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 ODCSPER

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. The SSN is used to identify the applicant.

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)*

2. NAME *(Last, First, MI)* DOE, JOHN Q.	3. SSN 123-45-6789
4a. PERMANENT HOME ADDRESS *(Include ZIP Code)* 1060 Golden Island Drive Pearl City, Hawaii 97888	5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY *(If different from permanent home address) (Include ZIP Code)*
4b. HOME TELEPHONE NUMBER *(Include area code)* 808 233-0000	5b. HOME TELEPHONE NUMBER *(Include area code)*
4c. BUSINESS TELEPHONE NUMBER *(Include area code)* 808 287-9000	5c. BUSINESS TELEPHONE NUMBER *(Include area code)*

6. UNIT OF ASSIGNMENT OR ATTACHMENT USARJ SUPPORT UNIT		7. GRADE 0-3	8. BRANCH USAR
9. SEX [X] Male [ ] Female	10. DOB 3 NOV 63	11. MARITAL STATUS MARRIED	12. NO. OF DEPENDENTS 9
13. PRIMARY SSI *(AOC)*/MOS 96B	14. DUTY SSI *(AOC)*/MOS 63Y	15. HEIGHT 67"	16. WEIGHT 190#

17. [ ] I am [X] I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.	18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE *(AFS)* 12

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

[ ] IMA AT [ ] ADT in lieu of IMA AT [ ] Additional ADT

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

a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS 179	BEGINNING DATE/TIME 1 JAN 03 / 0700HRS	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION CAMP ZAMA, JAPAN		LOCATION	
DUTY/TRAINING AGENCY USARJ RC		DUTY/TRAINING AGENCY	

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

a. LAST EXAMINED ON 27 AUG 02	b. AT TRIPLER ARMY MEDICAL CENTER
22. SIGNATURE John Q. Doe	23. DATE 6 NOV 02

24. 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.

John Q. Doe

(Signature of applicant)

PART II - RECORDS CUSTODIAN

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
28 NOV 90	SECRET		20 SEP 00
29. RYE DATE	**30. ETS *(Enlisted)***	**31. MANDATORY REMOVAL DATE *(Officers)***	**32. UIC**
27 NOV		23 NOV 12	W0ATAA
33. HIV TEST DATE	**34. PANOGRAPHIC DENTAL X-RAY ON FILE**	[X] YES	[ ] NO
19 OCT 02			

35. 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			

e. SIGNATURE OF UNIT COMMANDER Monster Cat Dog Monster Cat Dog	f. DATE 7 NOV 02
36a. NAME OF RECORDS CUSTODIAN *(First, Last, MI)* SUSAN, MARCUS, C.	b. GRADE E-6
c. SIGNATURE Susan C. Marcus	d. DATE 7 NOV 02