

AIR FORCE ROTC MEMBERSHIP APPLICATION

DO NOT SIGN OR
DATE ANYWHERE

PRINT DOUBLE
SIDED



U.S. AIR FORCE



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GENERAL INSTRUCTIONS

Included in this package are several forms. These forms are of the utmost importance because they are the basis for your Cadet Personnel Record. ***This application must be printed double-sided.***

BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPLICATION APPOINTMENT

- 1) **Blank Application Form**
PRINT DOUBLE SIDED!!
- 2) **Government issued photo ID**
- 3) **Social Security Card** (original, copies will not be accepted)
- 4) **Birth Certificate** (original, copies will not be accepted)
- 5) **Naturalization Certificate** (if naturalized, original, copies will not be accepted)
- 6) **DD Form 214** (Only if you are a prior service cadet - Certificate of Release or Discharge from Active Duty; applicants must bring in copy #4 for verification of reenlistment eligibility code)
- 7) **JROTC Certificate** (If applicable)
- 8) **College Transcripts**
- 9) **SAT/ACT Scores** (If available)
- 10) **Completed AFROTC Form 28** (Sports Physical, located in Application Form package; can be done by family physician, athletic trainer, or school nurse/doctor/physician)
- 11) **Selective Service Number** (males only) - Visit <https://www.sss.gov/> in order to register and/or find your selective service number

Applicants not possessing all of the above items will be turned away and told to return when they have all the required documentation!

Do You Meet the Eligibility Criteria?

Minimum 2.0 Cumulative GPA (College courses only)

Good moral character

Full time student (minimum 12 credit hours) at an accredited 2 or 4-year college

Additional information can be found at our website (<http://afrotc.csusb.edu>) or by contacting the Detachment (909-537-5440).

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**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

Date

MEMORANDUM FOR DET 002/CC

FROM: _____

SUBJECT: Cadet Retention Standards

1. I understand that the academic and military retention standards shown in this letter are only the minimum standards that must be met in order to remain in the Air Force ROTC program and receive a commission in the Air Force. Additionally, I understand that failure to maintain these standards may result in being placed in a probationary status called "conditional status," and that while on conditional status no scholarship benefits will be paid by AFROTC.
 - a. All cadets must:
 - Receive a grade of "C-" or better in all Aerospace Studies classes
 - Pass Leadership Laboratory
 - Provide the detachment NCO proof of academic grades for all academic coursework within 2 weeks following term completion (transcript or grade report)
 - Successfully complete the Air Force Officer Qualifying Test (AFOQT)
 - Report all involvements with legal authorities regardless of significance to the detachment NCO within 72 hours of occurrence
 - Meet weight and body-fat standards
 - Complete the Physical Fitness Assessment (PFA) each Fall and Spring term (failure by scholarship and POC cadets to attain minimum passing scores will result in being placed in conditional status)
 - Report any changes in medical status to the detachment staff
 - Display professional and mature behavior as expected of future Air Force officers
 - Comply with personal appearance standards as required by Air Force instructions
 - Understand that drug use and alcohol abuse is not tolerated
 - Transfer to a four-year school and be accepted into a bachelor's degree-granting program if currently enrolled at a two-year institution.
 - Be enrolled in a bachelor's degree-granting program and be taking enough credit hours to meet full-time student status. AFROTC requires a minimum academic load of 12 semester/quarter hours for undergraduate students and 9 semester/quarter hours for graduate students.

- Attain a minimum grade point average (GPA) of 2.50 (cumulative) and 2.5 (term) by the end of the freshman year if awarded a four-year scholarship
- Maintain a minimum grade point average (GPA) of 2.5 (cumulative) and 2.5 (term) if on scholarship while attending Aerospace Studies courses
- Not receive a grade of "F" or an institutional equivalent, an incomplete ("I") or a term GPA under 2.0 during any academic term; failure to maintain grade/GPA standards will result in being placed on conditional status

b. **General Military Course (GMC) Scholarship Cadets** must:

- Understand that entry into the Professional Officer Course is on a competitive basis. Additionally, an enrollment allocation does not guarantee entry into the POC; failure to receive an enrollment allocation may result in loss of scholarship and may be interpreted as a breach of contract
- Be aware that an Active Duty Service Commitment is incurred on the first day of junior year classes. Any attempts to withdraw from the program after that date may be interpreted as a breach of contract.

2. In addition to the academic and military retention standards listed above, I understand the following:
 - a. Future duty with the Air Force may involve remote or isolated duty regardless of my marital/dependency status.
 - b. Future duty with the Air Force may involve combat duty.
 - c. Future duty with the Air Force may involve duty or association with nuclear weapons.
3. I understand that these are only minimum standards and are subject to change. I will be briefed on changes as they occur by my Aerospace Studies instructor, the Operations Flight Commander, or other cadre members.

Cadet Name: _____

Cadet Signature: _____

Cadre Witness Initials: _____



**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

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

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 release from the Air Force ROTC or specific officer commissioning program.

Cadet Signature and Date

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

Printed Name and Signature Witness (or Notary) and Date

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**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

DATE: _____

MEMORANDUM FOR CADET _____

FROM: Air Force Reserve Officer Training Corps (AFROTC) Detachment (Det) 002

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.
2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC purposes only.

AFROTC Det 002 Representative

1st Ind, Student _____

DATE: _____

MEMORANDUM FOR AFROTC Det 002

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above-stated request and have signed the attached authorization for appropriate school officials to release to Det 002 personnel or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

(Student's Signature)

(Parent's Signature if student is under age 18 years of age)

Attachment:
Consent for Release of Student Records

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**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

AFROTC Det 002 - California

DATE: _____

MEMORANDUM FOR State University San Bernardino (University)

FROM: Cadet _____

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) 002 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 002 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

(Student's Signature)

(Parent's Signature if student is under age 18 years of age)

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APPLICATION FOR AFROTC MEMBERSHIP

(Please read Privacy Act Statement on reverse before completing this form.)

OMB No. 0701-0105
Expires 20070531

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.**

I. GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA			
NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
			GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
ETHNIC GROUP <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> DECLINE TO RESPOND			
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		PLACE OF BIRTH (City/State)	NUMBER OF DEPENDENTS
COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN)		PROJECTED GRADUATION DATE	ACADEMIC MAJOR
PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address)		IN CASE OF EMERGENCY CONTACT	
		TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code)	
CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code)		BACKGROUND EXPERIENCE	
		JUNIOR ROTC <input type="checkbox"/> NONE <input type="checkbox"/> 3-YEAR <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 4-YEAR <input type="checkbox"/> 2-YEAR	EAGLE SCOUT YES <input type="checkbox"/> NO <input type="checkbox"/>
SELECTIVE SERVICE NUMBER (Males Only)		BRANCH OF SERVICE:	
MILITARY SERVICE OF PARENT OR GUARDIAN		CURRENT STATUS OF PARENT OR GUARDIAN	
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD	<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MERCHANT MARINE	YEARS OF SERVICE	HIGHEST GRADE
		<input type="checkbox"/> CIVILIAN <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> ACTIVE DUTY	
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 <input type="checkbox"/> NO <input type="checkbox"/>
BRANCH OF SERVICE	FROM (M/Y)	TO (M/Y)	TYPE OF DISCHARGE
			YEARS REMAINING ON ENLISTMENT
			HIGHEST GRADE
ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)			YES NO
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 in remarks where and when.)			<input type="checkbox"/> <input type="checkbox"/>
2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USAF, USN, USA, USMC, USCG, Merchant Marine)?			<input type="checkbox"/> <input type="checkbox"/>
3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?			<input type="checkbox"/> <input type="checkbox"/>
4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?			<input type="checkbox"/> <input type="checkbox"/>
5. Are you a U.S. Citizen? If yes, how obtained: <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED (If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTCI 36-2011.)			<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever taken the AFOGT? (If yes, indicate in remarks section where and when.)			<input type="checkbox"/> <input type="checkbox"/>
7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate in remarks section where and when.)			<input type="checkbox"/> <input type="checkbox"/>
8. Have you ever been denied enlistment into the armed forces?			<input type="checkbox"/> <input type="checkbox"/>
9. Do you already have a degree (BA, BS, etc.)?			<input type="checkbox"/> <input type="checkbox"/>
10. Are you an AFROTC Scholarship Designee? <input type="checkbox"/> NO <input type="checkbox"/> YES (Check one) <input type="checkbox"/> 4-year <input type="checkbox"/> 3-year			
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.)			<input type="checkbox"/> <input type="checkbox"/>
12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.)			<input type="checkbox"/> <input type="checkbox"/>

RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

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.

DATE OF APPLICATION	NAME (Last, First, MI)	SIGNATURE
DATE OF ENLISTMENT	NAME (Last, First, MI)	SIGNATURE
DATE OF COMMISSION	NAME (Last, First, MI)	SIGNATURE

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FOR OFFICIAL USE ONLY (When filled in)

**CERTIFICATION OF INVOLVEMENTS WITH CIVIL, MILITARY OR SCHOOL
AUTHORITIES/LAW ENFORCEMENT OFFICIALS**

I. STATEMENT TO THE APPLICANT/CADET

A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials **regardless of its insignificance**, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear **does not** constitute authority to leave the involvement off of the certification.

B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives **within 72 hours** following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.

C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

CERTIFICATE

I, _____ CERTIFY THAT THE INFORMATION CONTAINED IN THE FOLLOWING CERTIFICATIONS INCLUDES ALL ARRESTS, DETENTIONS, CONVICTIONS, INVOLVEMENTS, ETC., THAT I HAVE HAD WITH CIVIL, MILITARY (INCLUDING ART. 15S), OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION OR SEEMING INSIGNIFICANCE. THE LISTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

II. CERTIFICATION I

TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE

WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE USE OF DRUGS OR ALCOHOL CITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION <input type="checkbox"/> NO ACTION REQUIRED CORROBORATION REQUESTED _____ <input type="checkbox"/> WAIVER GRANTED CORROBORATION RECEIVED _____ <input type="checkbox"/> WAIVER DENIED REQUEST FOR WAIVER FORWARDED TO AFROTC/RRFP _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
SIGNATURE OF CADET		DATE

REMARKS/COUNSELING

-Initial Form (application)

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE	GRADE	DATE
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RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 855, 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

1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY

(This form is subject to the Privacy Act of 1974. Use Blanket PAS - AF Form 883)

I. MARITAL STATUS

SINGLE
 MARRIED (Civilian)
 MARRIED (Military)
 SEPARATED
 DIVORCED
 WIDOWED

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. 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. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his. ()

It is my responsibility to provide legal documents (marriage certificate, birth certificate, 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 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) 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 join spouse assignment but there is no guarantee they will be assigned together. ()

III. REMARKS

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.

DATE	NAME (Last, First, Middle Initial)	SSN	SIGNATURE

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.

DATE	RECRUITER'S NAME/GRADE	SIGNATURE

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.

DATE	SIGNATURE

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.

DATE	NAME/GRADE OF AIR FORCE REPRESENTATIVE	SIGNATURE

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.

AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING

Figure A14.1. Air Force Dependency Policy Statement of Understanding.

I _____ have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. **(Non-contract Cadet)** If I am/become unmarried or marry (to include a common-law spouse) a military member (including another AFROTC cadet), and become responsible for any family member incapable of self-care I must acquire and maintain an approved Family Care Plan IAW AFI 36-2908, *Family Care Plans*, that will adequately cover my time in AFROTC. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

b. **(Contract Cadet)** If I am disenrolled from AFROTC after becoming a contract cadet I am subject to call to EAD in my enlisted grade, recoupment of scholarship benefits or release. If I have more than two (three with an approved waiver) dependents incapable of self-care I do not meet enlisted accession standards and cannot be subject to EAD in my enlisted grade. I can only be subject to recoupment or release.

1st Ind, Application

Cadet Signature / Date

Cadre Signature

2nd Ind, Enlistment

Cadet Signature / Date

Cadre Signature

NOTE: Cadet and detachment representative must sign statement at time of application. Statement must be recertified by the cadet and detachment representative at time of enlistment.

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INSTRUCTIONS FOR COMPLETING THE AIR FORCE ROTC FORM 28, AFROTC PRE- PARTICIPATORY SPORTS PHYSICAL

Purpose: For a physician or medical authority to determine your eligibility to participate in physical training activities.

General Instructions: Only fill out the highlighted sections of the AFROTC Form 28. Leave all other sections blank.

Specific Instructions:

Section 1: Enter full first name, middle initial and last name.

Section 2: Enter '002'

Sections 3-11: Have your physician or medical authority complete and then sign on the "Physician or Medical Authority Signature" line and print the date of the examination in the intended space.

NOTE: This is the only form that may be signed and dated without AFROTC cadre present.

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AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

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. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM
5. BODY FAT MEASUREMENT		6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%
7. CHECK APPLICABLE BOX	<input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> IS BELOW AIR FORCE WEIGHT STANDARDS	

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

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:

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE	EXAMINATION DATE

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

AFROTC CADRE SIGNATURE	DATE

MAXIMUM AND MINIMUM AIR FORCE ALLOWABLE WEIGHT STANDARDS

TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)

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
MAXIMUM WEIGHT (POUNDS)	131	136	141	145	150	155	160	165	170	175	180	186	191	197	202	205	214	220	225	231	237	244	250

TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (58 - 80 INCHES)

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
MINIMUM WEIGHT (POUNDS)	91	94	97	100	104	107	110	114	117	121	125	128	132	136	140	144	148	152	156	160	164	168	172



**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

Date

MEMORANDUM FOR RECORD

FROM: _____

SUBJECT: Pre-Physical Training Safety Briefing

1. I was given the pre-physical training safety briefing on the date located at the top right of this page.
2. I understand and accept the risks that are associated with physical training.

Cadet Signature: _____

Cadre Witness Initials: _____

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PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

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

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

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

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

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

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but **CARE WILL NOT BE DENIED**.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will 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.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

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USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (*adult or juvenile*) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (*to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others*), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (*paint, glue, and others*), amphetamines (*speed*), methamphetamines (*ice*), barbiturates (*downers*) and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

	YES	NO
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		

SECTION III. STATEMENTS OF UNDERSTANDING

During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (*including marijuana*) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (*including marijuana*) or any alcohol abuse as described above, **FROM THIS DATE FORWARD**, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE

WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (Last, First, M.I.) AND GRADE OF WITNESS	SIGNATURE

REMARKS
Please answer the following questions in your own words. If you need additional space, continue on a piece of plain bond paper and indicate the item number. Attach the additional page to this form.

- Dates and circumstances behind each occurrence. Include specific reasons for the incidents and total number of times used.
- Specific drug and combination of drugs used (to include hemp derivatives).
- Method of how it was used (orally, injected, skin-popping, sniffing, external application, etc.).
- What effects were produced (be specific). Examples: None, relaxation, irritability, time or visual perception disturbance or distortion, panic, sleepiness, flashbacks, restlessness, loss of consciousness, increased insight, etc.
- Describe any residual effects.
- Indicate current feelings toward drug usage, and whether or not you would use illegal drugs again.
- Include any other information that would be helpful in evaluation of this waiver.

Member's Certification: I hereby certify the information I have provided is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE SIGNED (DDMMYY): _____

____ Det Commander waiver granted. Limited, experimental use unlikely to recur. Program entry authorized.
 ____ HQ AFROTC waiver is required for this event.

CC SIGNATURE: _____ DATE SIGNED (DDMMYY): _____

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT		INITIALS
I have read and fully understand all the information on this form.		
I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.		
I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.		
DATE	NAME (Last, First, M.I.) AND SSN OF APPLICANT	SIGNATURE

WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (Last, First, M.I.) AND GRADE OF WITNESS	SIGNATURE

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://dpclo.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 <i>(Last, First, Middle)</i>	2. PAY GRADE Cadet	3. RECRUITING OFFICE/TRAINING COMMAND AFROTC Det 002
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS <i>(City, State, ZIP Code)</i> San Bernardino, CA 92407	5. DATE SIGNED <i>(YYYYMMDD)</i>	6. SIGNATURE

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

<i>(Initial)</i> _____	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.
_____	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
_____	c. Consume alcohol with a recruiter/trainer on a personal social basis.
_____	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
_____	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.
_____	f. Gamble with a recruiter/trainer.
_____	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
_____	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):

<i>(Initial)</i> _____	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.
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10. APPROVED BY			
a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. DATE SIGNED <i>(YYYYMMDD)</i>	d. SIGNATURE/RANK

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Contact Information (For WG/CC)

Name (Last, First, MI): _____

Phone #: _____

Emergency Contact & Phone #:

Email Address: _____

College/University:

AS Year: _____

Commuting From:

Major:

Shirt Size: _____

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SECTION II. TATTOO/BRAND/BODY MARKING IDENTIFICATION OVERFLOW

There is no additional tattoo/brand/body marking information for this section. Airman Initials: _____

SECTION III. AIR FORCE TATTOO/BRAND/BODY MARKING POLICY

Unauthorized (content): Tattoos/brands/body markings anywhere on the body that are obscene, commonly associated with gangs, extremist, and/or supremacist organizations, or that advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform.

Excessive tattoos/brands/body markings will not be exposed or visible (includes visible through the uniform) while wearing any/all uniform combination(s) except the PTU. This includes any combination of short sleeve, long sleeve, open collar uniform, utility uniform sleeves rolled up or worn down, flight duty uniform, etc. This policy does not apply when wearing the PTU. Excessive is defined as any tattoos/brands/body markings that exceed 1/4 (25%) of the exposed body part and are readily visible when wearing any/all uniform combination(s).

The exposed body part is defined as the total area, to include front, sides and back of limb or other body part protruding from a uniform item.

SECTION IV. INITIAL CERTIFICATION**INITIALS**

I hereby certify that the markings in section II are a true and accurate representation of all tattoos/brands/body markings.

I have read and fully understand the information contained on this form and have been briefed on Air Force tattoo/brand/body marking policy.

DATE

Airman NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

SUPERVISOR

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

FIRST SERGEANT

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

SECTION V. COMMANDER'S ACTION**INITIALS**

The tattoo/brand/body marking complies with policy and is approved.

The tattoo/brand/body marking does not comply with policy and requires further action IAW AFI 36-2903.

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

AIRMAN ACKNOWLEDGEMENT

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

SECTION II. TATTOO/BRAND/BODY MARKING IDENTIFICATION

a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

No additional tattoo/brand/body marking information for this page. Airman Initials: _____

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