DD FORM 2005, JUN 2016

PREVIOUS EDITION IS OBSOLETE.
**PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD**

**AUTHORITY:** 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

**PURPOSE:** To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

**ROUTINE USES:** This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

I certify that I have been briefed and fully understand the Privacy Act Statement, AF IMT 883. I have also been given a copy of the AF IMT 883.

Cadet Signature and Date: ____________________________

**DISCLOSURE IS VOLUNTARY:** However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.
**RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT**

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at [http://dpcl.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx](http://dpcl.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx) apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

### INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. **RECRUIT/TRAINEE NAME** (Last, First, Middle Initial)
2. **PAY GRADE**
3. **RECRUITING OFFICE/TRAINING COMMAND**
   - AFROTC Detachment 105 / AETC

4. **RECRUITING OFFICE/TRAINING COMMAND ADDRESS** (City, State, ZIP Code)
   - Boulder, CO, 80309
5. **DATE SIGNED** (YYYYMMDD)
6. **SIGNATURE**
7. **I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:**
   - **(Initial) a.** Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
   - **(Initial) b.** Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
   - **(Initial) c.** Consume alcohol with a recruiter/trainer on a personal social basis.
   - **(Initial) d.** Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
   - **(Initial) e.** Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
   - **(Initial) f.** Gamble with a recruiter/trainer.
   - **(Initial) g.** Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
   - **(Initial) h.** Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. **EXCEPTIONS.** Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

9. **VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. **APPROVED BY**
   - **(Initial) a.** NAME (Last, First, Middle Initial)
   - **b.** TITLE
   - **c.** DATE SIGNED (YYYYMMDD)
   - **d.** SIGNATURE/RANK

DD FORM 2983, JAN 2015
ATTACHMENT 5 - DRUG DEMAND REDUCTION PROGRAM MOU

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

Cadet Signature and Date

Parent/Guardian Signature and Date (Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

Printed Name and Signature
Witness (or Notary) and Date
DODMERB APPLICANT INFORMATION

First Name:

Last Name:

MI:

SSN:

Birth date (MM/DD/YYYY):

Gender:

Applicant Email:

Cell Phone:

Applicant address-

Street:

City:

State:

Zip:
AFROTC Pre-Participatory Sports Physical Directions

1. Please take this form to your primary health care or any authorized health professional. This form is used to document height and weight. A complete sports physical is not required.
2. Have the doctor fill out all highlighted areas, any areas that are not applicable please have them mark N/A.
3. Once completed by the doctor please have them date/sign on Examination Date and Physician or medical Authority signature.
1. **CADET/APPLICANT NAME**

2. **AFROTC DETACHMENT**
   Det 105

**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

**AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. **CADET/APPLICANT MEASUREMENTS**
   HEIGHT
   WEIGHT

4. **AFROTC WEIGHT STANDARDS:**
   (found on reverse)
   MAXIMUM

5. **BODY FAT MEASUREMENT** Is only needed if member does not meet BMI

6. **BODY FAT STANDARDS:**
   FEMALE - 26%
   MALE - 18%

7. **CHECK APPLICABLE BOX**
   - IS WITHIN AIR FORCE WEIGHT STANDARDS
   - EXCEEDS AIR FORCE WEIGHT STANDARDS
   - IS BELOW AIR FORCE WEIGHT STANDARDS

**MEDICAL AUTHORITY:** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

8. **(IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)**
   I, (print name) ____________________________, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. **(IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)**
   I CERTIFY THIS CADET/APPLICANT’S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. ____________________________ (Medical Authority Initials)

10. **(IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**
    I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. ____________________________ (Medical Authority Initials)

11. **(FOR ALL CADETS/APPLICANTS)**
    I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

**EXAMINATION DATE**

**PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE**

**AFROTC CADRE:** A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.

**DATE**

**AFROTC CADRE SIGNATURE**

AFROTC FORM 28, 20141030
Attachment 13

**TABLE A13.1. MAXIMUM BODY MASS INDEX (BMI) STANDARDS:**

Represents Maximum Allowable Weights for BMI of 25 kg/m² (regardless of age and gender)

| Height (inches) | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Weight (pounds) | 119| 124| 128| 132| 136| 141| 145| 150| 155| 159| 164| 169| 174| 179| 184| 189| 194| 200| 205| 210| 216| 221| 227|