



HOSTILE FIRE PAY CERTIFICATION AND MPO					MILITARY PAY ORDER NUMBER	
SSN	NAME (Last, first, MI)	GRADE	ORGANIZATION	RULE NO. UNDER WHICH QUALI- FIED (See DODPM)	MONTHS QUALIFIED (From, To)	
INCIDENT OCCURRED (location)			TIME	DATE		
DESCRIBE THE CIRCUMSTANCES SURROUNDING THE INCIDENT						
I certify that the above named members qualified for Special Pay for Duty Subject to Hostile Fire under the provisions of Department of Defense Military Pay and Allowances Entitlements Manual (DODPM). If member was aboard an aircraft, I further certify that the individual's primary purpose aboard the aircraft was as a directed participant in the operation and his primary purpose aboard the aircraft was not for transportation from one point to another.						
TYPED OR PRINTED NAME AND GRADE OF AIRCRAFT OR UNIT COMMANDER			SIGNATURE			
ORGANIZATION AND STATION (AFO use only)				DATE (AFO use only)		
SYMBOL NO. (AFO use)	TYPED OR PRINTED NAME AND GRADE OF CERTIFYING OFFICER		SIGNATURE			