

VERIFICATION OF RESERVE STATUS FOR TRAVEL ELIGIBILITY <i>(Part B may be completed by the requester's commander, First Sergeant, or a DoD personnel official with access to the Personnel Data System.)</i>			1. DATE PREPARED (YYYYMMDD)	
PRIVACY ACT STATEMENT				
AUTHORITY: 10 USC 8102, 44 USC 3101 and EO 9397. PRINCIPAL PURPOSE: Use of your SSN is necessary to positively identify you. ROUTINE USE: Used by Reserve personnel to verify eligibility for space available transportation on DoD-owned or controlled aircraft. DISCLOSURE: Voluntary; however, failure to disclose will prevent the applicant from traveling on a DoD-owned or controlled aircraft.				
PART A - TO BE COMPLETED BY APPLICANT				
2. NAME <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. BRANCH OF SERVICE	5. SSN
6. UNIT/COMMAND NAME			7. UNIT/COMMAND ADDRESS	
8. SIGNATURE				9. DATE SIGNED <i>(YYYYMMDD)</i>
PART B - TO BE COMPLETED BY VERIFYING OFFICIAL				
The Reservist named above is an active reserve component member and is eligible for space available transportation on DoD-owned or controlled aircraft in accordance with DoD Regulation 4515.13-R, and is authorized to so travel <i>(not to exceed six months)</i> .				
10. FROM <i>(YYYYMMDD)</i>			11. TO <i>(YYYYMMDD)</i>	
12. NAME OF VERIFYING OFFICIAL <i>(Last, First, Middle Initial)</i>			13. PAY GRADE	14. TITLE
15. ORGANIZATION		16. SIGNATURE		17. DATE SIGNED <i>(YYYYMMDD)</i>

DD FORM 1853, OCT 1999

PREVIOUS EDITION MAY BE USED.