

**COMMANDING OFFICER'S  
UNIT CERTIFICATION**

DATE:

NAME:

GRADE:

SSN:

RUC:

1. The member is entitled to: (Check One)

BAQ-with dependents

BAQ-own right

2. Current Zip Code: \_\_\_\_\_

**(Zip code of permanent residence. Provide a copy of the completed NAVMC 11192 regardless of housing costs.**

3. At the time the disability was incurred, the individual was entitled to: (Check One)

Incentive pay

Special pay

Not entitled to any of the above

4. The individual did not attend the following drills (show dates and number of drills missed):

MONTH	DRILL DATES	TOTAL MISSED

**Administrative Point of Contact:**

NAME:

TELEPHONE NUMBER:

SIGNATURE OF CO/I&I/OSO: