RSP Recruit Pre-Ship Packet Review Checklist (Page 1 of 2)

| Type or Print Legibly (Initiate NLT start of Blue Phase) | | | | | | | | | | |
|--|--------|--------|----------------|--|--|---------------------------|---|---------------------|--|--|
| 1. Name (Last, First, MI) 2. Enterprise Email Account /AKO User Name | | | | | | | | | | |
| 3.SSN Last 4 / DODID | | | | 4. RRNCO/ RSID | 5. Rank | 6. DOR | 7. Marital Status | 8. Dependents | | |
| 0.0 1 | | A 11 | | | | | Single Married Divorced | | | |
| 9. Current Home Address 10. Contact Number(s) | | | | | | | | | | |
| 11. Detach | ment / | Unit (| Unit De | 12. MOS (Phase I or 13. Phase II) | Ship Date | | | | | |
| ITEM No. | YES | NO | N/A | These are Hardcop | y Documents required | for the shipper packet an | nd will be filed in this order | | | |
| 1 | | | | USMEPCOM – Service Liaison Packet Breakdown Check | clist - US Army Natior | al Guard | | | | |
| | | | | | | | horized BAH ensure address match betw | een MEPS Orders and | | |
| 2 | | | | Orders and any Amendments - (STO II shippers also need a copy of their STO I Orders) For Recruits authorized BAH ensure address match between MEPS Orders and BAH documents. If a MEPS Travel Order Amendment Request form is used, ensure it is uploaded into GCR and Vulcan Document Repository on or before ship date. | | | | | | |
| 3 | | | | DD Form 2808 Report of Medical Examination (with waiver documents, if applicable, and all medical supporting documents from consults etc.) | | | | | | |
| 4 | | | | DD Form 2807-1 Report of Medical History | | | | | | |
| 5 | | | | USMEPCOM Form 40-1-15-1-E Medical History Provider Interview | | | | | | |
| 6 | | | | Audiogram | | | | | | |
| 7 | | | | USMEPCOM Form 40-1-2-R-E Report of Medical Exami | USMEPCOM Form 40-1-2-R-E Report of Medical Examination / Treatment | | | | | |
| 8 | | | | DD Form 2807-2 Medical Prescreen of Medical History | | | | | | |
| 9 | | | | USMEPCOM Form 40-8-1-E Drug/Alcohol and HIV Tes | ting Acknowledgment | Form | | | | |
| 10 | | | | DD Form 2005 Privacy Act Statement-Health Care Recor | | | | | | |
| 10 | | | | ELOW need to be verified (but no hardcopy required) for | | nd inclusion in FRM (G | (CR) Forms ordered by location in FRM | (GCR) | | |
| | | Docum | ients D | biow need to be vernied (but no nardcopy required) for | Core Admin | | | (GeR). | | |
| 11 | | | | DD 93 Record of Emergency Data (Correct and Current) | core riumi | | | | | |
| 12 | | | | DD 1966 Series (Parental Consent, if needed, page 5 with | signatures) | | | | | |
| 13 | | | | DA Form 7415 Exceptional Family Member Program(EF | | | | | | |
| 14 | | | | Tattoo Screening Form (with applicable memorandum(s) | and supporting enclose | res if required) | | | | |
| 15 | | | | Tattoo Screening Form (with applicable memorandum(s) and supporting enclosures if required) SF 86 Questionnaire for National Security Positions | | | | | | |
| 16 | | | | PSI/PEI Results – ENTNAC Rap Sheet (Tech Check) | | | | | | |
| | - | | | | | | | | | |
| 17 | | | | BAH: DA Form 5960 (Certified by the Recruit's Commander from the owning command immediately prior to the period of active duty or the representative of the activity bringing the Recruit on active duty. This individual will be equivalent to a company commander or higher. Proof of financial responsibility documents - Acceptable forms of proof of financial responsibility for a primary residence that a Recruit maintained at the time the Recruit was ordered to active duty for accession training includes a mortgage or deed to a home, lease, or rental agreement with the Recruit's name listed as a primary resident/responsible party. References - HQDA ALARACT 158/2009, SMOM 13-025 and SMOM 14-011. | | | | | | |
| 18 | | | | DD Form 368 Request for Conditional Release | | | | | | |
| 19 | | | | DA Form 330 Language Proficiency Questionnaire | | | | | | |
| | | | P | | Core Documents | | | | | |
| 20 | | | | Recruit's Birth Certificate | | | | | | |
| 21 | | | | SSN Card | | | | | | |
| 22 | | | | Driver's License or valid State Identification Card (Valid | through training) | | | | | |
| 23 | | | | Certified Marriage Certificate (file number and file date), Paternity affidavit (Single Recruits) | Divorce Decree, Child | Birth Certificate, new C | Custody of a minor, Court Ordered Child | Support Documents, | | |
| 24 | | | | Copy of Dependent ID card(s) (i.e. Driver's License, State | e ID, Passport etc)/CU | RRENT NOT EXPIRED |) | | | |
| 25 | | | | Copy of spouse's / dependents Social Security Card(s) | | | | | | |
| 26 | | | | IRS W-4 | | | | | | |
| 27 | | | | DD Form 220 (Active Duty Report) and ALL BCT Record | ds (STO II ONLY) | | | | | |
| | | | | | | | | | | |
| 28 | | | | DD Form 214 Certificate of Release or Discharge from Ad | cuve Duty | | | | | |
| 29 | | | | REDDPERNET Report | | | | | | |
| 30 | | | | Other Core Admin (Court Orders, Paternity Agreement, C | Other Educational Docu | iments, etc) | | | | |
| 31 | | | | Citizenship Verification Documentation (Ensure if they have an I-551 card, that they take that card with them when they ship) | | | | | | |
| 32 | | | | DD Form 372 Request for Verification of Birth | | | | | | |
| 33 | | | | Education Documentation (High School Diploma, Verifie | d High School Transci | ipts, GED, Verified Col | lege Transcripts, Diploma) | | | |

RSP Recruit Pre-Ship Packet Checklist (Page 2 of 2)

| 1. Name | (Last | First | MD |
|------------|--------|----------|----|
| 1. I tunne | (Lubi, | 1 11 51, | |

| 1. Name (<i>Last, First, MI</i>) | | |) | 2. Ship Date | | | |
|---|--|----|-----|--|--|--|--|
| ITEM No. | YES | NO | N/A | | | | |
| | | | | DEP or REP63 | | | |
| 34 | | | | SGLV 8286 SGLI Election and Certificate | | | |
| 35 | | | | SF 1199-A (Matching bank of the Recruit's Debit Card in their possession) | | | |
| 36 | | | | REQUEST Printout (Training Reservation complete) | | | |
| 37 | | | | DA Form 705 APFT Scorecard | | | |
| 38 | | | | DA 4187 for Promotion (Stripes for Buddies, Stripes for Skills, College Credits, ROTC, TIS etc) | | | |
| 39 | | | | NGB 600-7 Series (ARNG SRIP Agreement) (DD 4 Series annexes) | | | |
| 40 | | | | NGB Form 594 Series (DD 4-Series annexes) | | | |
| 41 | | | | Army National Guard Annex | | | |
| 42 | | | | DA Form 5435 (GI Bill) | | | |
| 43 | | | | DD 4 Series (both sets for RFP Recruits) | | | |
| 44 | | | | DEP/REP63 Admin DD Form 2983 Recruit/Trainee Prohibited Activities Acknowledgment | | | |
| 44 | | | | | | | |
| 45 | 45 USAREC Form 1227 Security Clearance Questionnaire Waiver | | | | | | |
| 46 | | | | DD Form 369 Police Record Check | | | |
| 47 | | | | Enlistment Waiver Approval documents | | | |
| 48 | | | | Family Care Plan Documents (if applicable) (DA 5304, DA 5305, DA 5840, DA 5841, DA 7666) | | | |
| 49 | | | | TAPAS Report | | | |
| 50 | | | | Sex Offender Checks | | | |
| 51 | | | | Live Scan Results | | | |
| | | | | Medical | | | |
| 52 | | | | DA Form 5500 Body Fat Content Worksheet - Male / DA Form 5501 Body Fat Content Worksheet - Female | | | |
| 53 | | | | USAREC Form 1292 Acknowledgment of Medical Waiver | | | |
| 54 | | | | 680-3ADP | | | |
| 55 | | | | SF 600 for Direct Shippers (Replaces DA 3081, include old verbiage on the new form: Last physical, HT/WT BF% if necessary, Pregnancy test, etc.) | | | |
| | _ | | | Scan into Soldier's Document Repository in Vulcan | | | |
| 56 | | | | RSP Recruit Pre-Ship Packet Checklist Form | | | |
| 57 | | | | RSP Recruit Pre-Ship Counseling Form | | | |
| 58 | | | | RSP BAH Addendum Form (if required) | | | |
| 59 | | | | DA Form 4886 Issue In-Line Personnel Clothing Record (STO II Shippers) | | | |
| 60 | 60 STO I Recruits - Source Document verifying Mandatory Release Date. (NGB-GSS Form 1 Student School Letter) Other Items to Check/Verify Prior to Ship | | | | | | |
| 61 | | | | Travel itinerary and amendments | | | |
| 62 | | | | JPAS Results (Personnel Security Investigation) | | | |
| 63 | | | | Common Access Card (CAC) and ID Tags (Physically review items are in Recruit's possession and are to standard) | | | |
| | | | | : Please ensure all required documents LISTED ABOVE are scanned into ERM (GCR) and into the Soldier's Vulcan Document Repository. | | | |
| Packet QC Screener Name Date: | | | | | | | |
| Signature: Contact Number | | | | | | | |
| Comments/Remarks ** PATERNITY AFFIDAVIT MUST BE IAW with applicable state authority. **COURT ORDERED DOCUMENTS must be an official copy with applicable state seals and be a complete record. | | | | | | | |