DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD RESERVE

DIRECT LATERAL/CHANGE IN RATE REQUEST

MEMBER: Fill out page 1 of this form and forward, along with **all supporting documents & your ESS**, to your Command for endorsement.
COMMAND: Endorse page 2 and submit form, along with all supporting documents and member's ESS, to DXR.
DXR: Endorse page 2 and forward, through ISTT if member is AD, to RPM-1 at **HQS-SMB-CGPSC-RPM-1-Status@uscg.mil**
REFERENCE: Reserve Policy Manual M1001.28A Chapter 7.C.9.

EMPLID	Name: *(Last, First, MI)*			Date Submitted
Rank	Primary E-mail Address			Primary Phone Contact
Date of Enlistment	Expiration of Obligated Service	Total Qualifying Years of Service (TQS)	Time in Service (TIM)	A-School Graduation Date

Current Rate	Type of Request (for direct lateral requests, member must provide supporting documentation (qualifications, certifications, training, schools, etc…)	Does member meet minimum ASVAB scores for the new rating?
New Rating Requested *(e.g. YN, FS, etc.)*	☐ direct lateral (no a-school) **OR** ☐ change in rate via a-school	☐ No ☐ Yes

Reason for Request

Correspondence courses successfully completed.
(ATTACH DOCUMENTATION)

Service schools completed, to include all completed programs not captured on your ESS.
(ATTACH ESS & ALL DOCUMENTATION)

School	Dates	Branch of Service

Other training applicable to both the present rating and the requested rating *(including augmentation training duties and experience).*
(ATTACH DOCUMENTATION)

Other justification for the requested change, including civilian skills.
(ATTACH DOCUMENTATION)

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PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority - 10 USC Section 10102

Principal Purpose(s) - Used to indicate member's intentions to change Reserve Component Categories.

Routine Uses - Same.

Disclosure - Disclosure of this information is voluntary. However, without disclosure the member's ability to request a lateral change in rate may be impeded. Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

Member Name		**Date**

ENDORSEMENTS REQUIRED

For timeliness of request please process within 10 business days

By signing I am certifying the accuracy of the information contained within this request and that the member's ESS and all appropriate supporting documents are attached.

CO Name		Date

By signing I acknowledge possible billet gap / readiness impact on unit.

DXR Name		Date

Acknowledging member is AD requesting lateral change to fill a SELRES billet. ***(if applicable)***

ISTT Name		Date

PSC INTERNAL ROUTING

CG PSC-rpm-1	Date Received	Routing Date	Name	

RFMC - Current Rating	Name		Date

Comments

RFMC - Requested Rating	Name		Date

- ☐ Approved without loss of paygrade
- ☐ Approved with `A' school required and change in paygrade to E-4 upon graduation.
- ☐ Disapproved
- ☐ 'A' school required
- ☐ No 'A' school required

Comments

RFMC submit electronically to CG PSC-rpm-1 at HQS-SMB-CGPSC-RPM-1-Status@uscg.mil

CG PSC-rpm-2	Billet Number