DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard CHANGE IN RESERVE COMPONENT CATEGORY (RCC)									
MEMBER: Fill out and forward to your Command. For retirement request, use form CG-2055A. COMMAND: Please email completed form with any required documentation to ARL-PF-CGPSC-RPM-Query@uscg.mil									
EMPLID	Name (Last, First, MI)								
Rank	Primary Email	Primary Email Address			Primary Contact Phone				
Current Category (check one)		Requested Change to (check one)		check one)		Date Requested for Change			
SELRES IRR ISL ASL		SELRES IRR ISL ASL							
Date of last USCG PHA / physical exam		Do you have any medical conditions that might affect your ability to serve in the USCG Reserve? Yes No							
Date of last USCG Weigh-in		Were you in compliance?				Are you currently in the ISL due to weight?			
			Yes No			Yes No			
8 –Year Military Service Obligat	ion Completed		ASQ Completio	n Date		End of enlistment date (EOE)			
Yes No				()] ()					
Remaining SELRES obligated service? If YES, how many year(s)/month(s) left?									
Yes No	to the IRR must h	ave no re	Year(onth(s))			
All members requesting transfer to the IRR must have no remaining SELRES obligation. Have you completed at least 20 years of satisfactory federal service and have received a '20-Year Retirement Letter' from Coast Guard Pay and Personnel Center? Yes No									
How long have you been in your		Anticipated time you plan to serve in requested RCC:							
			PRIVACY ACT	STATEMENT					
In accordance with 5 U.S.C. Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 U.S.C. 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, but without disclosure it may impede the members ability to change Reserve Component Categories. 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 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. I understand that eligibility for some benefits such as Tricare Reserve Select (TRS), SGLI and transferring benefits to dependents under Post 9/11 GI Bill (if eligible) terminates, and MGIB-SR is suspended, upon transfer from SELRES status. I further understand that I will keep PSC-rpm informed of any change of address and any physical condition or other factor that would affect my immediate availability for active military service. If I am unavailable to be mobilized while in the Ready Reserve, I understand I will be placed in the Inactive Standby List until the end of my enlistment. I must promptly answer all official correspondence and maintain medical readiness and weight standards. Additionally, I understand all members in the Ready Reserve or Standby Reserve, Active Status who are retirement qualified, except for having reached sixty years of age, must accrue a minimum of 50 retirement points in an anniversary year to remain in an active status. If the minimum requirement of 50 retirement points is not met, I understand that I will automatically be placed in a retired status (RET-2).									
Member's Signature					Date				

COMPLETE IF REQUEST IS TO READY RESERVE – SELRES									
If requesting change to SELRES, desire placement in the following City, State, Unit									
City St	ate	Unit							
COMPLETE IF REQUEST IS TO STANDBY RESERVE - ASL or ISL									
Reason for request <i>(Official documentation must be provided</i> Over 30yrs ¹ Non Performer ² Key Federal Employee ³ Other Explain:	d through CoC to CG PSC Hardship ³ Relocation Overseas	Physical Disability ³							
: See COMDTINST M1001.28A, ch. 5.B.8 2: See COMDTINST M1001.28A, ch. 4.B : See COMDTINST M1001.28A, ch. 5.B.3 4: See COMDTINST M1001.28A, ch. 5.B.7 : See COMDTINST M1020.8G / CG-3307's to CG PSC-rpm-1									
COMMAND ENDORSEMENT									
Is the members participation and performance satisfactory IAW COMDTINST M1001.28A, ch. 4.A.2? Yes No If NO, provide supporting documentation to CG PSC-rpm-1.									
Does member have a bonus to be recouped? Yes No If YES, has the Command contacted the Pay and Personnel Center? Yes No									
ENLISTED ONLY: Is the member recommended for reenlistment by Command? Yes No									
Is this member slated for ADOS, Involuntary T10, or T14 in the next 90 days? Yes No									
The command understands unexpected vacancies due to transfers to the IRR, ASL, or ISL this billet may be gapped based upon timing of the assignment season.									
Command Signature	Print Name and Rank		Date						
DXR Signature	Print Name and Rank		Date						
Submitting Instruction: After completion of command and DXR endorsement, submit form and official supporting documentation to ARL-PF-CGPSC-RPM-Query@uscg.mil. Transferring to ISL / ASL: All packages to ISL/ASL must include official supporting documentation. Failure to Participate: Procedures per the Reserve Policy Manual ch. 4.B must be completed and documented accordingly prior to submission.									