

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
LATERAL CHANGE REQUEST

MEMBER: Fill out page 1 of this form and forward, along with **all supporting documents & your ESS**, to your Command for endorsement.
COMMAND: Endorse page 2 and submit form, along with all supporting documents and member's ESS, to DXR.
DXR: Endorse page 2 and forward, through ISTT if member is AD, to RPM-1 at ARL-PF-CGPSC-rpm-Query@USCG.mil.
REFERENCE: Reserve Policy Manual M1001.28A Chapter 7.C.9.

EMPLID	Name <i>(Last, First, MI)</i>	Date Submitted
Rank	Primary E-mail Address	Primary Phone Contact

Date of Enlistment	Expiration of Obligated Service
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Current Rate	Number of Months Served in the Present Rating
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New Rating Requested <i>(e.g., YN, FS, etc.)</i>	Billet has been Identified Pending Approval <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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Reason for Request

Correspondence courses successfully completed.
(ATTACH DOCUMENTATION)

Service schools completed, to include all completed programs not captured on your ESS.
(ATTACH ESS & ALL DOCUMENTATION)

School	Dates	Branch of Service

Other training applicable to both the present rating and the requested rating *(including augmentation training duties and experience)*.
(ATTACH DOCUMENTATION)

Other justification for the requested change, including civilian skills.
(ATTACH DOCUMENTATION)

LATERAL CHANGE REQUEST			
PRIVACY ACT STATEMENT			
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:			
Authority - 10 USC 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. However, without disclosure the member's ability to request a lateral change in rate may be impeded. 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 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.			
Member Signature		Date	
ENDORSEMENTS REQUIRED			
For timeliness of request please process within 10 business days			
By signing I am certifying the accuracy of the information contained within this request and that the member's ESS and all appropriate supporting documents are attached.			
CO Signature		Name	Date
By signing I acknowledge possible billet gap / readiness impact on unit.			
DXR Signature		Name	Date
Acknowledging member is AD requesting lateral change to fill a SELRES billet. <i>(if applicable)</i>			
ISTT Signature		Name	Date
PSC INTERNAL ROUTING			
CG PSC-rpm-1	Date Received	Routing Date	Signature
RFMC – Current Rating	Signature	Name	Date
Comments			
RFMC – Requested Rating	Signature	Name	Date
<p style="margin-left: 40px;">Approved without loss of paygrade 'A' school required</p> <p style="margin-left: 180px;">No 'A' school required</p> <p style="margin-left: 40px;">Approved with 'A' school required and change in paygrade to E-4 upon graduation.</p> <p style="margin-left: 40px;">Disapproved</p>			
Comments			
RFMC submit electronically to CG PSC-rpm-1 at ARL-PF-CGPSC-rpm-Query@USCG.mil			
CG PSC-rpm-2	Billet Number		