FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3  REQUEST FOR EXAMINATION  THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT								FOR OFFICIAL USE ONLY				
PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of to properly process and identify the individual requesting an examination at a militate DISCLOSURE: Voluntary; refusal to provide required data could result in denial of	Title 10 U.S. Code a ary entrance processi	nd Execu	tive Orde	r 9397.	PRINCIPAL	PURPOSE: TI						
									SERVICE REGISTRATION NUMBER			
NUMBER OF DAYS:												
1. SOCIAL SECURITY NUMBER 2. NAME (Last, First, Middle Name (and	nd Maiden, if any), Ji	., Sr., etc	:.)			ı						
				000 400	2550							
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)		4. HOME (Street				y, ZIP Code)						
<u> </u>								-				
5. CITIZENSHIP (X One)	6. SEX (X One)	7.8	. RACIA	AL CATEG	ORY (X on	e or morel						
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))	a. MALE				N INDIAN/			(4) NATIVE HAW	ΔΙΙΔΝ ΟΕ	R OTHER		
(1) NATIVE BORN b. FEMALE			, ,	ALASKA NATIVE				PACIFIC ISLANDER				
(2) BORN ABROAD OF U.S. PARENT(S)	JS	(2) ASIAN					(5) WHITE					
b. U.S. NATURALIZED	(Specify)		(3) BLACK OR AFRICAN AMERICAI			AMERICAN						
c. U.S. NON-CITIZEN NATIONAL	9. NUMBER OF											
d. IMMIGRANT ALIEN (Specify)	DEPENDENTS L	7	7.b. ETHNIC CATEGORY (X One)									
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)								OT HISPANIC OR ATINO				
f. ALIEN REGISTRATION NUMBER (As applicable)	P FDUCATION (Yrs.	Highest F			13 PROF			ANGUAGE (X One)	1st	2nd		
	25001111011   77.0,	,g., 2	<u> </u>	,,,pieteu,		s, specify)		[ ] YES [ ] N				
14. VALID DRIVER'S LICENSE (X One) [ ] YES [ ] NO (Iff Yes, list State, number, and expiration date)				15. <b>PLA</b> C	E OF BIRTH	H (City, State,	and Col	untry)				
16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? c. TEST TYF								US TEST VERSIONS				
(X One) [ ] YES [ ] NO [ ] INITI. b. ENLIST UNDER STUDENT TEST SCORES? [ ] SPEC	1ST RE   2ND RI		[]6	MONTH RE		1. PREVIOU	2. US TEST DATES <i>(YYY</i>	YMMDD)	ı			
		IMMED		AUTHOR	IZED		1.	2.				
17.a. RECRUITER ID/SSN b. STATION ID 18. TEST ADM	MINISTRATOR SSN/I	D		19. <b>TES</b>	T ADMINIS	TRATOR SIGN	NATURE					
20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? b. EXAM (X One) [ ] YES [ ] NO	1 TYPE [ ] FULI		] SPEC		[ ] RE-E			E LAST FULL MEDICAL	. EXAM			
21. APPLICANT'S SIGNATURE				22.			MIRS C	ODING				
				WKI	D S	T DAT	E	INT DATE		INT		
23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR								24. RIGHT THUMBPRI	NT			
I certify that I am the person identified on this form:	Photo	D? (X	One)	[ ] YES	6 [	] NO	_					
	If yes	s, type/org	ganizatio	n				right thumbprint, i <i>'Affix thumbprint v</i>				
(Signature of Applicant) ID Number								POINTED TO THE LEFT	7			
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and the information about me to the best of my knowledge. I also certify that:	shown there, includ	ing my So	ocial Secu	urity Num	ber is all tru	ue and correct						
a. I have never been tested ANYTIME or ANYWHERE with the ASVAB eith	er for enlistment pur	poses or a	as a stud	ent under	the ASVAI	B testing progr	ram.					
b. I was tested with the ASVAB on or about		ot										
b.   I was tested with the ASVAB on or about												
c. Request for student test scores (high school look-up)												
// // // // // // // // // // // // //	ecent Date Tested)			(Schoo	l, City, and	State)						
	above.	1 1	1 1	1 1	1 1	1 1 1		F SECOND ATTEMPT				
e. Current or last high school attended(High School)	OR / I I		(13)	 Digit Code	<u>                                     </u>			TURN FORM OVER <i>(TC</i> THE BOTTOM) AFFIX F		RM ON		
,		,	,		,		1	Thumbprint on uppi	ER RIGHT			
(Signature of Applicant) (Social Security Numb	ber)		(Date	e)				Corner, Thumbnail L <i>eft</i>	. POINTEI	D TO THE		
MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize in This release is for the purpose of further evaluation of my medical acc examinee at no cost to the Government and made available for review	eptability under r	nilitary r	nedical	fitness s								
26. APPLICANT'S CURRENT MEDICAL INSURER NAME	1	27 ADD	LICANT	e CHIDDEI	IT MEDICA	L PROVIDER I	NAME					
(If none, sign your complete name to affirm you have no current medical insure								current medical provid	der):			
28. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code)				MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)								
30. CERTIFICATION BY RECRUITING PERSONNEL								APPLICANT	CCN			
I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:								APPLICANT	55N			
(Signature of Recruiter (or rep, if auth))   (Printed/Typed Name of Recruiter or Rep) (Date)												
(Printed/Typed Name of Recruiter (if not recorded above))												
(Recruiter ID/SSM) (Local Recruiting		_/			RS Location							