

1040
Code
Date

THIRD ENDORSEMENT on (Rank Full Name)'s MECEP application of
(date)

From: Commanding General, (Unit Name)

To: Commanding General, Marine Corps Recruiting Command
(ON/E), 3280 Russell Road, Quantico, VA 22134-5103

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX
MARINE CORPS ENLISTED COMMISSIONING EDUCATION PROGRAM

1. Forwarded, recommended with (appropriate recommendation).
2. (Rank Last Name) state reasons you recommend Marine for this board. I rank this Marine ___ of ___ applying for MECEP.
3. Point of contact for this matter is (Rank Full Name), commercial telephone numbers, and electronic mail address (EMAIL). (*Ensure POC is able to respond in a timely nature for board related issues.)

SIGNATURE OF GENERAL OFFICER OR EQUIVALENT

1040
Code
Date

SECOND ENDORSEMENT on (Rank Full Name)'s MECEP application of
(date)

From: Commanding Officer, (Unit Name)
To: Commanding General, Marine Corps Recruiting Command
Via: Commanding General, (Unit Name)

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX
MARINE CORPS ENLISTED COMMISSIONING EDUCATION PROGRAM

1. Forwarded, recommended with (appropriate recommendation).
2. (Rank Last Name) state reasons you recommend Marine for this board.
I rank this Marine ___ of ___ applying for MECEP.
3. Point of contact for this matter is (Rank Full Name), commercial
telephone numbers, and electronic mail address (EMAIL). (*Ensure POC
is able to respond in a timely nature for board related issues.)

SIGNATURE OF COMMANDING OFFICER

FIRST ENDORSEMENT on (Rank Full Name)'s MECEP application of
(date)

From: Commanding Officer, (Unit Name)
To: Commanding General, Marine Corps Recruiting Command
Via: (1) Commanding Officer, Endorsing Chain of Command
(2) Commanding General, Endorsing Chain of Command

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX
MARINE CORPS ENLISTED COMMISSIONING EDUCATION PROGRAM

1. The information contained in the basic application and checklist, has been verified with records on file in this command and is correct. The applicant meets the basic eligibility requirements for the Marine Corps Enlisted Commissioning Education Program.
2. Applicant is medically qualified per enclosure (2).
3. Provide a statement of recommendation that includes justification using one of the categories below.
 - a. Recommended with enthusiasm.
 - b. Recommended with confidence.
 - c. Recommended with reservation.
4. The applicant has served in this command _____ months and has _____ months remaining on current enlistment or extension.
5. (Rank Last Name) has met all requirements for security clearance eligibility per SECNAVINST 5510.30B and MARADMIN 484/04.
6. (Rank Last Name) has completed financial counseling and is financially suitable for assignment to an independent duty area.

Subj: APPLICATION FOR CONSIDERATION FOR THE FISCAL YEAR 20XX
MARINE CORPS ENLISTED COMMISSIONING EDUCATION PROGRAM

7. I have screened the applicant for body markings and he/she does/does not have body markings per MCO 1020.34H. (If body markings add the following sentence) Color photographs and a written description of the body markings are provided.

8. The applicant requires a waiver for age, traffic offense, other non-traffic offense, misconduct offense, major misconduct offense, drug, or dependent(s). (Refer to MCRCO 1100.2 for waiver types. Insert an additional statement if a waiver is being recommended with justification)

9. Point of contact for this matter is (Rank Full Name), commercial telephone numbers, and electronic mail address (EMAIL). (*Ensure POC is able to respond in a timely nature for board related issues.)

SIGNATURE OF COMMANDING OFFICER

1040
Code
Date

From: Rank, Full Name, EDIPI/PMOS, USMC(R)
To: Commanding General, Marine Corps Recruiting Command
ON/E 3280 Russell Road, Quantico, VA 22134

Via: Endorsing Chain of Command to General Officer Level

Subj: APPLICATION FOR THE FISCAL YEAR 20XX MARINE CORPS
ENLISTED COMMISSIONING EDUCATION PROGRAM

Ref: (a) (current MCO 1040.43)
(b) (current MARADMIN announcing the board)

Encl: (1) E-O Application Checklist
(2) Verification of Medical Screening Letter

1. Per the references, I am eligible for and request consideration for the Marine Corps Enlisted Commissioning Education Program. Enclosure (1) is provided as required.

2. I acknowledge that if NACLIC develops information that disqualifies me as an officer candidate I will be determined ineligible and disenrolled from the MECEP.

3. A digital photo has been sent to MMSB within the past 12 months.

4. Applicant's work and cell phone numbers, and work and personal electronic mail address (EMAIL). (*Ensure you are able to respond in a timely nature for board related issues.)

SIGNATURE OF APPLICANT

5. RECOMMENDATION: (Rank, Full Name) is recommended with (enthusiasm) (confidence) (reservation) or (not recommended) for selection for the MECEP for assignment to attend a 10-week Officer Candidates School course in order to obtain a commission as a second lieutenant in the U.S. Marine Corps. (Make a summary evaluation of the applicant's qualifications and potential for completion of MECEP requirements and anticipated commissioned service).

6. MEMBERS OF THE INTERVIEW BOARD (must be commissioned officers):

Member: (Rank Full name, rank, signature for all members)

SENIOR MEMBER SIGNATURE

GUIDE FOR ESSAY

1. Applicant must provide a narrative style essay for the following question: **Why do I want to be a Marine Corps Officer?**

Essay must be a maximum of 100 words or less. Essay can be typed or handwritten, but must fit in the text box provided.

"I certify that I have personally prepared this statement without any outside assistance."

REQUIRED FORMS AND DOCUMENTS

- **INFORMATION SHEET WITH PRIVACY ACT**
 - ONLY SUBMIT PAGE 1 AND 2 OF THIS FORM **DO NOT** SUBMIT INSTRUCTIONS
 - MUST PROVIDE **FULL SSN** ON THIS FORM
 - ENSURE **ALL** FIELDS ARE COMPLETELY FILLED OUT, ESPECIALLY THE FOLLOWING:
 - HOME OF RECORD (MUST MATCH DD FORM 4)
 - UNIT ADDRESS
 - CUMGPA (MUST MATCH CURRENT TRANSCRIPTS)
 - PROJ COMM/GRAD DATE (MONTH AND YEAR)
 - CURRENT OFFICIAL PFT INFO TO INCLUDE FULL DATE (MUST MATCH MCTFS TBTR)
 - HT/WT
 - TEST SCORES
 - THE FOLLOWING FIELDS SHOULD BE BLANK:
 - DTE OF PROGRAM ENTRY
 - PROJ/COMP OCS
 - ENSURE YOU MARK YES FOR ALL **PRIOR TO CURRENT** VIOLATIONS AND DRUG USE EVEN IF WAIVERED PRIOR TO JOINING THE MARINE CORPS AND PROVIDE DETAILED EXPLANATION (PREVIOUSLY WAIVED IS NOT AN ACCEPTABLE ANSWER) ON ONE OF THE BELOW FORMS:
- **ADDENDUM TO APPLICATION FOR STATEMENT**
 - ENSURE DATED AND SIGN
- **DRUG STATEMENT FORM**
 - ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED
- **NON-TRAFFIC ARREST FORM**
 - ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED
- **MINOR TRAFFIC FORM**
 - ENSURE IT IS DATED, SIGNED AND HAS CORRECT PROGRAM ANNOTATED
 - REFER TO INSTRUCTIONS 1-5 ON FORM TO FILL OUT CORRECTLY

THE BELOW PERTAINS TO THE MINOR TRAFFIC AND NON TRAFFIC ARREST FORMS :

- ALL LAW AND TRAFFIC VIOLATIONS TO INCLUDE VIOLATIONS PRIOR TO ENLISTMENT TO THE MARINE CORPS MUST BE ANNOTATED ON ONE OF THE ABOVE FORMS NO MATTER WHEN THEY OCCURRED.
- ALL VIOLATIONS WITHIN 5 YEARS OF BOARD CONVENING DATE MUST PROVIDE SUPPORTING DOCUMENTS OR A SIGNED DD FORM 369 (POLICE RECORD CHECK) IN THE JURISDICTION WHERE THE OFFENSE(S) TOOK PLACE. IN THE EVENT THE JURISDICTION DOES NOT SIGN THE POLICE RECORD CHECK, THEY MUST PROVIDE A SIGNED STATEMENT ON THEIR LETTERHEAD. (APPLICANTS CAN CONTACT A RECRUITER IN THE JURISDICTION OF VIOLATIONS TO ASK IF THEY WILL ASSIST WITH POLICE RECORD CHECKS)
- MUST PROVIDE SUPPORTING DOCUMENTATION ON ALL ALCOHOL AND ASSAULT VIOLATIONS NO MATTER WHEN VIOLATION(S) OCCURRED.

- **TATTOO SCREENING FORM**

- ENSURE PARTS I, II, IV, AND V ARE COMPLETED AND SIGNED WHERE REQUIRED
- PART VI SHOULD REMAIN BLANK
- IF YES TO TATTOOS ENSURE BODY LOCATIONS ARE DOCUMENTED IN PART IV.

➤ **EXAMPLE:** 1. L WRIST; EAGLE, GLOBE, AND ANCHOR

- **TATTOO STATEMENT OF UNDERSTANDING**

- ENSURE IT IS SIGNED AND DATED

APPENDIX G

MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET

LAST NAME, FIRST, MI		FULL SSN		RANK/PMOS		EAS(YMMDD)		MARITAL STATUS		RACE	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DOB(YMMDD)		RELIGION				CITIZENSHIP			
HOME OF RECORD ADDRESS: (INCLUDE COUNTY)				EMAIL				DTE OF PRGM ENTRY (board/msg date)			
				PHONE							
UNIT ADDRESS		PROGRAM		<input type="checkbox"/> NROTC NAVY		<input type="checkbox"/> CIVILIAN		<input type="checkbox"/> NAVAL ACADEMY			
		(CHECK ALL THAT APPLY)		<input type="checkbox"/> NROTC MARINE		<input type="checkbox"/> ECP/RECP		<input type="checkbox"/> AIR FORCE ACAD			
				<input type="checkbox"/> COLLEGE PROGRAM		<input type="checkbox"/> MECEP		<input type="checkbox"/> WEST POINT			
				<input type="checkbox"/> SCHOLARSHIP		<input type="checkbox"/> MCP-R		<input type="checkbox"/> USMMA			
ACAD MAJOR/EDUC LEVEL		CUMGPA		SEM GPA		GRAD DATE		PROJ COMM DATE		COLLEGE	
PFT SCORE	PU	CRUNCHES	RUN	HT(INCH)/WT	BF%	PFT DATE	CFT SCORE	CFT DATE			
SAT MATH		CR	TOTAL	COMPOSITE ACT		AFQT	ASTB	PROJ/COMP OCS			
EXTRACURRICULAR ACTIVITIES/BILLETS HELD											
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES											
RELATIONSHIP			RANK		BRANCH OF SERVICE			STATUS			
*IF YOU ANSWER "YES" TO ANY OF FOLLOWING QUESTIONS, ATTACH A HAND-WRITTEN STATEMENT ON THE ADDENDUM PAGE OR USE THE MINOR TRAFFIC PAGE, NON-TRAFFIC ARREST FORM OR DRUG FORM (WHERE APPLICABLE) EXPLAINING THE SPECIFIC CIRCUMSTANCES (WHEN, WHERE, WHY, HOW MANY, ETC. AND CURRENT STATUS)										YES	NO
1. Have you ever applied or been a member of any other officer program (PLC, OCC, NROTC, ECP, MECEP, MCP-R, RECP, or Service Academy)?											
2. Have you ever failed any military flight training program?											
3. Have you previously applied for any other branch of the Armed Forces? Were you rejected?											
4. Have you ever claimed or been granted a pension, disability allowance, compensation, or retired pay from the Federal Government?											
5. Are you a "sole survivor"? (All other siblings and or parents have died/captured/MIA in combat)											
6. Have you ever been cited, arrested, convicted or sentenced by a law enforcement activity, regardless of final adjudication? (If yes, provide the minor traffic page and/or non-traffic arrest form with supporting documentation or police record check.)											
7. Have you ever received a suspended sentence by a court?											
8. Have you ever been in jail, reform school, or penitentiary?											
9. Are you now, or have you ever been on parole, probation, suspension, or other forms of restraint (from law enforcement)?											
10. Are you a conscientious objector?											
11. Have you ever been psychologically or physically dependent upon any drugs or alcohol?											
12. Have you ever used or been a trafficker of non-prescribed or illegal drugs? (If yes, provide drug statement form with a detailed statement.)											
13. Do you qualify for permanent restrictions assignments? (Family member, kin, 100% disability while serving in hostile fire area.)											
14. Do you or have you ever had any tattoos, body piercings, ornamentation, or brandings and body mutilations? (Provide description, date received, location, and color photos of all tattoo(s) and/or brandings along with tattoo screening form and tattoo statement of understanding.)											
15. If prior enlisted, do you have any previous approved enlisted waivers?											
I certify that the information contained in the application is true, complete and correct to the best of my knowledge and belief. I understand that knowing and willful false statements on this form can be punished by a fine or imprisonment or both. (See U.S. Code Title 18, Section 1001).											
Member's Signature					Commissioned Officer's Signature:						
Date					Date						

(REV Oct 2014; All Previous Revisions are Obsolete)

(Instructions on Page 3)

Privacy Act Statement

AUTHORITY: Title 10 U.S. Code §§ 531 and 591

PURPOSE: To determine the eligibility of applicants to enlisted to officer commissioning programs. Disclosure of Social Security Account Number is mandatory and is used to further identify the individual providing the information.

ROUTINE USES: The information is used for the purpose set forth above and may be:

- Forwarded to the respective programs officer selection boards;
- Reviewed by multiple entities in the service member's chain of command.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

For Military Personnel: Disclosure of personal information is mandatory and failure to do so disqualifies the applicant's application.

ACKNOWLEDGMENT:

I understand the provisions of the Privacy Act of 1974 as related to me through the foregoing statement.

Signature: _____
Date: _____

APPENDIX G

INSTRUCTIONS ON FILLING OUT THE MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET (MUST BE TYPED)

NAME	As it appears on birth certificate (married name for females)
SSN	Full SSN as it appears on Social Security Card (do not use EDIPI/DOD ID #)
RANK/PMOS	For MIDN: 1/C, 2/C, 3/C or 4/C. For Marines: Rank and Primary MOS
EAS	End of Active Service: Marines only. (does not apply to midshipman/cadets)
MARITAL STATUS	Single, Married, Annulled, Divorced, Separated, Widowed
RACE	Plain language race (WHITE/BLACK/HISPANIC/ASIAN/OTHER)
SEX	MALE or FEMALE
DOB	Date of Birth as it shows on birth certificate in YYMMDD format.
RELIGION	Religious preference or NONE
CITIZENSHIP	US BORN, NATURALIZED, FOREIGN BORN TO US PARENTS, ETC., FOREIGN NATIONAL
HOME OF RECORD	Address as it is shown on enlistment contract. MUST INCLUDE COUNTY
EMAIL	Personal email address
PHONE	Personal phone number to include area code
DATE OF PROGRAM ENTRY	Date of selection board MARADMIN for Marines and date of original contract for midshipman/cadets is signed (MECEP/ECP/RECP/MCP-R board applicants leave blank)
UNIT ADDRESS	NROTCU/parent command mailing address for official correspondence
PROGRAM	Current status or program applying for as applicable
ACAD MAJOR/EDU LEVEL	Major in current studies or degree and/or what was the highest level of education completed
CUMGPA	Cumulative grade point average (GPA) for completed college classes (high school GPA for 4 Year NROTC applicants unless some college credits have been taken)
SEM GPA	Last completed semester/quarter GPA
GRAD DATE	Date of completed or expected degree completion in YYMMDD format
PROJ COMM DATE	Projected commissioning date in YYMMDD format
COLLEGE	Name of school attended if degree completed or currently attending (for NROTC, may not be always be the same as unit school; MECEP board applicants leave blank)

APPENDIX G

PFT SCORE	Marine Corps Physical Fitness Test total points
PULL UPS/PUSH UPS	Pull ups/Push ups (total)
CRUNCHES	Total number
RUN	3 mile run time in minutes and seconds (18:00)
HT(INCH)/WT	Height in inches (71)/weight in pounds (180)
BF%	Body fat percentage if over height/weight standards per MCO
PFT DATE	Date of most current PFT in YYMMDD format
CFT SCORE	Marine Corps Combat Fitness Test score if taken
CFT DATE	Most Current date CFT was taken in YYMMDD format
SAT (MATH/CR) TOTAL	Most recent Scholastic Aptitude Test scores (Combined Math and Critical Reading totals only), scores must be from same test (if taken)
COMPOSITE ACT	Most recent test composite score only (if taken)
AFQT	Armed Forces Qualification Test portion of the Armed Services Vocational Aptitude Battery test Score (if taken)
ASTB	Aviation Selection Test Battery scores (if taken)
PROJ/COMP OCS	Projected or completed date of Officer Candidates School if applicable (MECEP/ECP/RECP/MCP-R board applicants leave blank)
EXTRACURRICULAR ACTIVITIES/BILLETS HELD (If applicable)	
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES (If applicable)	
QUESTIONS 1 to 15 - All "YES" answers must have a detailed statement or use the minor traffic page, non-traffic arrest form or drug form (where applicable) explaining the specific circumstances (when, where, why, how many, etc and current status (Marines: "located in SRB or previously waived upon enlistment" is not an acceptable answer as additional review is required)	
MEMBER'S SIGNATURE	Applicant or participant signature certifying the information
COMMISSIONED OFFICER'S SIGNATURE	Authorized officer certifying that form is complete and all requirements were fulfilled.
PRIVACY ACT STATEMENT	Applicant or participant signature and dated

WHEN COMPLETED (SIGNATURES, AND AMPLIFYING INFORMATION), PRINT PAGES 1-2 AND SUBMIT (AS APPROPRIATE); DO NOT SUBMIT INSTRUCTIONS

ADDENDUM PAGE
MCRC APPLICATION/INFO SHEET FOR REGULAR OFFICER PROGRAMS (ON/E)

Applicant's Statement to explain all "YES" answers:

Applicant Signature

DATE: _____

Officer Signature

DATE: _____

DRUG STATEMENT FOR ENLISTED TO OFFICER/NROTC APPLICANTS

If the answer to block 14 of "MCRC Regular Officer Programs (ON/E) Application and Program Information Sheet" is "YES", set forth the full circumstances below, including approximate times, amounts taken, and period over which taken.

a. Type of drug (or drugs) used: _____

b. Approximate number of times used: _____

c. Amounts taken: _____

d. Methods by which taken: _____

e. Inclusive dates of use (be specific): _____

f. Were you convicted or arrested for the drug use admitted?

g. Circumstances under which the drug use occurred (attach additional sheets if necessary):

(Signature of witnessing Officer)

DATE

(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)

SSN

PROGRAM

NON TRAFFIC ARREST FORM

This form is to be utilized if you were charged with and/ or convicted of any alcohol related traffic offensive, or any other non-traffic arrest, no matter how minor. Answer the following questions and then write a concise statement addressing the incident.

- a. Month and year of violation: _____
- b. Place where violation occurred: _____
- c. Original charge: _____
- d. Charge to which convicted or to which a guilty plea was entered:

- e. Penalty, fine, or other disposition:

APPLICANTS STATEMENT ADDRESSING THE CIRCUMSTANCES SURROUNDING THIS INCIDENT. (USE ADDITIONAL SHEETS IF NECESSARY)

(Signature of witnessing Officer)

(Date)

(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)

SSN

PROGRAM

MINOR TRAFFIC PAGE

List all minor traffic violations and provide the information listed below. If you are unsure of any information or have questions regarding this form, please consult your command Marine officer representative.

Any alcohol related traffic offense is NOT considered a minor infraction and should be explained on the NON-TRAFFIC ARREST FORM.

1. Month and year of violation
2. Place where violation occurred (City and State)
3. Original Charge
4. Charge of which convicted or to which guilty plea was entered
5. Penalty or other disposition. If fined, indicate the amount.

FIRST OFFENSE		SECOND OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
THIRD OFFENSE		FOURTH OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
FIFTH OFFENSE		SIXTH OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

(APPLICANT'S SIGNATURE)

(DATE)

(OFFICER SIGNATURE)

(APPLICANT LAST, FIRST, MIDDLE)

SSN

PROGRAM

USMC OFFICER TATTOO SCREENING FORM

NAME _____ L4 SSN _____ DATE _____

Part I: Purpose. The purpose of this form is to ensure that you disclose the full extent of your tattoos, brands and/or body ornamentation. Refusal to complete the form will result in termination of your enlistment processing.

1. Does the applicant currently have, or ever had any tattoos, brands, body markings, or body ornamentation, or has the applicant ever had a tattoo, brand or body ornamentation removed, concealed, covered or altered? (Initials in appropriate block)

Y _____ N _____

Notes: If the answer to Question 1 is NO; move to Part II Certification Block of this Screening Form. Questions 2 through 9 are not required. If the answer to Question 1 is YES; complete Questions 2-9, then certify in Part II and forward for Review.

2. Does applicant have body markings of any type that are exposed or partially exposed while wearing the standard warm weather PT uniform (shorts & shirt)?

Y _____ N _____

3. Are any of the tattoos, brands or markings:

- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with white undershirt) or inside the mouth?

- on hands, elbows, knees, or fingers (with exception of wedding band tattoo-not to exceed 3/8 of an inch), or within 2 inches of the wrists?

Y _____ N _____

4. Are any tattoos, markings or ornamentations exposed while wearing the standard PT uniform:

- Larger than the individual wearers hand with fingers extended and joined?
- Band Tattoos, (cannot exceed 3 inches or the width of the individual's four fingers extended and joined, whichever is greater)?
- Single band tattoo on one finger (max width less than 3/8 of an inch)?
- Excessive Tattoos (combined coverage must be covered by the individual wearers hand with their fingers extended and joined)?

Y _____ N _____

5. Do any of the tattoos, markings etc., depict nudity, are they racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps Drug policy, the UCMJ, to include tattoos associated with illegal drugs, drug usage or paraphernalia?

Y _____ N _____

6. Do any of the tattoos, brands or body ornamentation represent a gang membership or extremist group, advocate racial, ethnic, or religious discrimination, obscene, prejudicial to good order and discipline/morale or of a nature to discredit to the Marine Corps?

Y _____ N _____

7. Are any of the tattoos a result of a specific activity? (i.e. activity for membership initiation, or as the result of any violation of law(s))?

Y _____ N _____

NAME _____ **L4 SSN** _____ **DATE** _____

8. Are there any body markings, ornamentation or mutilation (i.e. Tongue Splitting, etc), Ornamental Body Piercing(s), Holes in Ear Lobes (large enough for light to pass through opening), or Ornamental Implantations, (silicone implants on face, horns on the forehead, etc).

Y _____ N _____

Location(s) of an applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation will be documented in Part IV of this Screening Form. Removed, concealed, covered or altered tattoos need to be annotated as such (i.e. removed) with full description of the original marking.

Part II: Certification. I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.

(Name of Candidate)

(Signature)

(Date)

"Applicant qualified in accordance with MCO 1020.34H."

(Name of Certifying Officer)

(Signature)

(Date)

*Certifying Officer Comments:

* A Certifying Officer is any commissioned officer at the Recruiting Station, NROTC Unit, USNA, or in the chain of command for enlisted Marines applying for a Commissioning of Warrant officer Programs.

Part III: Reviewing.

a. If the applicant responded "Yes" to question 2, the tattoo must be reviewed to determine eligibility. If the applicant responded "Yes" to questions 3-8, the applicant is ineligible (with the exception to the wedding band tattoo authorized on one finger) for commission.

b. Digital photos are required for all reviews. Photos not required of female applicants with torso tattoos or male applicants with lower torso (below waist) tattoos. Applicants may hand draw pictures of torso & lower torso tattoos indicating size and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency. Under no circumstances will a female applicant be photographed in less clothing than the standard warm weather physical training uniform.

c. All questionable body markings in regards to content, size, number or location will be forwarded to the appropriate authority for approval/review. Check appropriate review authority:

[] Recruiting Districts. Review tattoos for applicants applying for the Platoon Leaders Class, Officer Candidate Course, and Four Year Naval Reserve Officer Training Scholarship programs.

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME L4 SSN DATE

Part V. Certification. I certify above body marking information is accurate.

(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCO 1020.34H."

(Name of Certifying Officer) (Signature) (Date)

Part VI. Recertification. (Prior to Request for Appointment) I certify the information previously given on Tattoo Screening Form remains the same. If any change is indicated an addendum Tattoo Screening Form will be complete then forwarded to the appropriate authority prior to the Request for Appointment.

1. Changes to this Tattoo Screening Form Y _____ N _____

(Name of Candidate) (Signature) (Date)

"Applicant is eligible for commissioning after review and adjudication in accordance with MCO 1020.34H."

NAME/SIGNATURE OF REVIEWING OFFICER RANK BILLET

GUIDANCE FOR COLOR PHOTOS

REQUIRED IF APPLICANT HAS PREVIOUSLY OR CURRENTLY HAS ANY BODY MARKING(S) (TATTOOS, PIERCINGS, BRANDS, ETC.):

- GUIDANCE FOR BODY MARKING(S) AND CLEAR COLOR PHOTOS
 - MUST SUBMIT CLEAR COLOR PHOTO FOR EACH BODY MARKING IN APPROPRIATE PHOTO BOXES (WILL NEED TO RESIZE TO FIT)
 - MUST UTILIZE TATTOO TOOL OR RULER FOR BODY MARKING(S) NEAR RESTRICTED AREAS TO VERIFY THAT BODY MARKINGS ARE WITHIN POLICY AS PER MCO 1020.34H.
 - MUST BE HANDDRAWN IF NOT VISIBLE IN **PT SHIRT AND SHORTS FOR FEMALES** OR **PT SHORTS FOR MALES**
 - ALL BODY MARKING(S) MUST HAVE A WRITTEN DESCRIPTION AS OUTLINED IN CURRENT MCO 1040.43
 - SIZE
 - DESCRIPTION
 - LOCATION
 - MEANING
 - MUST PROVIDE FULL BODY PHOTOS IN GREEN PT GEAR (ALL 4 ANGLES)
 - MUST PROVIDE PROMOTION PHOTO DATE WITHIN ONE YEAR OF BOARD CONVENING DATE

RANK		NAME		EDIPI	
------	--	------	--	-------	--

TATTOO NUMBER FIVE

TATTOO NUMBER SIX

SIZE:
DESCRIPTION:
LOCATION:
MEANING:

SIZE:
DESCRIPTION:
LOCATION:
MEANING:

TATTOO NUMBER SEVEN

TATTOO NUMBER EIGHT

SIZE:
DESCRIPTION:
LOCATION:
MEANING:

SIZE:
DESCRIPTION:
LOCATION:
MEANING:

RANK		NAME		EDIPI	
------	--	------	--	-------	--

TATTOO NUMBER NINE	TATTOO NUMBER TEN

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER ELEVEN	TATTOO NUMBER TWELVE

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

RANK		NAME		EDIPI	
------	--	------	--	-------	--

TATTOO NUMBER ONE	TATTOO NUMBER TWO

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER THREE	TATTOO NUMBER FOUR

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO PHOTOS

INSERT YOUR PHOTOS BY CLICKING IN THE SQUARE PROVIDED AND SELECT THE APPROPRIATE PHOTO.

PT GEAR PHOTOS
(GREEN ON GREEN PT GEAR ONLY)

RANK

NAME

EDPII

FRONT PROFILE

REAR PROFILE

LEFT PROFILE

RIGHT PROFILE

OFFICER CANDIDATE STATEMENT OF UNDERSTANDING
APPENDIX P

1. Purpose. The purpose of this Statement of Understanding (SOU) is to ensure you understand the Marine Corps policy concerning Tattoos, Branding and Ornamentation, contained in MCO 1020.34H.

2. Policy. Marine Corps policies strictly PROHIBIT any tattoos, brandings, mutilations, or ornamentations on the head (including in or around the mouth), neck area, hands, fingers, elbows, knees, and within two inches of the wrist. Any tattoos, brandings, mutilations, or ornamentation on other parts of the body, that are prejudicial to good order and discipline, gang or extremist group related, or bring discredit to the Marine Corps are also PROHIBITED. Descriptions:

a. Prejudicial to Good Order and Discipline. Tattoos, brands or ornamentation that are drug-related, gang-related, extremist, obscene or indecent, sexist (express nudity), or racist, excessive (sleeve tattoos), eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps drug policy.

b. Gang or Extremist Group. Any tattoos, brands or ornamentation that are affiliated with, depicting, or symbolizing extremist philosophies, organizations, or activities. Extremist philosophies, organizations, and activities are those which advocate racial, gender, or ethnic hatred or intolerance; advocate, create or engage in illegal discrimination based on race, color, gender, ethnicity, religion, or national origin; or advocate violence or other unlawful means of depriving individual rights under the U.S. Constitution and federal or state law.

c. Size. Any tattoos exposed when wearing the properly fitting standard warm weather physical training gear (T-Shirt & shorts), must be covered by the individuals hand with their fingers extended and joined with the thumb flush against the side of the hand.

d. Location. Tattoos on the head (including in or around the mouth), neck area, hands, fingers (with exception of one single band tattoo on one finger only), elbows, knees, and within two inches of the wrists are **prohibited**. The head is defines as the portion of the body above the first cervical vertebrae (C1). The neck is defined as the portion of the body above the collarbone in the front area, above the seventh cervical vertebrae (C7) in the back area, and visible while wearing the properly fitting warm weather physical training shirt. Tattoos on the chest or back that cannot be covered by wearing a crew neck t-shirt in the Service C uniform or utility uniform are prohibited. Tattoos on the elbow or knees are also prohibited. These areas must be free of tattoos and separates any tattoos on the upper arm/upper leg from any tattoos on the lower arm/lower leg.

e. Ornamentation. Defined as any mutilation to the body such as tongue splitting, body piercing(s), holes in ear lobes (large enough for light to pass through), or implantations, such as silicone implants on face, horns on the forehead, etc. All applicants must remove body ornamentation (i.e. body piercings) while participating in any/all pool functions and prior to shipping.

3. Certification. I certify that I completely understand the Marine Corps policy on the tattoos, brands, and ornamentations. I understand that I will be screened for tattoos, brands and body ornamentations, and must complete the Marine Corps Tattoo Screening Form. I further understand I will be re-screened prior to my request for appointment, for any additional tattoos, brands and body ornamentations received while in the officer commissioning process. Prohibited body markings received while in pool are disqualifying.

(Applicant's Printed Name)

(Applicant's Signature)

(Date)

(Name of Certifying Officer)

(Signature of Certifying Officer)

(Date)

SERVICE AGREEMENT

REQUIRED:

- NAVMC 11877 MECEP GROUND SERVICE AGREEMENT

ENSURE ALL REQUIRED SIGNATURES ARE FILLED OUT

REFER TO CURRENT MCO 1040.43

ALL DD FORM 4 ENLISTMENT/RENLISTMENT CONTRACTS

FOR ALL UNSIGNED CONTRACTS HAVE MARINE CHECK:

- MARINE ONLINE IN THEIR OMPF (**CHECK ALL FOLDERS AS CONTRACTS ARE NOT ALWAYS JUST UNDER SERVICE CONTRACTS**)

- SRB

- IF DD FORM 4 NOT AVAILABLE, MUST PROVIDE COPY OF APPROVED REENLISTMENT EXTENSION LATERAL MOVE (RELM) FOR THAT CONTRACT FROM TOTAL FORCE RETENTION SYSTEM (TFRS) (RELM SHOULD BE 4-5 PAGES AND CAN BE PULLED FROM THE AUTHORITY CODE LOCATED ON PAGE 1 OF DD FORM 4)

SERVICE AGREEMENT (1100)
MARINE ENLISTED COMMISSIONING EDUCATION PROGRAM GROUND
NAVMC 11877 (Rev 10-16) (EF) (Previous editions are obsolete and will not be used)
FOUO - Privacy sensitive when filled in.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5042, Headquarters, U.S. Marine Corps; 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN) as amended; and SORN M01133-3.

PURPOSE(S): To certify that the applicant acknowledges and understands all expectations of him/her upon enrollment in an Officer Program in the United States Marine Corps. This service agreement binds the individual to the terms set forth in the agreement upon signature.

ROUTINE USE(S): This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Marine Corps. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Marine personnel.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in an inability to process the individual for enlistment.

1. In connection with my application for enrollment in the **MARINE ENLISTED COMMISSIONING EDUCATION PROGRAM (MECEP) GROUND** program of the United States Marine Corps (USMC), I hereby acknowledge that:

a. Final approval of my application for enrollment in the **MECEP GROUND** program as an officer candidate will be determined by the Commandant of the Marine Corps (CMC).

b. Upon reporting for training to Officer Candidates School (OCS), I will be required to participate in training for a minimum of four (4) weeks of a 10-Week Commissioning Program, unless sooner disenrolled for cause, before any voluntary request for disenrollment will be considered.

(1) If I am disenrolled from OCS and not recommended for future attendance by the Commanding Officer of OCS, I will be disenrolled from the **MECEP GROUND** program.

(2) If I am disenrolled from OCS but recommended for future attendance by the Commanding Officer of OCS, I will be retained in the **MECEP GROUND** program and, when eligible, have the opportunity, if I desire, to attend the next available OCS 10 week training session.

(3) If I voluntarily disenroll from OCS at any time during the course of training, I will also be disenrolled from the **MECEP GROUND** program.

c. I am entitled to pay and allowances while attending OCS not less than those prescribed for pay grade E-5 or the highest pay grade achieved if I enter this obligation directly from current service at a pay grade above E-5.

d. Upon satisfactory completion of all commissioning requirements, I understand that I must choose to either accept or decline a commission if one is tendered to me, and that deferred acceptance is not authorized. If I decline commission, I will be disenrolled from the **MECEP GROUND** program and may request reenrollment to CMC, provided I remain otherwise qualified.

e. A commission in the USMC is held at the pleasure of the President of the United States.

f. Upon acceptance of a commission, I will incur a Military Service Obligation (MSO) of eight (8) years in the USMC from the date of appointment to commissioned grade;

(1) Any portion of this eight (8) year MSO not served on active duty will be served on inactive duty as a member of the Individual Ready Reserve (IRR) or as a member of the Selected Marine Corps Reserve (SMCR).

g. A resignation of my commission submitted prior to completion of this eight (8) year period will normally be rejected and, after this period, may be accepted or rejected by the President, as the needs of the service may then require.

h. Upon successful completion of OCS and acceptance of appointment to commissioned grade, I will be assigned the primary Military Occupational Specialty (MOS) 8001 (Ground) and further be assigned to The Basic School (TBS) for commissioned officer training.

i. Upon successful completion of TBS I will be further assigned to a follow-on Military Occupational Specialty (MOS) School.

2. I consent to serve on extended active duty for a minimum of thirty-six (36) months as a commissioned officer from completion of MOS school. I understand that a request for release from active duty prior to completion of this period will normally be rejected.

a. United States Code, Title 10, Chapter 39, Sections 671a and 671b currently provide as follows:

(1) 671a. Members: service extension during war. Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for six months thereafter.

(2) 671b. Members: service extension when Congress is not in session.

(a) Notwithstanding any other provision of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than six months enlistment, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the armed forces, that expire before the thirtieth day after Congress next convenes or reconvenes.

LAST NAME, FIRST AND MIDDLE INITIAL OF APPLICANT

FOR OFFICIAL USE ONLY
 Privacy sensitive when filled in. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

(b) An extension under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order.

b. Federal statutes and pertinent regulations applicable to personnel in the USMC may change without notice. Such changes may affect my status as an officer candidate or commissioned officer and obligations to serve as such.

3. I certify that I have read and completely understand the meaning and content of the above. No promises, either written or oral, have been made to me in connection with my application for enrollment in the **MECEP GROUND** program except as specified above. I acknowledge receipt of a copy of this document.

Signature of Witnessing Officer

Signature of Applicant

Full Name and Grade of Witness

Full Name of Applicant

Date

SERVICE AGREEMENT - MARINE ENLISTED COMMISSIONING EDUCATION PROGRAM GROUND

FOR OFFICIAL USE ONLY

ANNEX C

MCTFS/MOL SCREENS

PRINT THE FOLLOWING SCREENS FROM MARINE CORPS TOTAL FORCE SYSTEM (MCTFS) OR MARINE ONLINE (MOL) AND INCLUDE WITH YOUR PACKAGE (ENSURE EDIPI IS REFLECTED AND THEY ARE CERTIFIED) :

- CHRONOLOGICAL RECORD (CHRO)

- BASIC INDIVIDUAL RECORD (TBIR)

- BASIC TRAINING RECORD (TBTR)
 - THE NAVMC 11622 UPDATES OFFICIAL PFT/CFT

- RECORD OF SERVICE (TROS)

- AWARDS

NAVMC 118 (11) ENTRIES

REQUIRED FOR ALL APPLICANTS:

- **SELECTIVE RETENTION BONUS (SRB) STATEMENT**

REQUIRED IF FOREIGN BORN:

- **DUAL CITIZENSHIP STATEMENT (IF APPLICABLE)**

I hereby express my willingness to renounce my (list foreign country) citizenship with all rights and privileges, if selected for the Marine Corps Enlisted Commissioning Education Program. (If applicable) I further agree to turn in my (identify foreign country) passport to (list foreign country) embassy and provide a receipt to my CO, if selected for the Marine Corps Enlisted Commissioning Education Program.

- **DEROGATORY STATEMENT (IF APPLICABLE)**

SIGN APPLICABLE STATEMENT(S) .

IF APPLICABLE, DUAL CITIZENSHIP STATEMENT CAN BE ADDED TO THE SAME FORM AS THE SRB STATEMENT.

DO NOT SUBMIT ANY OTHER PAGE 11 ENTRIES EXCEPT FOR THE STATEMENTS REQUESTED ABOVE.



ADMINISTRATIVE REMARKS (1070)

DATE	DATE	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.
<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>

_____ I hereby acknowledge that I am not eligible for a SRB while pending selection to the Marine Corps Enlisted Commissioning Education Program. I understand that any extensions or reenlistments for the specific purpose of meeting service requirements for the Marine Corps Enlisted Commissioning Education Program do not entitle me to an SRB award incident to such reenlistment. If selected to the Marine Corps Enlisted Commissioning Education Program and do not complete the program, I understand that I am not entitled to an SRB award incident to the reenlistment.

SNM

NAME (last, first, middle)	EDIPI

UNIT PUNISHMENT BOOK

REQUIRED ONLY IF APPLICABLE

❖ DO NOT PROVIDE IF NO OFFENSES

❖ PROVIDE EXPLANATION FOR ALL OFFENSES ON THE
ADDENDUM PAGE

**ENLISTED TO OFFICER APPLICANT STATEMENT OF UNDERSTANDING
REGARDING DENTAL REQUIREMENTS PRIOR TO ATTENDING OFFICER
CANDIDATES SCHOOL**

"I have been advised by my Commanding Officer that it is my personal responsibility to ensure that all dental defects are corrected and orthodontic appliances are removed prior to reporting to training. Failure to obtain a dental examination from a qualified dentist and correction of any deficiencies to include caries (cavities), partial plates, caps, root canals, and extractions may be grounds for my disenrollment prior to the commencement of training at Officer Candidates School, Quantico, Virginia".

APPLICANT'S SIGNATURE

WITNESSING OFFICER'S SIGNATURE

DATE

DATE

(The cursory dental check received at a Military Entrance Processing Station does not constitute a proper dental examination per the medical provisions of an Officer Candidates Program.)

PROOF OF US CITIZENSHIP

REQUIRED:

- CERTIFIED BIRTH CERTIFICATE

REQUIRED OF DUAL OR NATURALIZED CITIZENS:

- SUBMIT A CERTIFIED COPY OF ONE OF THE FOLLOWING:
 - FOREIGN BIRTH CERTIFICATE TRANSLATED IN ENGLISH (LANGUAGE DEPARTMENT AT A COLLEGE OR UNIVERSITY IS AUTHORIZED TO VERIFY)
 - FORM N-560/N-561 CERTIFICATE OF CITIZENSHIP
 - FORM N-550/N-551 CERTIFICATE OF NATURALIZATION
 - DS FORM 1350 CERTIFICATION OF BIRTH
 - FS FORM 545 CERTIFICATION OF BIRTH ABROAD
 - FS FORM 240 REPORT OF BIRTH ABROAD OF CITIZENS OF THE US
 - FS FORM 545 CERTIFICATION OF BIRTH ABROAD
 - US PASSPORT

IF APPLICANT IS FOREIGN BORN OF US CITIZEN PARENTS, APPLICANT MUST PROVIDE ONE PARENT'S BIRTH CERTIFICATE WITH FS FORMS 240 AND FS FORM 545

REFER TO CURRENT MCRCO 1100.2 FOR ACCEPTABLE SUBMISSIONS AND PROVIDE THE BELOW CERTIFIED STATEMENT:

• THE FOLLOWING LANGUAGE MUST BE ON THE VERIFIED COPY:
"I HAVE DETERMINED THAT THIS COPY IS A FULL, TRUE, AND ACCURATE REPRODUCTION OF THE ORIGINAL AFTER PERSONALLY COMPARING THE COPY AND ORIGINAL OR OBSERVING THE COPYING PROCESS. NO MODIFICATIONS OR ALTERATIONS HAVE BEEN MADE TO EITHER THE ORIGINAL DOCUMENT OR THIS COPY."

SPOUSE INFORMATION

REQUIRED ONLY FOR FEMALES TO SHOW NAME CHANGE IF MARRIED OR DIVORCED:

- MARRIAGE CERTIFICATE/DIVORCE DECREE (IF APPLICABLE)

1040
Code
Date

From: Security Officer, Unit Name
To: Commanding General, Marine Corps Recruiting Command
Subj: SECURITY CLEARANCE VERIFICATION LETTER

1. The following information has been extracted from official record:

- a. Name: Marine Full Name/EDIPI/PMOS
- b. Clearance: Investigation - PRSC (YYYYMMDD) OPM
NACLC (YYYYMMDD) OPM
ENAC (YYYYMMDD) OPM

Eligibility - SECRET (YYYYMMDD) DoNCAF

U.S. Access - Secret

2. Add sentence here if eligibility has expired and new investigation has been opened and provide date investigation was opened and accepted. **(Note: Secret is good for 10 years and Top Secret is good for 6 years)**

3. Point of contact for this matter is (Rank Full Name), defense system network (DSN) or commercial telephone numbers, and electronic mail address (EMAIL).

SECURITY OFFICER SIGNATURE

APTITUDE TEST SCORES

QUALIFYING SCORES:

- 74 AFQT MINIMUM (COMBINED SCORE)
- OFFICIAL SAT SCORE REPORT - 1000 SAT MINIMUM (MATH AND CRITICAL READING ONLY)
- OFFICIAL ACT COLLEGE REPORT - 22 ACT MINIMUM (COMPOSITE SCORE)

MUST HAVE 1 OF THE 3 QUALIFYING SCORES REFER TO CURRENT MCO 1040.43

COLLEGE TRANSCRIPTS

REQUIRED:

- UNOFFICIAL TRANSCRIPTS MUST SHOW:
 - SCHOOL NAME
 - ADDRESS (TO INCLUDE STATE)
 - CUMULATIVE GRADE POINT AVERAGE
 - CREDITS EARNED

- REQUIREMENTS FOR CREDITS:
 - 3 CREDITS OF ENTRY LEVEL MATH OR SCIENCE
(SCIENCE REQUIREMENT MUST BE A NATURAL OR PHYSICAL SCIENCE NOT A SOCIAL OR BEHAVIORAL SCIENCE)
 - 3 CREDITS OF ENTRY LEVEL ENGLISH
 - 6 CREDITS OF ANY OTHER COLLEGE CLASS
 - MUST HAVE A MINIMUM OF 12 CREDITS
 - MARINES WHO HAVE 90 OR MORE CREDIT HOURS OR HAVE COMPLETED THEIR JUNIOR YEAR WILL NOT BE BOARDED AND ARE RECOMMENDED TO APPLY FOR ECP ONCE THEY HAVE COMPLETED THEIR BACCALAUREATE LEVEL DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY

TRANSCRIPT REQUEST FORM PROVIDED ON THE FOLLOWING PAGE. REFER TO CURRENT MCO 1040.43

REQUEST FOR COLLEGE TRANSCRIPTS

Registrar,

Dear Sir or Ma'am:

I am seeking an opportunity to participate in the Marine Corps Enlisted Commissioning Education Program and must obtain an official copy of my transcripts from my educational institutions where I was conferred.

At your earliest convenience, please forward one copy of my official transcript to me at the following address:

Pertinent Information:

Name: _____

SSN: _____

Dates Attended: _____

Major: _____

A pre-addressed envelope is provided for this purpose. The transcripts must contain evidence of my eligibility for readmission to your institution. If a cost is involved, please bill me at the address given below.

SIGNATURE OF APPLICANT

STATEMENTS OF UNDERSTANDING (SOU)

REQUIRED STATEMENTS OF UNDERSTANDING FOR ALL APPLICANTS:

- ❖ MARINE CORPS POLICY CONCERNING FRATERNIZATION SOU
- ❖ SEXUAL ASSAULT AND HARASSMENT SOU (ONLY REQUIRES MARINE'S SIGNATURE)

ENSURE ALL REQUIRED SIGNATURES AND CERTIFICATIONS ARE FILLED OUT

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING FRATERNIZATION

1. **Purpose.** The purpose of this document is to insure that you understand the Marine Corps policy on fraternization.
2. **Policy.** Personal relationships between officer and enlisted members that are unduly familiar and that do not respect differences in grade or rank are prohibited. Such relationships are prejudicial to good order and discipline and violate long-standing traditions of naval service. Fraternization may be charged as an offense under the Uniform Code of Military Justice. The only exceptions are familial relationships, such as marriages that occur prior to the date of commissioning and relationships between parents and children or between siblings.
3. **Certification.** I certify that I have read the Marine Corps policy on fraternization. I understand that violation of this policy can result in adverse action to include, but not limited to, disenrollment from the Officer Candidates School, and, once commissioned, processing for administrative discharge, and courts-martial.

Applicant' Signature

Date

Applicant' Printed Name

4. **Marine Officer Verification.** I certify that I have completely explained the Marine Corps policy on fraternization to the above named applicant.

Officer Signature

Date

NAME: (LAST, FIRST, MIDDLE)

LAST 4 SSN

PROGRAM

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY ON SEXUAL ASSAULT AND SEXUAL HARASSMENT

1. Purpose. The purpose of this document is a notification of the Marine Corps policy concerning sexual assault and sexual harassment.
2. Policy. Sexual assault and sexual harassment are prohibited in the United States Marine Corps. Furthermore, any instances of non-adherence to this policy by a Marine can result in disciplinary or administrative action.
 - **Sexual Assault** is a crime defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent.
 - **Sexual Harassment** is a form of sex discrimination involving unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career, or
 - Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment

3. Certification. I certify that I understand the Marine Corps policy regarding sexual assault and sexual harassment; and that sexual assault and sexual harassment in the Marine Corps is prohibited. I understand that I am expected to report any instance of sexual assault or sexual harassment. Furthermore, the Marine Corps will conduct formal training about Sexual Assault Prevention and Response (SAPR) at recruit training and throughout assignments in the Marine Corps.

(Applicant's Signature) (Date)

(Applicant's Printed Name) (L4 Security Number)

4. Recruiter Verification. I verify that I have explained the Marine Corps policy on sexual assault and sexual harassment to the above named applicant.

(Recruiter's Signature) (Date)

5. MEPS LNCO Certification. I certify the above named applicant understands the Marine Corps policy on sexual assault and sexual harassment.

(MEPS LNCO Signature) (Date)

ADDITIONAL DOCUMENTS

OPTIONAL:

- LETTERS OF RECOMMENDATION
 - FORMAT IS UP TO THE AUTHOR AND MUST EXPLAIN WHY THEY FEEL THE MARINE SHOULD BE AN OFFICER

ACTIVE RESERVE (AR) MARINES ONLY

REQUIRED:

- ❖ END OF ACTIVE SERVICE (EAS) MUST BE WITHIN 6 MONTHS FROM DATE OF SCHEDULED BOARD APPLYING
- ❖ MUST PROVIDE APPROVED DD FORM 368
- ❖ SELECTED AR MARINES MUST BE NON-COMPETITIVELY AUGMENTED TO THE ACTIVE COMPONENT ONCE IDENTIFIED AS SELECTED ON THE RESULT MARADMIN. TO ACCOMPLISH THIS, THE AR SELECT MUST INITIATE A PRIOR SERVICE ENLISTED PACKAGE TO MANPOWER ENLISTED ASSIGNMENTS (MMEA-1) VIA THEIR CAREER PLANNER TO COORDINATE THE AUGMENTATION. MARINES MUST BE AVAILABLE FOR WORLD-WIDE ASSIGNMENT AND QUALIFIED TO REENLIST OR AUGMENT.
- ❖ MUST OBTAIN OBLIGATED SERVICE AS OUTLINED BY CURRENT MCO 1040.43 FOR PROGRAM APPLYING UPON AUGMENTATION INTO ACTIVE DUTY

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME (Last, First, Middle Initial)	b. PAY GRADE	c. SSN or EDIPI	d. SERVICE COMPONENT	
e. CURRENT UNIT/ COMMAND	f. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE
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3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ (current component); request that it be accepted contingent upon actual appointment or enlistment in the _____ (requesting component), and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED
---------------------	----------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ (Service/Component).

b. NAME OF RECRUITER (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED
e. TITLE		

SECTION II - APPROVAL/DISAPPROVAL

5. (X as applicable)

<input type="checkbox"/>	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
<input type="checkbox"/>	b. DISAPPROVED. Release is not granted. (Explain in "Remarks.")

6. AUTHORIZING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE			
c. TELEPHONE NUMBER (Include area code)	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE				f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE	c. UNIT/COMMAND		
d. TELEPHONE NUMBER (Include area code)	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
f. SIGNATURE				g. DATE SIGNED

SECTION IV - REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 261, 516, 651, 716, 3013, 5013, 8013, 12104, 12105, 12106, 12107, 12208, 12213, 12214, and 12645; 32 U.S.C. Section 323; and DoD Instruction 1205.05, Transfer of Service Members Between Reserve and Regular Components of the Military Services.

PRINCIPAL PURPOSE(S): To document coordination and concurrence of one Military Service for discharge and accession to another Military Service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in delay or denial of release from current Military Service.

INSTRUCTIONS

GENERAL INSTRUCTIONS.

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number or Electronic Data Interchange Personal Identifier, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason:")

1040
ON/E
Date

From: Military Treatment Facility
To: Commanding Officer, Unit Name

Subj: VERIFICATION OF MEDICAL SCREENING FOR BOARD PURPOSES IN CASE OF
RANK FULL NAME EDIPI/PMOS USMC(R)

Ref: (a) MARADMIN XXX/YY (current board announcement)

1. Per the reference, the following forms, DD Form 2808 and DD Form 2807-1, have been filled out completely and accurately on (Rank Last Name). Furthermore, these forms meet the time requirements established by the reference.

2. (Rank Last Name) understands he/she is responsible, and obligated to provide all required medical documentation, per the reference, including an Individual Medical Readiness Report (IMR) to Marine Corps Recruiting Command with his/her complete package.

3. Point of contact in this matter is Ms. Troi Spencer at commercial (703) 784-9443, DSN 278-9443 or email Troi.Spencer@marines.usmc.mil.

SIGNATURE OF MEDICAL DEPARTMENT REPRESENTATIVE