

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	CRYSTAL	Rank/Grade	PFC	Date of Counseling	6/7/2022
Organization	Ft Jackson, SC 29207	Name and Title of Counselor	SFC ORTON, LARRY , TRADOC ARNG LIAISON		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Event-Oriented

- o Soldier referred to RCLNO to the ARNG Liaison office for REFRAD counseling due to vacinee refusal with possibility of ETP (Religious).
- o Soldier has an MRD date: NO

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

You are being REFRAD. You did not complete BCT. When you return to Ft. Jackson you will need to pass the required training and will be sent to AIT. Conduct physical fitness while you are home in order to pass your APFT. Keep a good diet and stay healthy. Failure to pass your APFT when you return can result in you being discharged or returned to your ARNG State.

You must complete BCT/AIT within 24 months of enlistment.

You may return to training if or as soon as you have completed or eliminated hardship concerns

You will be released from active duty for training, effective immediately (within 7 working days).

The government will provide your transportation back to your home of record (HOR).

You will be REFRAD to your State as a Non-BCT Graduate.

IAW TRADOC Reg 350-6 Chapter 1, paragraph 1-4. Initial Military Training (IMT) Mission/Vision/Endstate

- Mission: Lead the synchronization and management of initial military training and education to transform civilian volunteers into Soldiers who are able to contribute upon arrival at their first unit of assignment.
- Vision: The Army Profession starts here - by preparing, training, and educating civilian volunteers, and transforming them into Soldiers, who are competent in the military skills, individuals of character, and are committed to serving our nation.
- End State: Provide the Army with Soldiers of Character who are competent and committed to serving our nation honorably.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

You will be REFRAD to your homestation.

Active Duty pay will stop the day you are discharged and you will resume in a Reserve Component pay status.

Upon your arrival home, you must report to your unit/RSP with your DD 220, medical and dental records, clothing record, DA 201 file and any other documentation you received while at Fort Jackson.

You will report within 72 hours of arriving home, which can be a phone call to your recruiter or RSP NCO. If you cannot reach them by phone, you will drive to their location in order to make contact with them and ensure they know you have arrived. Failing to report will result in you being AWOL.

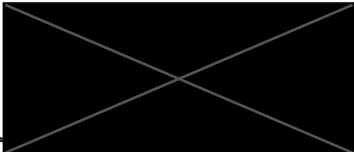
I remind you that while you are here waiting to be REFRAD, you are still in the United States Army and will conduct yourself as such. All rules and regulations still apply. Any violations of these rules will result in disciplinary action and could effect your REFRAD and result in Separation from service that could affect your future.

- Work on your physical fitness in order to successfully pass your APFT.
- Ensure you take a PHA to keep your records up to date

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:



Signature of Individual Counseled:

Date:

6/7/2022

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

I will inform your state of your current status.

Signature of Counselor:

Date:

6/7/2022

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor:

Individual Counseled:

Date of

Assesment:

Note: Both the counselor and the individual counseled should retain a record of the counseling.

Vaccination Exemption Request

Name (Last, First):  Crystal


DOB: 

DODID: 

Age: 29 Sex: Female Grade: E2

AGR ADOS M-DAY OTHER


MRNCO Name / E-Mail / Phone: 

CO CDR Name / E-Mail: 

BN CDR Name / E-Mail: 

SM reasoning for requesting immunizations exemption.

(Lack of necessary supporting documentation will result in disapproval): Initial Appeal

Due to Religious Preference

I have reviewed the case summary and hereby submit this request.

Provider:  _____ Chaplain: _____ Send complete

packets to: TXARNG-OJS-ImmunizationExemptions@army.mil

Surgeon / Component Surgeon Review

Exemption Approval: Perm Temp: _____ Days Disapproved

Signature: _____ Date: _____

Comments:



VACCINATION EXEMPTION REQUEST

CHECKLIST MUST ACCOMPANY PACKET

LNAME, FNAME	<input type="checkbox"/>	Crystal	RANK:	PFC	DODID:	<input type="checkbox"/>
UNIT:	Recruiting & Retention BN				MOS:	<input type="checkbox"/>
UIC	<input type="checkbox"/>	PAR	<input type="checkbox"/>	LINE	<input type="checkbox"/>	Duty Title

- Vaccination Exemption Request
- Commander's Counseling DA 4856
- Service Member viewed the CDC's informational video about the vaccination(s)
- Service Member's Memorandum Requesting Exemption
- Supporting Documentation

Check the following immunizations the Service Member is requesting to be exempted for:

- COVID-19
- Influenza
- HEP-A
- HEP-B
- Measles Mumps and Rubella (MMR)
- Polio
- Tetanus-Diphtheria-Pertussis (TDaP)
- Varicella

Point of Contact: _____ Telephone Number: _____



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DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	 Crystal 	Rank/Grade	Date of Counseling
Organization	Recruiting & Retention Command	PFC/E3	20220329
		Name and Title of Counselor	CPT Ethan C. McIntosh, RGN Commander

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Counseling for Soldier requesting medical and/or religious exemption for the COVID-19 vaccine IAW AR 600-20, paragraph 5-4g(2)

On 24 August 2021, the Secretary of Defense directed the Secretary of the Army to begin full vaccination of the U.S. Army against the COVID-19 disease. On 29 March 2022, you requested an exemption for the COVID-19 vaccine.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

**Per the Secretary of Defense and guidance issued by the Secretary of the Army:

1. The purpose of the COVID-19 vaccines is to prevent the spread of the COVID-19 disease.
2. The COVID-19 disease may be present in a possible area of operation.
3. The CDC has stated the following: The COVID-19 vaccines are safe and effective at preventing the COVID-19 disease and reducing the risk of severe illness and death. COVID-19 vaccines may reduce the risk of people spreading the virus that causes COVID-19. While you may have side effects after your vaccination, these are normal and should go away within a few days. It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. You are not fully vaccinated until 2 weeks after the second dose of a 2-dose vaccine or 2 weeks after a single dose vaccine. You can learn more about the COVID-19 vaccines at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>. Additionally, you may discuss any concerns you have about receiving the vaccine with medical professionals.
4. Per the Secretary of Defense and as directed by the Secretary of the Army, you are hereby ordered to become fully vaccinated with a COVID-19 vaccine that has received full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance, subject to the availability of vaccines. This is a lawful order. Failure to obey this order may result in punitive or adverse administrative action. Voluntary immunization with a COVID-19 vaccine under FDA Emergency Use Authorization or World Health Organization Emergency Use Listing in accordance with applicable dose requirements prior to, or after receiving this order, constitutes compliance with this order.
5. If you believe you should be granted a medical exemption, then discuss this with your health care provider. If you have already been vaccinated, you must provide valid proof of vaccination for inclusion in your medical records. If you wish to submit an administrative exemption request under AR 40-562, including a request for a religious accommodation, you must request it through your chain-of-command. Soldiers with active pending immunization exemption requests will not be immunized or subjected to adverse action for refusal to receive the vaccine, pending the outcome of their request or any appeal of a denied request. If you continue to refuse to be immunized after final denial of your exemption request/appeal, you will be in violation of the order in paragraph 4 above. You are further advised IAW AR 600-20, Appendix P-2b(4) that noncompliance with immunization requirements may adversely impact deployability, assignment, or international travel and that exemptions may be revoked under imminent risk conditions.

I am counseling you for reasons noted above. Continued vaccine declination of this nature may result in initiation of a bar to reenlistment, administrative action to include your separation from the service, and/or punitive action under the TCMJ or UCMJ. If this conduct continues, action may be initiated to involuntarily separate you from the service under AR 635-200. If you are involuntarily separated, you could receive an Honorable, General Under Honorable Conditions, or Other Than Honorable discharge. If you receive an Honorable Discharge, you will be qualified for most benefits resulting from your military service. If you receive a General Under Honorable Conditions Discharge or an Other Than Honorable Discharge, you may be disqualified from reenlisting in the service for some period and you may be ineligible for many, if not all, veterans benefits to include but not limited to the Montgomery G.I. Bill and post-9/11 G.I. Bill. If you receive a General Under Honorable Conditions or Other Than Honorable Discharge, you may face difficulty obtaining civilian employment as employers may have low regard for less than Honorable discharges.

OTHER INSTRUCTIONS

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Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

MANDATORY VACCINATION DECLINATION:

- (1) NLT 3 duty days after receipt of this counseling, the Service member will watch an educational video on the benefits of vaccination. The video is available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (2) NLT 3 duty days after the Service member watches the mandatory video, the immediate commander directs the Service member to comply with the order on page 1, paragraph 4. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (3) If the SM continues to refuse immunization, the commander directs the Soldier to meet with a medical professional (physician, physician assistant, or nurse practitioner) to discuss the vaccine and any concerns. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (4) NLT 3 duty days after the Service member consults with a medical professional, the immediate commander directs the Service member to comply with the order on page 1, paragraph 4. (SM initial when complete) ___ EM ___ (CDR initial when complete)

TEMPORARY OR PERMANENT MEDICAL EXEMPTION REQUESTS:

- (1) If requesting a temporary or permanent medical exemption, the Service member will contact the first medical provider in their chain of command NLT 3 duty days after receipt of this counseling. The Service member will schedule the next available appointment with the their medical provider or equivalent. (SM initial when complete) ___ EM ___ (CDR initial when complete).
- (2) If the request for a temporary medical exemption is denied, the Service member may request a second opinion NLT 3 duty days after notification of the denial. The denial authority will provide information on requesting a second opinion. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (3) Denial authority is with Chief Surgeon ARNG, NGB. NLT 3 duty days after notification of the denial. (SM initial when complete) ___ EM ___ (CDR initial when complete)

RELIGIOUS EXEMPTION REQUESTS:

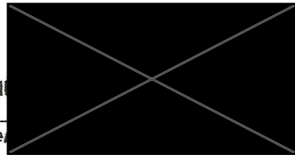
- (1) If requesting a religious exemption, the Service member will submit a written request for a religious exemption IAW AR 600-20, Appendix P-2b(1) to the immediate commander NLT 3 duty days after receipt of this counseling. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (2) The commander will arrange an interview with the assigned unit Chaplain or other Chaplain determined by the senior Chaplain present, NLT 3 duty days after the commander receives the Service member's request for a religious exemption. (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (3) The commander will arrange for a PGM or equivalent to counsel the Service member to ensure the Service member is making an informed decision IAW AR 600-20, Appendix P-2b(3). (SM initial when complete) ___ EM ___ (CDR initial when complete)
- (4) If the request is denied, the Service member may appeal to the Assistant Secretary of the Army (Manpower and Reserve Affairs) through command channels NLT 3 duty days after notification of the denial. (SM initial when complete) ___ EM ___ (CDR initial when complete).

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled



Date: 20220329

Leader Responsibilities: (Leader _____ing the plan of action.)

Signature of Counselor:

Date: 29 Mar 2022

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____

Individual Counseled: _____

Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.




DEPARTMENT OF THE ARMY
TEXAS ARMY NATIONAL GUARD
2200 WEST 35TH STREET
AUSTIN, TX 78703

NGTX-RR-II-H

29 March 2022

MEMORANDUM FOR RECORD

SUBJECT: Medical Provider Counseling for a Religious or Medical Exemption Request
PFC Crysta 

1. References:

a. AR 40-562 (Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases), 27 June 2019.

b. AR 600-20 (Army Command Policy), 24 July 2020.

2. I personally counseled PFC Velez on 29 March 2022 regarding COVID-19 and the Department of Defense vaccination mandate. We discussed the nature of her objection in order to dispel any misconceptions and to root the conversation in science and facts. Additionally, we discussed the safety and efficacy of the vaccine including morbidity and mortality of unvaccinated patients compared to vaccinated patients. Finally, we discussed her prior vaccinations and the role of the COVID-19 vaccine in supporting the mission to serve the nation.

3. The service member had no further questions and will continue the exemption request process through their chain of command.

4. Point of contact for this memorandum is the undersigned at 

*Thuy-Van Nguyen, NP
Family Nurse Practitioner
Jus Van*

DEPARTMENT OF DEFENSE
MILITARY ENTRANCE PROCESSING STATION
701 San Jacinto Street P O BOX 52309
Houston, TX 77052-2309

ORDERS: [REDACTED]

12 April 2022

TO: [REDACTED] CRYSTAL [REDACTED]
[REDACTED]

With the consent of the Governor of Texas, you are ordered to initial active duty for training (IADT) under 10 USC 12301. Upon completion of the training period shown below, unless sooner relieved or extended by proper authority, you will return to your home. Shipment of the weight allowance of household goods prescribed in the Joint Federal Travel Regulations is not authorized. Travel of dependents is not authorized. Proceed from your current home address and report to your local RSP site not later than 0500 on 23 May 2022 and then:

Report to Basic Training: 120th AG Bn, Ft Jackson, SC
Reporting date: 23 May 2022
Advanced Individual Training (AIT) activity and location: U.S. Army Trans and Aviation Log School, Ft Eustis, VA
AIT reporting date: 09 August 2022
Training period: Approximately 10 weeks for basic training and 17 weeks MOS training, or until complete.

[REDACTED]

Pay entry base date (PEBD): 09 March 2022

This is a centrally billed account for ticket purchase.

[REDACTED]

FOR THE COMMANDER:

OFFICIAL COPY
DEPARTMENT OF DEFENSE
HOUSTON MEPS

BLAIRE R. GRIFFIIN
CPT, USA
Operations Officer


DISTRIBUTION:




[REDACTED]

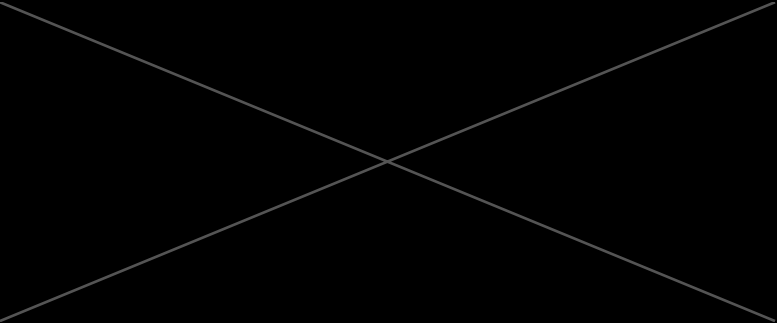
AG Bn (rcpt) Ft Jackson, SC (2)
TEXAS ARNG AG (3)

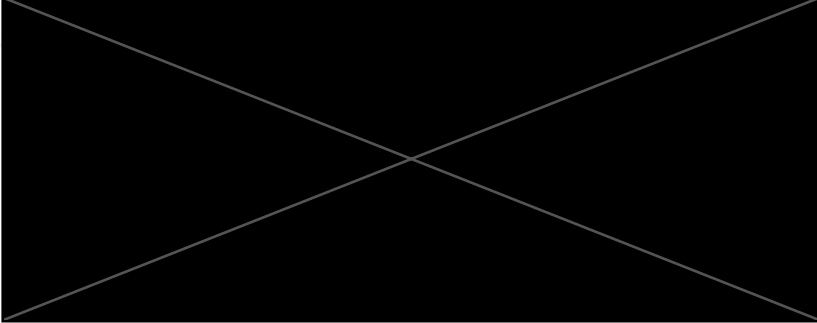
[REDACTED]

TEXAS ARNG guidance counselor (3)
Travel section (1)
File (1)

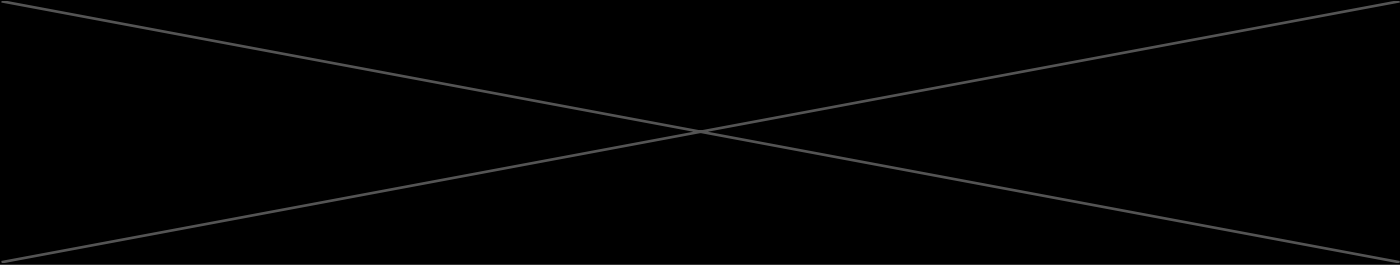
Invoice	
MEPS	5/17/2022 2:42P
	Account Number 
<p>Contact the Defense Transportation Management Office (DTMO) Recruit Assistance Hotline 1-877-563-7746 (877-5-MEPS-GO) when encountering travel related issues. Travel related issues include flight or inclement weather delays, cancelled flight, missed connecting flight, stranded at airport or other payment/travel issues, and illness. The DTMO toll-free Recruit Assistance Hotline is staffed 24 hours a day. When calling the DTMO, follow the directions on the recorded message. Stay on the line, remain calm and someone will help you. Be persistent and continue to call if no one answers. Remain calm.</p> <p>To fill out a Customer Survey on your travel booking experience, click https://fs10.formsite.com/ciazumano/form108/index.html</p> <p style="text-align: center;">Click HERE to access Print My Invoice.</p>	

Travel Summary -- Record 2NWLXY				
Traveler	Reference #	Frequent Flyer Numbers		
 CRYSTAL 				
Date	From/To	Flight/Vendor	Depart/Arrive	Class/Type
				
Verify Baggage Restrictions and Charges Before Travel				
Call United Airlines at 800-241-6522 or check their web site at www.ual.com				

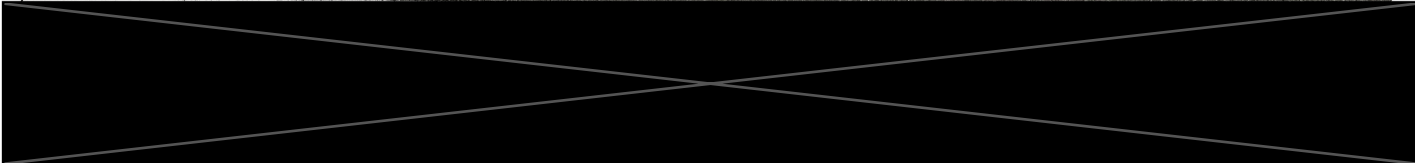
AIR - Monday, May 23 2022	
	<u>Weather</u>
	<u>Weather</u>

AIR - Monday, May 23 2022	
	<u>Weather</u>
	<u>Weather</u>

Ticket Detail



Service Fee Detail



Total of Tickets and Service Fees:	413.67
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Remarks

FEDERAL LAW FORBIDS THE CARRIAGE OF CERTAIN
HAZARDOUS MATERIALS LIKE AEROSOLS FIREWORKS AND
FLAMMABLE LIQUIDS ABOARD AIRCRAFT. IF YOU DO NOT
UNDERSTAND THESE RESTRICTIONS FURTHER INFORMATION
MAY BE OBTAINED FROM YOUR AIRLINE.

CHECK IN TIMES ARE 2 HOURS PRIOR FOR DOMESTIC FLIGHTS
OR 3 HOURS FOR INTERNATIONAL FLIGHTS
CHECK CARRIER WEBSITE FOR CHANGE/CANCEL AND BAGGAGE POLICIES

Federal law forbids the carriage of certain hazardous materials like aerosols, fireworks and flammable liquids aboard aircraft. If you do not understand these restrictions further information may be obtained from your airline

SALES PERSON: DANUELLE ITINERARY/INVOICE NO. 0649374
CUSTOMER NBR: Z2743RN ZGOIZG

DATE: 09 JUN 22
PAGE: 03

TO: CWTSATOTRAVEL

RETURN UNUSED PAPER TICKETS TO
CWTSATOTRAVEL
5450 STROM THURMOND BLVD
RM 100 1ST FLOOR
FORT JACKSON 29207
800-229-6078

FOR:



U6-JACKSON
U81-A
U82-0001
U5-PT
U71-R0
U72-A1
U80-C
U10-0000000000
U3-2143009
U7-044222
U9-2122060
U35-NA
U21-NA
U17-758

SALES PERSON: DANUELLE ITINERARY/INVOICE NO. 
CUSTOMER NBR: 

DATE: 09 JUN 22
PAGE: 01

TO: CWTSATOTRAVEL

RETURN UNUSED PAPER TICKETS TO
CWTSATOTRAVEL
5450 STROM THURMOND BLVD
RM 100 1ST FLOOR
FORT JACKSON 29207
800-229-6078

FOR: 

YOUR ORDERS HAVE BEEN RECEIVED ON 09JUN

----- IMPORTANT CHANGE -----

IF TICKET NUMBER IS NOT REFLECTED ON THIS ITINERARY,
THIS AIR RESERVATION WILL AUTOMATICALLY BE CANCELLED
AT 72 HOURS PRIOR TO TRAVEL DATE IF APPROVAL OR
ORDERS ARE NOT RECEIVED FOR TICKETING DUE TO AIRLINE
FARE RULES. THE TRAVELER IS RESPONSIBLE FOR
CANCELLING ALL ASSOCIATED HOTEL AND CAR RESERVATIONS
TO AVOID ANY NO-SHOW PENALTIES.

AIR/RAIL TRANSPORTATION EXPENSES ON THIS ITINERARY
ARE BILLED TO A CENTRALLY BILLED ACCOUNT.

IT IS OWNED BY THE GOVERNMENT AND THESE EXPENSES
ARE NOT REIMBURSABLE TO THE TRAVELER.

FEES TOTALING 12.59PP CHARGED IN ADDITION TO TKT PRICE

FEE-USD12.59PP-AIR DOMESTIC, TRADITIONAL

FEE 8902195257095 TOTALING 12.59

TICKET TOTALING ... 624.60

FEES AND TICKET TOTAL ... 637.19


CONTINUED ON PAGE 2

SALES PERSON: DANUELLE ITINERARY/INVOICE NO. [REDACTED]
CUSTOMER NBR: [REDACTED]

DATE: 09 JUN 22
PAGE: 02

TO: CWTSATOTRAVEL

RETURN UNUSED PAPER TICKETS TO
CWTSATOTRAVEL
5450 STROM THURMOND BLVD
RM 100 1ST FLOOR
FORT JACKSON 29207
800-229-6078

FOR: [REDACTED]

08 SEP 22 - THURSDAY

SUB TOTAL	637.19
NET CC BILLING	637.19*
TOTAL AMOUNT DUE	0.00

LOCAL OFFICE HOURS/ MONDAY - FRIDAY.
HOURS OF OPERATION 730 AM- 400 PM
GOVERNMENT RESERVATIONS.....800-229-6078
GOVERNMENT FAX.....866-768-9549
EMERGENCY WORLDWIDE COLLECT.....210-877-6828
.....*****
.....*****
...*****ATTENTION*****
ORDERS ARE REQUIRED TO ISSUE AIRLINE TICKETS
FAX ORDERS TO 866-786-9549 OR EMAIL TO
FTJACOR4/AT/CWTSATO.COM
CWTSATOTRAVEL WILL NOT ISSUE AIRLINES TICKETS
WITHOUT A COPY OF ORDERS.
...*****

-- ATTN COVID19 TRAVEL REQUIREMENTS CHANGE FREQUENTLY --
COUNTRIES AND/OR AIRLINES MAY REQUIRE PROOF OF A NEGATIVE
COVID TEST TAKEN 72 HOURS PRIOR TO DEPARTURE.
REVIEW AIRLINE POLICIES AND VERIFY COUNTRY COVID19 TRAVEL
REQUIREMENTS FOR DESTINATION AND ALL TRANSIT POINTS AT
TRAVEL.STATE.GOV/CONTENT/TRAVEL/EN/TRAVELADVISORIES/EA/
COVID-19-INFORMATION.HTML

PLEASE VISIT WWW.MYCWT.COM/AIRLINEBAGGAGEFEES
FOR BAGGAGE FEE INFORMATION. CHECK OPERATING CARRIER
FOR ALLOWANCE IF TRAVELING ON CODE SHARE FLIGHT.

CONTINUED ON PAGE 3

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

OMB No. 0704-0415
OMB approval expires
March 31, 2020

SECTION I - SPONSOR/EMPLOYEE INFORMATION

1. NAME (Last, First, Middle) CRYSTAL		2. GENDER F	3. SSN OR DOD ID NO. [REDACTED]	4. STATUS Guard-Active Duty	5. ORGANIZATION USA
6. PAY GRADE E3	7. GEN. CAT I	8. CITIZENSHIP USA		9. DATE OF BIRTH [REDACTED]	10. PLACE OF BIRTH
11. CURRENT HOME ADDRESS [REDACTED]			12. CITY [REDACTED]	13. STATE TX	14. ZIP CODE [REDACTED]
15. COUNTRY USA		16. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/DSN)	18. CITY OF DUTY LOCATION
19. STATE OF DUTY LOCATION		20. COUNTRY OF DUTY LOCATION			

SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS

21. REMARKS (Cite legal documentation, as applicable.) Verified marriage certificate; Two original forms of ID required before issuing card.	NOTARY SIGNATURE AND SEAL
--	---------------------------

I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge.
(If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)

[REDACTED SIGNATURE]

23. DATE SIGNED (YYYYMMDD)
2022 May 24

SECTION III - AUTHORIZED BY

24. SPONSORING OFFICE NAME			25. CONTRACT NUMBER		
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)		27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS		29. OVERSEAS ASSIGNMENT (Country)
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)		

I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.

34. SPONSORING OFFICIAL NAME (Last, First, Middle)		35. UNIT/ORGANIZATION NAME			
36. TITLE	37. PAY GRADE	38. SIGNATURE		39. DATE VERIFIED (YYYYMMDD)	

[REDACTED SIGNATURE AND OFFICIAL INFORMATION]

72. SIGNATURE	73. DATE ISSUED (YYYYMMDD)
---------------	----------------------------