

## APPLICATION FOR ENLISTED RETRAINING

(Please read Privacy Act Statement below before completing this form.)

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, United States Code (USC), Sections 8013 and 901

**PRINCIPAL PURPOSE(S):** To apply for enlisted retraining under the United States Air Force (USAF) Airman Retraining Program (F035 AF MP E)

**Identification of individuals to process applications for retraining**

**ROUTINE USE(S):** None

**DISCLOSURE:** Disclosure is voluntary. Failure to provide SSN may cause inability to provide proper retraining for individual

### SECTION I - APPLICANT INFORMATION

GRADE/PROJECTED GRADE	NAME (Last, First, Middle Initial)	SSN	TAFMSD	DATE INITIATED
INSTALLATION	ORGANIZATION/DUTY PHONE	SERVICING MAJCOM		

### SECTION II - RETRAINING REASON AND REQUESTED AIR FORCE SPECIALTY CODES (AFSC'S)

REASON CODE/METHOD	DISQUALIFICATION/ SURPLUS CODE	DISQUALIFICATION/ SURPLUS AFSC	<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd Choice</u>	<u>4th Choice</u>	<u>5th Choice</u>
Assignment Preferences <b>CONUS</b>			<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd Choice</u>	<u>4th Choice</u>	<u>5th Choice</u>
<b>OS</b> (For CONUS OS Imbalance Skills)			<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd Choice</u>	<u>4th Choice</u>	<u>5th Choice</u>

I am requesting retraining into one of the above listed choices. I am aware of the retainability requirements and upon approval of retraining, I will extend or reenlist as necessary. I certify that I have been counseled in accordance with AFI 36-2626, Attachment 7 and understand my obligations if the retraining is approved.

MEMBER'S SIGNATURE	DATE
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### SECTION III - UNIT COMMANDER REVIEW

RECOMMEND APPROVAL
  RECOMMEND DISAPPROVAL

REMARKS

Individual's attitude, behavior, and record does/does not indicate a probability of success for retraining. There are/are no quality factors that preclude this individual from retraining.

TYPED OR PRINTED NAME OF UNIT COMMANDER	UNIT/OFFICE SYMBOL	SIGNATURE	DATE
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### SECTION IV - MPF REVIEW AND CERTIFICATION

REMARKS

Member meets all requirements for the requested AFSC per the On-Line Retraining advisory and AFMAN 36-2108. Member has been counseled on reassignment in conjunction with retraining.

TYPED OR PRINTED NAME OF CERTIFYING OFFICIAL	UNIT/OFFICE SYMBOL	SIGNATURE	DATE
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The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

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