

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

Form Approved
OMB No. 0704-0173
Expires Oct 31, 2006

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR	B. PRIOR SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NO.
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SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER		2. NAME <i>(Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)</i>					
3. CURRENT ADDRESS <i>(Street, City, County, State, Country, ZIP Code)</i>			4. HOME OF RECORD ADDRESS <i>(Street, City, County, State, Country, ZIP Code)</i>				
5. CITIZENSHIP <i>(X one)</i>		6. SEX <i>(X one)</i>		7.a. RACIAL CATEGORY <i>(X one or more)</i>		7.b. ETHNIC CATEGORY	
<input type="checkbox"/> a. U.S. AT BIRTH <i>(If this box is marked, also X (1) or (2))</i> <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/> b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER <i>(If issued)</i> <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> d. IMMIGRANT ALIEN <i>(Specify)</i> <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL <i>(Specify)</i>		<input type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE <input type="checkbox"/> (6) DECLINE TO RESPOND		<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO <input type="checkbox"/> (3) DECLINE TO RESPOND	
8. MARITAL STATUS <i>(Specify)</i>			9. NUMBER OF DEPENDENTS				
10. DATE OF BIRTH <i>(YYYYMMDD)</i>		11. RELIGIOUS PREFERENCE <i>(Optional)</i>		12. EDUCATION <i>(Yrs/Highest Ed Gr Completed)</i>		13. PROFICIENT IN FOREIGN LANGUAGE <i>(If Yes, specify. If No, enter NONE.)</i>	
						1st 2nd	
14. VALID DRIVER'S LICENSE <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, list State, number, and expiration date)</i>			15. PLACE OF BIRTH <i>(City, State and Country)</i>				

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS																													
a. TEST ID	b. TEST SCORES			AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE															
17. DEP ENLISTMENT DATA																													
a. DATE OF DEP ENLISTMENT <i>(YYYYMMDD)</i>				b. PROJ ACTIVE DUTY DATE <i>(YYYYMMDD)</i>				c. ES		d. RECRUITER IDENTIFICATION			e. PROGRAM ENLISTED FOR																
f. T-E MOS/AFS		g. WAIVER <i>(1)</i>		(2)		(3)		(4)		(5)		(6)		h. PAY GRADE															
18. ACCESSION DATA																													
a. ENLISTMENT DATE <i>(YYYYMMDD)</i>				b. ACTIVE DUTY SERVICE DATE <i>(YYYYMMDD)</i>				c. PAY ENTRY DATE <i>(YYYYMMDD)</i>				d. TOE																	
e. WAIVER <i>(1)</i>		(2)		(3)		(4)		(5)		(6)		f. PAY GRADE		g. DATE OF GRADE <i>(YYYYMMDD)</i>		h. ES		i. YRS./HIGHEST ED GR COMPL											
j. RECRUITER IDENTIFICATION				k. PROGRAM ENLISTED FOR				l. T-E MOS/AFS		m. PMOS/AFS		n. YOUTH		o. OA		p. TRANSFER TO (UIC)													
19. SERVICE REQUIRED CODES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
		26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50			
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140

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5. CITIZENSHIP (X one) a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER (If issued) c. U.S. NON-CITIZEN NATIONAL d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		6. SEX (X one) a. MALE <input type="checkbox"/> b. FEMALE <input type="checkbox"/>		7.a. RACIAL CATEGORY (X one or more) (1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE (6) DECLINE TO RESPOND		7.b. ETHNIC CATEGORY (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO (3) DECLINE TO RESPOND	
8. MARITAL STATUS (Specify)				9. NUMBER OF DEPENDENTS			
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed Gr Completed)		13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)	
						1st 2nd	
14. VALID DRIVER'S LICENSE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date)				15. PLACE OF BIRTH (City, State and Country)			

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f. T-E MOS/AFS		g. WAIVER (1)		(2)		(3)		(4)		(5)		(6)		h. PAY GRADE																								
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111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140									
19a. DEP/ACCESSION RECORD (TO BE COMPLETED BY MEPS PERSONNEL)																																						
WRK AND STATUS CODE				DATE OF ACTION				Q/C	WRK AND STATUS CODE				DATE OF ACTION				Q/C																					

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397 (SSAN).

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2005 is written 20050601.