

**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:

(Month, YYYY)

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
(DD, Month, YYYY)
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:	
16a. EFFECTIVE DATE OF TRANSFER: <i>(Date of enlistment)</i>		16b. EFFECTIVE LOSS DATE: <i>(From losing state)</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: