

PRIVACY ACT STATEMENT: The authority to request this information is derived from 5 U.S.C. 301 Departmental Regulations. The purpose of this form is to permit an individual to apply for assignment to a Naval Reserve drilling unit. The information is used to evaluate the individual's request for assignment to a drilling unit and to notify him/her of that decision. The form becomes a part of the individual's personnel record. Completion of this form is mandatory. Failure to provide this information may result in an inability to process this application.

NAME (Last, First, Middle)	GRADE	SSN/DESIG.	STATUS USNR-
PRESENT ADDRESS		DATE OF BIRTH	DATE OF RANK
I hereby request that I be issued Inactive Duty Training Orders and that I be assigned to:		NAVAL RESERVE UNIT AND LOCATION	APC
BILLET/QUOTA	<input type="checkbox"/> In Pay Status <input type="checkbox"/> Duty Involving Flying-Operational (DIFOPS) <input type="checkbox"/> In Non-Pay Status <input type="checkbox"/> ACIP Authorized, but Duty Involving Flying Denied (DIFDEN)		

SECTION A	<input type="checkbox"/> NAVPERS 1200/1 Enclosed Requesting Transfer To/Retention In The Ready Reserve <input type="checkbox"/> Standard Form 88/93 Enclosed <input type="checkbox"/> Physical/Flight Physical, As Appropriate, Has Been Completed Within The Past Year <input type="checkbox"/> I hereby certify that, to the best of my knowledge, there has been no material change in my physical condition since that examination. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, retired pay, retainer pay, or disability compensation from the United States Government for prior military service. <input type="checkbox"/> I have <input type="checkbox"/> I do not have a claim pending for any of the aforementioned types of compensation. <input type="checkbox"/> I am not a Medical/Dental/Veterinary/Osteopathy/Optomety/Podiatry Student and I am not a Graduate of Medicine (Physician) or Dentistry. <input type="checkbox"/> I certify that my Aeronautical Designation (1315/1325) Has Not Been Revoked.
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1. I UNDERSTAND THAT FAVORABLE ACTION ON THIS REQUEST BY THE COMMANDING OFFICER WILL ASSIGN ME TO THIS UNIT AS REQUESTED. AT WHICH TIME I WILL BE SUBJECT TO MOBILIZATION. I AM AVAILABLE FOR IMMEDIATE ACTIVE DUTY IN THE EVENT OF WAR, OR NATIONAL EMERGENCY, DECLARED BY THE CONGRESS OR THE PRESIDENT OF THE UNITED STATES, OR AS OTHERWISE AUTHORIZED BY LAW. I AM NOT ENGAGED IN ANY CIVILIAN OCCUPATION OR PURSUIT, NOR AM I AWARE OF ANY HARDSHIP OR DEPENDENCY SITUATION WHICH WILL RESULT IN A REQUEST FROM ME, OR FROM ANY OTHER SOURCE, FOR CANCELLATION OF ACTIVE DUTY ORDERS. SHOULD MY STATUS CHANGE TO INVALIDATE THE FOREGOING, I WILL INFORM MY COMMANDING OFFICER IMMEDIATELY. WHILE ENGAGED IN TRAINING PURSUANT TO THESE ORDERS I UNDERSTAND I AM SUBJECT TO THE PROVISIONS OF THE UNIFORM CODE OF MILITARY JUSTICE.

2. I CERTIFY THAT THIS ASSIGNMENT WILL NOT CREATE A CONFLICT OF INTEREST WITH THE MISSION OF THE RESERVE UNIT, OR MY CIVILIAN EMPLOYMENT AS DEFINED IN SECNAVINST 5370.2. IF AT ANY TIME DURING MY INACTIVE DUTY TRAINING MY STATUS CHANGES TO INVALIDATE THE FOREGOING, I WILL INFORM MY COMMANDING OFFICER IMMEDIATELY.

Signature of Applicant	Date Signed
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SECTION B	From CO/OINC (RESCEN/NARDET) To: <input type="checkbox"/> CO. NAS/NARU/NAF <input type="checkbox"/> NAVRESREDCOM REG _____
	Forwarded for confirmation (Signature) _____ Date Signed _____
	From <input type="checkbox"/> CO NAS/NARU/NAF <input type="checkbox"/> NAVRESRED COMREG VIA CO/OINC (RESCEN/NARDET) To: <div style="text-align: right; margin-left: 150px;"><i>The Above-named Officer</i></div>

Returned Approved/Disapproved. You are assigned to the above unit effective: _____
 In the Billet/Quota of _____

<input type="checkbox"/> In Pay Status	<input type="checkbox"/> In Non-Pay Status	<input type="checkbox"/> Duty Involving Flying Operational (DIFOPS)	<input type="checkbox"/> ACIP Authorized, But Duty Involving Flying Denied (DIFDEN)
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When directed by approp. auth.; or upon announcement via radio, other news media, or other means, report on M-Day (or as directed) to your assigned unit.

SECTION C	Signature _____ Date Signed _____
	From: CO/OINC (RESCEN/NARDET) Delivered. (Signature) _____ Date Signed _____