

**ADDENDUM TO DD FORM 4
APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE FOR
INTERSTATE TRANSFER IN THE ARMY NATIONAL GUARD**

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 USC 301 and Executive Order 9397.

PURPOSE: Used to coordinate transfers of Army National Guard Soldiers between States. This addendum becomes a part of the DD Form 4.
The original will be maintained in the soldiers Official Military Personnel File (OMPF) or electronically filed in a DoD approved system.
A copy will be maintained by the MILPO for state records. For organizational use only.

ROUTINE USES: None.

DISCLOSURE: Voluntary; However, if SSN is not provided, you will not be accepted for enlistment in the Army National Guard.

NAME (Last, First, MI) _____

SSN: _____

I do hereby acknowledge to have voluntarily transferred interstate this _____ day of _____
to the State* of _____ Army National Guard with continued membership in the
Army National Guard of the United States and as a Reserve of the Army for the period remaining on my current enlistment,
with expiration term of service (ETS) of _____ under conditions prescribed by law, unless sooner discharged
by proper authority. The original period of enlistment will not change on an interstate transfer.

I, (Recite Name) _____ do solemnly swear (or affirm)
that I will support and defend the Constitution of the United States and the State* of _____ against all enemies
foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of
the President of the United States and the Governor of _____ and the orders of the officers appointed over me,
according to law and regulations.

I further agree to fulfill all prior contractual agreements on an Interstate Transfer. So help me God.

I acknowledge that the above oath has been administered to me and that I have sworn or affirmed to the same.

SIGNATURE OF INDIVIDUAL

DATE

**(Commonwealth, District, Territory)*

I acknowledge that the above oath, as filled in, was administered, subscribed, and duly sworn or affirmed

before me on _____

NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER

SIGNATURE OF ENLISTING OFFICER

PART I - SOLDIER DATA

1. NAME: <i>(Last, First, MI)</i> []		SSN: []
3. RANK: []	4. PMOS: []	5. CRITICAL SKILL: <input type="checkbox"/> YES <input type="checkbox"/> NO
6. BONUS TYPE: []	7. ETS: []	8. MGIB: <input type="checkbox"/> YES <input type="checkbox"/> NO
9a. HOME ADDRESS: []		9b. HOME PHONE: []
10a. CURRENT UNIT OF ASSIGNMENT: []		10b. UNIT PHONE : []
10c. UNIT ADDRESS: []		
11a. STATE REPRESENTATIVE WHO COORDINATED TRANSFER: <i>(Name, Grade, Title)</i> []		11b. REPRESENTATIVE PHONE: []

PART II - TRANSFER DATA

12a. NEW UNIT OF ASSIGNMENT: []		12b. UNIT PHONE: []	
12c. UNIT ADDRESS: []			
13a. UIC: []	13b. PRN: []	13c. PARA/LINE: []	13d. DMOS: []
14a. UNIT POC: <i>(Name, Grade, Title)</i> []		14b. POC PHONE : []	
15a. STATE REPRESENTATIVE WHO RECEIVED TRANSFER: <i>(Name, Grade, Title)</i> []		15b. REPRESENTATIVE PHONE: []	
16. EFFECTIVE DATE OF TRANSFER: <i>(Date of enlistment)</i> []			

PART III - SOLDIER ACKNOWLEDGMENT

I do hereby acknowledge that I have been accepted for an interstate transfer by the State of []

I understand that I must report to my new unit of assignment within 60 days of enlistment; Not later than: []

It is my responsibility to contact my new unit if I will be delayed. I further understand that if I fail to report,

I will be discharged with a reentry eligibility code of 3, which will disqualify me for enlistment unless a waiver is approved.

I understand that my failure to report also subjects me to possible administrative and judicial action.

I understand that I am not authorized to enter into a service agreement with another military unit/component during the period of transfer.

17. SIGNATURE OF SOLDIER:	DATE: []
18. SIGNATURE OF UNIT REPRESENTATIVE:	DATE: []

PART IV - ATTACHMENTS

DA FORM 2-1, PERSONNEL QUALIFICATION RECORD; (SIDPERS) GPFR-1790

SF 88, MEDICAL RECORD - REPORT OF MEDICAL EXAMINATION

OTHER/REMARKS:

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