

APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR OPERATIONAL SUPPORT, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 672(d) and USC 275.
PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for operational support or active duty for training on requested dates.
ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for operational support or active duty for training orders.
DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for operational support and active duty for training. If not completed, you will be ineligible for the requested tour.

PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)

1. TO (Include ZIP Code) IMCOM G9 ALL-ARMY SPORTS FORT SAM HOUSTON, TX 78234-7588				Select one in block 2b	
2a. NAME (Last, First, MI) FULL NAME (Last, First, MI) (000-00-0000) SSN		2b. RESERVE COMPONENT CATEGORY <input type="checkbox"/> IMA <input type="checkbox"/> IRR <input type="checkbox"/> TPU <input type="checkbox"/> ARNG <input type="checkbox"/> ARNGUS			
3a. PERMANENT HOME ADDRESS (Include ZIP Code) YOUR HOME ADDRESS		4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code) IMCOM G9 ALL-ARMY SPORTS FORT SAM HOUSTON, TX 78234-7588			
3b. PRIMARY TELEPHONE NUMBER (Include area code) YOUR PHONE NUMBER		4b. PRIMARY TELEPHONE NUMBER (Include area code) SAME AS 3b			
3c. SECONDARY TELEPHONE NUMBER (Include area code) SECONDARY PHONE NUMBER		4c. SECONDARY TELEPHONE NUMBER (Include area code) 210-466-1337			
5. UNIT OF ASSIGNMENT OR ATTACHMENT AND UIC ALL-ARMY SPORTS		6. GRADE YOUR GRADE		7. BRANCH Which branch? NG, USAR, IRR	
8. GENDER YOUR GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	9. DOB YOUR DOB	10. MARITAL STATUS		11. NO. OF DEPENDENTS	
12. PRIMARY SSI (AOC) /MOS YOUR PRIMARY MOS	13. DUTY SSI (AOC) /MOS	14. APFT DATE <input type="checkbox"/> Go <input type="checkbox"/> No Go		15. HT/WT <input type="checkbox"/> Go <input type="checkbox"/> No Go	
16. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS) HOW MANY YEARS, MONTHS, DAYS			
18. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one) <input type="checkbox"/> IMA AT <input type="checkbox"/> IMA AT w/IDT <input type="checkbox"/> ADT in lieu of IMA AT <input type="checkbox"/> Additional ADT					
19. DATES OF ADOS/TTAD/ADT/AT REQUESTED					
a. FIRST CHOICE			b. SECOND CHOICE		
NUMBER OF DAYS TOTAL # OF DAYS FOR CAMP & COMPETITIONS		BEGINNING DATE/TIME FIRST DATE OF CAMP or COMPETITIONS		NUMBER OF DAYS SAME AS FIRST CHOICE	REPORT DATE SAME AS FIRST CHOICE
LOCATION (Include Zip Code) FORT SAM HOUSTON, TX			LOCATION (Include Zip Code) FORT SAM HOUSTON, TX		
DUTY/TRAINING AGENCY AND UIC LEAVE THIS BLANK			DUTY/TRAINING AGENCY AND UIC LEAVE THIS BLANK		
20. REMARKS I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to my release from active duty at the completion of this tour.					
YOU SIGN HERE AS THE APPLICANT					
_____ (Signature of applicant)					

COMPLETE EACH SECTION IN BLOCKS 21 THROUGH 30

PART II - RECORDS CUSTODIAN			
21. PAY ENTRY BASIC DATE	22. SECURITY CLEARANCE	23. PROMOTION CONSIDERATION CODE	24. DATE OF RANK
25. RYE DATE	26. ETS <i>(Enlisted)</i>	27. MANDATORY REMOVAL DATE <i>(Officers)</i>	28. PHA DATE MUST BE GREEN
29. HIV TEST DATE MUST BE WITHIN 6 MONTHS	30. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		
31. REMARKS			
<p>AFPT AND HIV MUST BE COMPLETED WITHIN 6 MONTHS OF START DATE OF CAMP/COMPETITION</p> <p>____ Soldier's Name ____ is/is not under suspension of favorable personnel action, under investigation, pending charges or being considered for elimination.</p> <p>If yes, for what?</p>			
32a. NAME, RANK, PHONE AND EMAIL OF UNIT COMMANDER NAME, RANK, PHONE, & EMAIL OF YOUR COMMANDER			
b. SIGNATURE OF UNIT COMMANDER COMMANDER MUST SIGN TO APPROVE		c. DATE MUST BE DATED	
33a. NAME, RANK, PHONE AND EMAIL OF RECORDS CUSTODIAN NAME, RANK, PHONE & EMAIL OF YOUR UNIT RECORDS CUSTODIAN			
b. SIGNATURE SIGNATURE OF THE RECORDS CUSTODIAN		c. DATE MUST BE DATED	