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 a	and Executive C	rder 9397. PRI	INCIPAL PU	JRPOSE: The req					
to properly process and identify the individual requesting an examination at a militation DISCLOSURE: Voluntary; refusal to provide required data could result in denial of		ing station (ME	PS). ROUTINE	USE: Reco	rd is maintained	with other	enlistment p	processing	records.	
A. SERVICE PROCESSING FOR B. PRIOR SERVICE [] YES [] NO	C. SELECTIVE S	SERVICE CLAS	SIFICATION		D. SELECTIVE	SERVICE	REGISTRAT	ION NUME	BER	
NUMBER OF DAYS:										
1. SOCIAL SECURITY NUMBER 2. NAME (Last, First, Middle Name (a)	nd Maiden, if any), J	r., Sr., etc.)								
3. CURRENT ADDRESS		4. HOME OF I	RECORD ADDRE	ESS			-	1 1		
(Street, City, County, State, Country, ZIP Code)			, County, State		ZIP Code)					
5. CITIZENSHIP (X One)	6. SEX (X One)	7.a. R	ACIAL CATEGO	RY (X one	or more)					
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))	a. MALE		1) AMERICAN I			(4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				
(1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S)	b. FEMALE 8. MARITAL STATU	JS /	2) ASIAN	1145		(5) WHITE				
b. U.S. NATURALIZED	(Specify)	(3) BLACK OR AFRICAN AMERICAN				(9) WHITE				
c. U.S. NON-CITIZEN NATIONAL	9. NUMBER OF		-,							
d. IMMIGRANT ALIEN (Specify)	DEPENDENTS	7.b. ETHNIC CATEGORY (X One)			e)					
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)			(1) HISPANIC OR (2) NO			T HISPANIC OR				
f. ALIEN REGISTRATION NUMBER (As applicable) 10. DATE OF BIRTH (YYYYMMDD) 11. RELIGIOUS PREFERENCE (Optional) 1:	2. EDUCATION (Yrs	/Highoot Ed Cr	LATINO	2 PROFICI	LATING ENT IN FOREIGN		CE (X One)	1	st 2nd	
	2. EDUCATION TYPS	rhianest Ea Gr	Completea) 13	(If Yes, s			GE (X One)] YES []	1		
14. VALID DRIVER'S LICENSE (X One) [] YES [] NO			15. PLACE C	OF BIRTH (C	City, State, and C	Country)			1 1	
(If Yes, list State, number, and expiration date)		TF0T T\/DF								
16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? c. TEST TYPE (X One) [] YES [] NO [] INITIA		TEST TYPE 1 1ST RETEST	[] 6 MO	NTH RETES		IOUS TES	T VERSIONS 2.	3		
b. ENLIST UNDER STUDENT TEST SCORES? [] SPECI. (X One) [] YES [] NO [] CONFI		2ND RETEST IMMED RETE	ST ALITHORIZE	D	f. PREV 1.	IOUS TEST	T DATES (Y) 2.	YYYMMDD))	
	MINISTRATOR SSN				ATOR SIGNATUR	RE				
	1 TYPE [] FULL	_ []SP	ECIAI [] RE-EXA	M 5.4	TE 10T				
20. MEDICAL : a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? b. EXAM (X One) [] YES [] NO	[] INSP		_	OTHER	C. D.	YYYMMDL YYYMMDL	full medic D)	AL EXAM		
21. APPLICANT'S SIGNATURE			22.		MIRS	CODING				
			WKID	ST	DATE	INT	DATE		INT	
23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR						24. RIG	НТ ТНИМВЕ	PRINT		
I certify that I am the person identified on this form:	Photo	o ID? (X One)	[] YES	[]	NO	RIGHT T	HUMBPRINT	T FIRST A	TTFMPT	
If yes, type/organization							RIGHT THUMBPRINT, FIRST ATTEMPT (AFFIX THUMBPRINT WITH THUMBNAIL			
(Signature of Applicant)	ID No	umber				POINTEL	D TO THE LE	:F1)		
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL										
I certify that I am the person identified on this form and the information about me to the best of my knowledge. I also certify that:	shown there, includ	ling my Social S	ecurity Number	r is all true a	and correct					
a. I have never been tested ANYTIME or ANYWHERE with the ASVAB eith	per for enlietment nu	rnosas or as a s	tudent under th	ω ΛS\/ΛR t	ecting program					
	ior for crimatinent pur		tudent under th	IC ACVAD (coming program.					
b. I was tested with the ASVAB on or about (Most	at //	(School,	State)							
c. Request for student test scores (high school look-up)		at								
	Recent Date Tested)		(School, C	City, and St	ate)					
	,	1 1 1	1 1 1 1		1 1 1		ND ATTEMP			
e. Current or last high school attended _ (High School)	OR / I I	1 1 1	1 I I 13 Digit Code)	1 1 1	<u> </u>		ORM OVER <i>(</i> <i>TTOM)</i> AFFIX		ORIM ON	
f. /		/					PRINT ON UE BNAIL POINT			
(Signature of Applicant) (Social S	Security Number)		(Da	te)						
MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize in This release is for the purpose of further evaluation of my medical acc examinee at no cost to the Government and made available for review	eptability under n	nilitary medic	al fitness star							
26. APPLICANT'S CURRENT MEDICAL INSURER NAME	-	27. APPLICA	IT'S CURRENT	MEDICAL F	PROVIDER NAME					
(If none, sign your complete name to affirm you have no current medical insur	rer):				affirm you have		t medical pro	ovider):		
28. MEDICAL INSURER ADDRESS (Street City State Country ZIR Code)	29. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)									
(Street, City, State, Country, ZIP Code)		jstreet, C	ny, siale, Cour	my, ZIP CO	rue)					
30. CERTIFICATION BY RECRUITING PERSONNEL 1 certify that I have properly identified this applicant in accordance with my service directives, have reviewed the applicant in accordance with my service directives, have reviewed the applicant in accordance with my service directives.			viewed for completeness and accuracy the				APPLICANT SSN			
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))										
minearryped Name of Nectulier (if not recorded above))		/								
(Recruiter ID/SSM) (Local Recruiting	Activity	/Pn	NRD Sa or RS	Location						