FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3

REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.

A. **SERVICE PROCESSING FOR**

B. **PRIOR SERVICE** [ ] YES [ ] NO

NUMBER OF DAYS:

C. **SELECTIVE SERVICE CLASSIFICATION**

D. **SELECTIVE SERVICE REGISTRATION NUMBER**

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)*

a. U.S. AT BIRTH *(If this box is marked, also X (1) or (2))*

(1) NATIVE BORN

(2) BORN ABROAD OF U.S. PARENT(S)

b. U.S. NATURALIZED

c. U.S. NON-CITIZEN NATIONAL

d. IMMIGRANT ALIEN *(Specify)*

e. NON-IMMIGRANT FOREIGN NATIONAL *(Specify)*

f. ALIEN REGISTRATION NUMBER *(As applicable)*

6. **SEX** *(X One)*

a. MALE

b. FEMALE

8. **MARITAL STATUS (Specify)**

9. **NUMBER OF DEPENDENTS**

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** *(X One)*

(1) HISPANIC OR LATINO

(2) NOT HISPANIC OR LATINO

10. **DATE OF BIRTH** *(YYYYMMDD)*

11. **RELIGIOUS PREFERENCE** *(Optional)*

12. **EDUCATION** *(Yrs/Highest Fd Gr Completed)*

13. **PROFICIENT IN FOREIGN LANGUAGE (X One)** **(If Yes, specify)** [ ] YES [ ] NO **1st** **2nd**

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

15. **PLACE OF BIRTH** *(City, State, and Country)*

16. **APTITUDE:**

a. ASVAB REQUIRED TO ENLIST? *(X One)* [ ] YES [ ] NO

b. ENLIST UNDER STUDENT TEST SCORES? (X One) [ ] YES [ ] NO

c. TEST TYPE [ ] INITIAL [ ] SPECIAL [ ] CONFIRMATION

d. RETEST TYPE [ ] 1ST RETEST [ ] 6 MONTH RETEST [ ] 2ND RETEST [ ] IMMED RETEST AUTHORIZED

e. PREVIOUS TEST VERSIONS 1. 2.

f. PREVIOUS TEST DATES *(YYYYMMDD)* 1. 2.

17. a. **RECRUITER ID/SSN**

b. **STATION ID**

18. **TEST ADMINISTRATOR SSN/ID**

19. **TEST ADMINISTRATOR SIGNATURE**

20. **MEDICAL:**

a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? *(X One)* [ ] YES [ ] NO

b. EXAM TYPE [ ] FULL [ ] SPECIAL [ ] RE-EXAM [ ] INSPECT [ ] CONSULT [ ] OTHER

c. DATE LAST FULL MEDICAL EXAM *(YYYYMMDD)*

21. **APPLICANT'S SIGNATURE**

22. **MIRS CODING**

WKID	ST	DATE	INT	DATE	INT

23. **APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR**

I certify that I am the person identified on this form:

(Signature of Applicant)

Photo ID? *(X One)* [ ] YES [ ] NO

If yes, type/organization _____

ID Number _____

24. **RIGHT THUMBPRINT**

RIGHT THUMBPRINT, FIRST ATTEMPT *(AFFIX THUMBPRINT WITH THUMBNAIL POINTED TO THE LEFT)*

IF SECOND ATTEMPT IS REQUIRED, TURN FORM OVER *(TOP OF FORM ON THE BOTTOM)* AFFIX RIGHT THUMBPRINT ON UPPER RIGHT CORNER, THUMBNAIL POINTED TO THE *LEFT*

25. **APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL**

I certify that I am the person identified on this form and the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:

a. [ ] I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.

b. [ ] I was tested with the ASVAB on or about _____ *(Most Recent Date Tested)* at __ *(School, City, and State)*

c. [ ] Request for student test scores (high school look-up) _____ *(Most Recent Date Tested)* at _____ *(School, City, and State)*

d. [ ] Yes, I want to keep my AFQT scores from the student test listed in "c" above.

e. Current or last high school attended _ *(High School)* OR / _____ *(13 Digit Code)*

f. _____/__ *(Signature of Applicant)* *(Social Security Number)* _/__ *(Date)*

MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.

26. **APPLICANT'S CURRENT MEDICAL INSURER NAME** *(If none, sign your complete name to affirm you have no current medical insurer):*

27. **APPLICANT'S CURRENT MEDICAL PROVIDER NAME** *(If none, sign your complete name to affirm you have no current medical provider):*

28. **MEDICAL INSURER ADDRESS** *(Street, City, State, Country, ZIP Code)*

29. **MEDICAL PROVIDER ADDRESS** *(Street, City, State, Country, ZIP Code)*

30. **CERTIFICATION BY RECRUITING PERSONNEL**

I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:

_____/_____/_____

(Signature of Recruiter (or rep, if auth)) *(Printed/Typed Name of Recruiter or Rep)* *(Date)*

(Printed/Typed Name of Recruiter (if not recorded above))

/_____/_____

(Recruiter ID/SSN) *(Local Recruiting Activity)* *(Bn, NRD, Sq or RS Location)*

APPLICANT SSN