

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

DATE _____

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR ENLISTMENT

NAME OF APPLICANT (<i>Last, First, Middle Initial</i>)	APPLICANT FOR: <input type="checkbox"/> USCG <input type="checkbox"/> USCGR
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REASON FOR SUBMISSION (<i>Check applicable box</i>): <input type="checkbox"/> Civil Record <input type="checkbox"/> Excess Dependents <input type="checkbox"/> Foreign Travel/Alien <input type="checkbox"/> Prior Service E-3 <input type="checkbox"/> Rate Determination <input type="checkbox"/> Hardship <input type="checkbox"/> Physical Defect <input type="checkbox"/> Other (<i>Specify</i>):	TEST SCORES (<i>Include applicable scores only.</i>) CGST SBTB GCT ARI MECH CLER ETST ASVAB NO. AFQT
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PRIOR SERVICE (<i>Service, RE Code, Date of Discharge</i>)	UNIT/DISTRICT CHOICES (<i>Minimum of 3 choices</i>)				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">RATE LAST HELD ON ACTIVE DUTY</td> <td style="padding: 5px;">TOTAL PRIOR ACTIVE SERVICE</td> </tr> <tr> <td style="padding: 5px;">RATE RECOMMENDED</td> <td style="padding: 5px; text-align: center;"> Years Months Days </td> </tr> </table>	RATE LAST HELD ON ACTIVE DUTY	TOTAL PRIOR ACTIVE SERVICE	RATE RECOMMENDED	Years Months Days	
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RATE RECOMMENDED	Years Months Days				

ITEMS ENCLOSED (*Assemble in order listed*)

YES	N/A	ITEM	YES	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	1. DD-1966	<input type="checkbox"/>	<input type="checkbox"/>	7. Handwritten Statement by Applicant
<input type="checkbox"/>	<input type="checkbox"/>	2. DD-214	<input type="checkbox"/>	<input type="checkbox"/>	8. Probation Officer's Report
<input type="checkbox"/>	<input type="checkbox"/>	3. Employment/Experience Resume	<input type="checkbox"/>	<input type="checkbox"/>	9. SF-88
<input type="checkbox"/>	<input type="checkbox"/>	4. DD-370 (<i>Reference side up</i>)	<input type="checkbox"/>	<input type="checkbox"/>	10. SF-93
<input type="checkbox"/>	<input type="checkbox"/>	5. DD-369	<input type="checkbox"/>	<input type="checkbox"/>	11. Other (<i>Specify</i>):
<input type="checkbox"/>	<input type="checkbox"/>	6. CG-4891	<input type="checkbox"/>	<input type="checkbox"/>	12. Other (<i>Specify</i>):

CIVIL RECORD (*Include all charges regardless of disposition. Continue on reverse side if necessary.*)

DATE OF CHARGE	CHARGE	DISPOSITION

RECRUITING OFFICER'S OPINION AND RECOMMENDATION
(*Must include definite recommendation. Continue on reverse if necessary.*)

DISTRIBUTION: COMDT (G-PMR) - ORIGINAL CCGD _____ (p) - COPY UNIT FILE - COPY

ADDRESS AND PHONE NUMBER OF RECRUITING OFFICE (<i>Complete address including zip code.</i>)	SIGNATURE OF OFFICER IN CHARGE
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