

| | | | | |
|---|---------------|-------------------------|--------------------------------|--------|
| VERIFICATION OF RESERVE STATUS FOR TRAVEL ELIGIBILITY <i>(Part B may be completed by the requester's commander, First Sergeant, or a DoD personnel official with access to the Personnel Data System.)</i> | | | 1. DATE PREPARED (YYYYMMDD) | |
| PRIVACY ACT STATEMENT | | | | |
| AUTHORITY: 10 USC 8102, 44 USC 3101 and EO 9397. PRINCIPAL PURPOSE: Use of your SSN is necessary to positively identify you. ROUTINE USE: Used by Reserve personnel to verify eligibility for space available transportation on DoD-owned or controlled aircraft. DISCLOSURE: Voluntary; however, failure to disclose will prevent the applicant from traveling on a DoD-owned or controlled aircraft. | | | | |
| PART A - TO BE COMPLETED BY APPLICANT | | | | |
| 2. NAME <i>(Last, First, Middle Initial)</i> | | 3. PAY GRADE | 4. BRANCH OF SERVICE | 5. SSN |
| 6. UNIT/COMMAND NAME | | 7. UNIT/COMMAND ADDRESS | | |
| 8. SIGNATURE | | | 9. DATE SIGNED (YYYYMMDD) | |
| PART B - TO BE COMPLETED BY VERIFYING OFFICIAL | | | | |
| The Reservist named above is an active reserve component member and is eligible for space available transportation on DoD-owned or controlled aircraft in accordance with DoD Regulation 4515.13-R, and is authorized to so travel <i>(not to exceed six months)</i> . | | | | |
| 10. FROM (YYYYMMDD) | | 11. TO (YYYYMMDD) | | |
| 12. NAME OF VERIFYING OFFICIAL <i>(Last, First, Middle Initial)</i> | | 13. PAY GRADE | 14. TITLE | |
| 15. ORGANIZATION | 16. SIGNATURE | | 17. DATE SIGNED (YYYYMMDD) | |