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
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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 Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that not withstanding 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	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NO.
D A G	☐ YES ☒ NO NUMBER OF DAYS:	N/A	N/A

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)*

- [X] a. U.S. AT BIRTH *(If this box is marked, also X (1) or (2))*
  - [X] (1) NATIVE BORN
  - [ ] (2) BORN ABROAD OF U.S. PARENT(S)
- [ ] b. U.S. NATURALIZED
- [ ] c. U.S. NON-CITIZEN NATIONAL
  - ALIEN REGISTRATION NUMBER *(If issued)*
- [ ] 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)*: Never Married

9. NUMBER OF DEPENDENTS: 0

10. DATE OF BIRTH *(YYYYMMDD)*

11. RELIGIOUS PREFERENCE *(Optional)*: Unknown

12. EDUCATION (Yrs/Highest Ed Gr Completed): 16 / K

13. PROFICIENT IN FOREIGN LANGUAGE *(If Yes, specify. If No, enter NONE.)*: None

1st	2nd
Y Y	

14. VALID DRIVER'S LICENSE *(X one)* [X] YES [ ] NO
(If Yes, list State, number, and expiration date)
TX,

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
		91	61	58	67	61	56	52	50	53	57	66

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 (YYYYMMDD)
20110206	20111114	20110206	0800	0600

f. WAIVER (1)	(2)	(3)	(4)	(5)	(6)	g. PAY GRADE	h. DATE OF GRADE (YYYYMMDD)	i. ES	j. YRS./HIGHEST ED GR COMPL
YYY						E04	20111026	0	16K

k. RECRUITER IDENTIFICATION	l. STN ID	m. PEF	n. T-E MOS/AFS	o. PMOS/AFS	p. YOUTH	q. OA	r. STATE GUARD
			09S10	09S1O	YY0	YY	TX

s. SVC ANNEX CODES	t. REPLACES ANNEXES	u. TRANSFER TO (UIC)
A		

19. SERVICE REQUIRED CODES

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
							T	X	D	A	G	1	2	6										

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397 (SSAN).

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.

2. Type or print LEGIBLY all ansers. If the answer is "None" or "Not Applicable", so state. "Optional" questions may be left blank.

3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2005 is written 20050601.

20. NAME (Last, First, Middle Initial)	21. SOCIAL SECURITY NUMBER

SECTION III - OTHER PERSONAL DATA

22. EDUCATION

a. List all high schools and colleges attended. (List dates in YYYYMM format)

(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	(5) GRADUATE YES	(5) GRADUATE NO
				X	
				X	

	YES	NO
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?		X
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA *(If "Yes," explain in Section VI, "Remarks.")*		
a. Is anyone dependent upon you for support?		X
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?		X
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); (2) died or became 100% permanently disabled while serving in the Armed Services?		X
d. Are you the only living child in your immediate family?		X
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT *(If "Yes," explain in Section VI, "Remarks.")*		
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?		X
b. Have you ever been rejected for enlistment, reenlistment, or induction by an branch of the Armed Forces of the United States?		X
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?		X
d. Have you ever been employed by the United States Government?		X
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?		X
25. ABILITY TO PERFORM MILITARY DUTIES *(If "Yes," explain in Section VI, "Remarks.")*		
a. Are you now or have you ever been conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)		X
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?		X
c. Is there anything which would preclude you from performing military duties or partcipating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availablity)?		X
26. DRUG USE AND ABUSE *(If "Yes," explain in Section VI, "Remarks.")* Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?		X

27. NAME (Last, First, Middle Initial)	28. SOCIAL SECURITY NUMBER

SECTION IV - CERTIFICATION

29. CERTIFICATION OF APPLICANT *(Your signature in this block must be witnessed by your recruiter.)*

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*
		20111026

30. DATA VERIFICATION BY RECRUITER *(Enter description of the actual documents used to verify the following items.)*

a. NAME *(X one)*		b. AGE *(X one)*		c. CITIZENSHIP *(X one)*	
X	(1) BIRTH CERTIFICATE	X	(1) BIRTH CERTIFICATE	X	(1) BIRTH CERTIFICATE
	(2) OTHER *(Explain)*		(2) OTHER *(Explain)*		(2) OTHER *(Explain)*
d. SOCIAL SECURITY NUMBER (SSN) *(X one)*		**e. EDUCATION** *(X one)*		**f. OTHER DOCUMENTS USED**	
X	(1) SSN CARD	X	(1) DIPLOMA		
	(2) OTHER *(Explain)*		(2) OTHER *(Explain)*		

31. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME *(Last, First, Middleinitial)*	c. PAY	d. RECRUITER I.D.	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*
				20111026

32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR *(Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.)* *Use clear text English*

In accordance with Appendix A TX ARNG 6x2 - , 6 years 09S1,
09S1O00YY ARNG Standard Training Program

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).	c. APPLICANT'S INITIALS

33. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the ~~United States~~ (Enter Branch of Service). Army National Guard of the United States and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME *(Last, First, Middle initial)*	c. PAY	d. RECRUITER ID OR	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*
				20111026

SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. APPLICANT		e. WITNESS		
(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*	(1) TYPED OR PRINTED NAME *(Last, First, Middleinitial)*	(2) RANK/	(3) SIGNATURE
Click to Approve				Click to Approve

35. NAME (Last, First, Middle Initial)	36. SOCIAL SECURITY NUMBER

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

2. NAME; AKA Override was given for PHYS_PRFL_CMPST_CD by Qualification Factors WAIVER
APPOVED DR ADJUSTED TO
111121,UZGRNone
26. Have you ever used marijuana? N
Statement Remarks:
I have been counseled on the Army's height and weight standards and I am aware I will be discharged without board action if I fail to maintain these standards. Initials: _____
I am enlisting for the State Officer Candidate Enlistment Option. I must attend basic training prior to enrolling into State OCS. If I fail to complete the State OCS program, I will be ordered to advanced individual training or discharged without board action or appeal. Initials: _____
Unit: TX ARNG Address:
UIC: SUC: , Phone
Term of Enlistment: 6 X 2 years Initials: _____
I am enlisting for the Montgomery GI BILL _____ Initials
Enlisting in Pay Grade: E-4 Initials: _____
1 MOS 09S PARA 999B LIN 99C; CTRL No
2 MOS 68W PARA 108A LIN 07A
3 MOS 68S PARA 106 LIN 03
I hereby state that neither my recruiter nor anyone else concerned with my enlistment processing has advised suggested or implied that I should conceal information about my juvenile or adult civil offence record, or that I should falsify or withhold any information in answering any questions pertaining to my enlistment.
Initials _____ Date: _____
APPROVED FOCS CONTROL NUMBER IS

DEP and ACC Pay Grade Authority: IAW Enlistment Criteria Chapter 2 Table 2-2 Rule M (E-4) Degree of at least 4 years duration
Secret submitted on
National Agency Check with Law and Credit Accepted on

DD FORM 1966/5 ATTACHED? (X one)	YES
	NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.
If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of

_____ by which I am known in the community as a matter of convenience

and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*
Click to Approve	

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) PAY GRADE	(3) SIGNATURE
		Click to Approve

38. NAME (Last, First, Middle Initial)	39. SOCIAL SECURITY NUMBER

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) *(Line out portions not applicable)*

a. I/we certify that *(Enter name of applicant)* _____

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States
(Enter Branch of Service)

Army National Guard

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct record checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE Click to Approve	(3) DATE SIGNED (YYYYMMDD)
d. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE Click to Approve	(3) DATE SIGNED (YYYYMMDD)
e. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE Click to Approve	(3) DATE SIGNED (YYYYMMDD)
f. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE Click to Approve	(3) DATE SIGNED (YYYYMMDD)

41. VERIFICATION OF SINGLE SIGNATURE CONSENT