

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,  
TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE  
ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 672(d) and USC 275.

**PRINCIPAL PURPOSE:** To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

**ROUTINE USES:** To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders.

**DISCLOSURE:** Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

**PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)**

1. TO (Include ZIP Code)  
HQ, USARJ, UNIT 45005  
ATTN: APAJ-RC  
APO AP 96338

**USE USARJ RC ADDRESS**

2. NAME (Last, First, MI)  
KENT, CLARK S.

3a. PERMANENT HOME ADDRESS (Include ZIP Code)  
1234 SUPERMAN ROAD  
HONOLULU, HAWAII 96819

4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)

3b. HOME TELEPHONE NUMBER (Include area code)  
(808) 123-4567

4b. HOME TELEPHONE NUMBER (Include area code)

3c. BUSINESS TELEPHONE NUMBER (Include area code)  
(808) 890-1234

4c. BUSINESS TELEPHONE NUMBER (Include area code)

5. UNIT OF ASSIGNMENT OR ATTACHMENT  
US ARMY JAPN

6. GRADE  
0-6

7. BRANCH  
JA

8. SEX  
 Male  Female

9. DOB  
4 JULY 60

10. MARITAL STATUS  
MARRIED

11. NO. OF DEPENDENTS  
03

12. PRIMARY SSI (AOC)/MOS  
27A

13. DUTY SSI (AOC)/MOS  
27A

14. HEIGHT  
68 INCHES

15. WEIGHT  
170 LBS

16.  I am  I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.

17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)  
20 YRS 6 MONTHS

18. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one)

**CHOOSE ONE**

IMA AT

ADT in lieu of IMA AT

Additional ADT

19. DATES OF ADSW/TTAD/ADT/AT REQUESTED

a. FIRST CHOICE

b. SECOND CHOICE

**12 OR 19 DAYS**

OF DAYS  
12

BEGINNING DATE/TIME  
1 JUN 13/ 0730

**SHOULD START ON A MONDAY**

ENDING DATE/TIME

LOCATION  
LITTLE AMERICA HOTEL  
SALT LAKE CITY, UTAH 84101

LOCATION

DUTY/TRAINING AGENCY  
87TH LEGAL SUPPORT ORGANIZATION

DUTY/TRAINING AGENCY

20. To the best of my knowledge and belief, I am physically qualified for active military duty. I was

a. LAST EXAMINED ON  
1 APR 13

b. AT  
TRIPPLER MEDICAL CENTER, HAWAII

21. SIGNATURE

22. DATE

23. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to my release from active duty at the completion of this tour.

(Signature of applicant)

INCLUDE IN BOX 23 THE FOLLOWING:  
 IDT DATE FROM \_\_\_\_\_  
 TO \_\_\_\_\_  
 \*DO NOT INCLUDE TRAVEL  
 BACK DATE

PART II - RECORDS CUSTODIAN

24. PAY ENTRY BASIC DATE 19920901	25. SECURITY CLEARANCE 20110301	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK 20120601
28. RYE DATE 0801	29. ETS (Enlisted) N/A	30. MANDATORY REMOVAL DATE (Officers) 20170501	31. UIC W0ATAA
32. HIV TEST DATE 20111101	33. PANOGRAPHIC DENTAL X-RAY ON FILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/DUTY (AD, TTAD, etc.)	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			
2011/11/01	2011/11/05	5	ADT	Fort McCoy, Wisconsin	2011 SJA Conference
2012/03/01	2012/03/01	1	IDT	Tripler Medical Center, Hawaii	Reserve Health Readiness Program
2012/08/01	2012/08/21	21	AT	Camp Zama, Japan	SJA Duties
2012/10/30	2012/10/30	1	IDT	Tripler Medical Center, Hawaii	Reserve Health Readiness Program
2013/02/04	2013/02/10	7	ADT	San Francisco, California	JA Workshop On-Site Training

e. SIGNATURE OF UNIT COMMANDER \_\_\_\_\_ f. DATE \_\_\_\_\_

**LEAVE BLANK**

35a.  
c. SI