

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3		REQUEST FOR EXAMINATION THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT			FOR OFFICIAL USE ONLY													
PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.																		
A. SERVICE PROCESSING FOR		B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		C. SELECTIVE SERVICE CLASSIFICATION		D. SELECTIVE SERVICE REGISTRATION NUMBER												
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		NUMBER OF DAYS:																
1. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)																
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)			4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)															
5. CITIZENSHIP (X One)		6. SEX (X One)		7.a. RACIAL CATEGORY (X one or more)														
<input type="checkbox"/> 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)		<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												
b. U.S. NATURALIZED		8. MARITAL STATUS (Specify)		7.b. ETHNIC CATEGORY (X One)														
c. U.S. NON-CITIZEN NATIONAL		9. NUMBER OF DEPENDENTS		<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO														
d. IMMIGRANT ALIEN (Specify)		e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)																
f. ALIEN REGISTRATION NUMBER (As applicable)																		
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs./Highest Fd Gr Completed)		13. PROFICIENT IN FOREIGN LANGUAGE (X One) (If Yes, specify) <input type="checkbox"/> YES <input type="checkbox"/> NO												
						1st <input type="text"/> 2nd <input type="text"/>												
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)														
16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO																		
c. TEST TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST																		
d. RETEST TYPE <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST																		
e. PREVIOUS TEST VERSIONS 1. <input type="text"/> 2. <input type="text"/>																		
b. ENLIST UNDER STUDENT TEST SCORES? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO																		
[] SPECIAL <input type="checkbox"/> 2ND RETEST																		
f. PREVIOUS TEST DATES (YYYYMMDD) 1. <input type="text"/> 2. <input type="text"/>																		
[] CONFIRMATION <input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED																		
17. a. RECRUITER ID/SSN		b. STATION ID		18. TEST ADMINISTRATOR SSN/ID		19. TEST ADMINISTRATOR SIGNATURE												
20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO																		
b. EXAM TYPE <input type="checkbox"/> FULL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RE-EXAM																		
c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)																		
[] INSPECT <input type="checkbox"/> CONSULT <input type="checkbox"/> OTHER																		
21. APPLICANT'S SIGNATURE				22. MIRS CODING														
				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>WKID</th> <th>ST</th> <th>DATE</th> <th>INT</th> <th>DATE</th> <th>INT</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			WKID	ST	DATE	INT	DATE	INT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WKID	ST	DATE	INT	DATE	INT													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR I certify that I am the person identified on this form:				Photo ID? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		24. RIGHT THUMBPRINT RIGHT THUMBPRINT, FIRST ATTEMPT (AFFIX THUMBPRINT WITH THUMBNAIL POINTED TO THE LEFT)												
(Signature of Applicant)				If yes, type/organization _____														
				ID Number _____														
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:																		
a. <input type="checkbox"/> I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.																		
b. <input type="checkbox"/> I was tested with the ASVAB on or about _____ at _____ (Most Recent Date Tested) (School, City, and State)																		
c. <input type="checkbox"/> Request for student test scores (high school look-up) _____ at _____ (Most Recent Date Tested) (School, City, and State)																		
d. <input type="checkbox"/> Yes, I want to keep my AFQT scores from the student test listed in "c" above.																		
e. Current or last high school attended _____ OR _____ (High School) (13 Digit Code)																		
f. _____ / _____ / _____ (Signature of Applicant) (Social Security Number) (Date)																		
MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.																		
26. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm you have no current medical insurer):				27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm you have no current medical provider):														
28. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code)				29. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)														
30. CERTIFICATION BY RECRUITING PERSONNEL I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:					APPLICANT SSN													
_____ / _____ / _____ (Signature of Recruiter (or rep, if auth)) (Printed/Typed Name of Recruiter or Rep) (Date)																		
_____ (Printed/Typed Name of Recruiter (if not recorded above))																		
_____ / _____ / _____ (Recruiter ID/SSN) (Local Recruiting Activity) (Bn, NRD, Sq or RS Location)																		