APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR OPERATIONAL SUPPORT, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 672, Reference to Chapter 1209; 10 USC 7013 Secretary of the Army; AR 135-200 Active Duty for Missions, Projects, and Training for Reserve Component Soldiers.

PRINCIPAL PURPOSE(S): The form is used as a voluntary request for training and determines the eligibility of Soldiers, and to schedule individuals for other training duty (OTD), active duty for operational support (ADOS), and annual training (AT) on specified requested dates. Also establishes the obligation of requested active duty orders. For additional information see the System of Records Notice(s) A0600-8-104b AHRC Official Military Personnel Record (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/).

ROUTINE USES: Information provided may be further disclosed to the Department of Veteran's Affairs for benefits purposes. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however failure to complete this form will make you ineligible for consideration for OTD, ADOS, or AT. Applicant should retain a copy of DA Form 1058.

PART I - APPLICANT *(Read instructions in AR 135-200 before completing this form.)*

1. TO *(Include ZIP Code)*

2a. NAME *(Last, First, MI)*

2b. RESERVE COMPONENT CATEGORY ☐ IMA ☐ IRR ☐ TPU ☐ ARNG ☐ ARNGUS

3a. PERMANENT HOME ADDRESS *(Include ZIP Code)*

4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY *(If different from permanent home address) (Include ZIP Code)*

3b. PRIMARY TELEPHONE NUMBER *(Include area code)*

4b. PRIMARY TELEPHONE NUMBER *(Include area code)*

3c. SECONDARY TELEPHONE NUMBER *(Include area code)*

4c. SECONDARY TELEPHONE NUMBER *(Include area code)*

5. UNIT OF ASSIGNMENT OR ATTACHMENT AND UIC

6. GRADE

7. BRANCH

8. SEX ☐ Male ☐ Female

9. DOB *(YYYYMMDD)*

10. MARITAL STATUS

11. NO. OF DEPENDENTS

12. PRIMARY SSI *(AOC)* / MOS

13. DUTY SSI *(AOC)* / MOS

14. ACFT DATE ☐ Go ☐ No Go

15. HT/WT ☐ Go ☐ No Go

16. ☐ I am ☐ I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.

17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE *(AFS)*

18. **FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY:** THIS APPLICATION IS FOR *(Check one)*
☐ IMA AT ☐ IMA AT w/IDT ☐ ADT in lieu of IMA AT ☐ Additional ADT

19. DATES OF ADOS / TTAD / ADT / AT REQUESTED

a. FIRST CHOICE		**b. SECOND CHOICE**	
NUMBER OF DAYS	BEGINNING DATE / TIME /	NUMBER OF DAYS	REPORT DATE *(YYYYMMDD)*
LOCATION *(Include Zip Code)*		LOCATION *(Include Zip Code)*	
DUTY / TRAINING AGENCY AND UIC		DUTY / TRAINING AGENCY AND UIC	

20. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army *(Manpower and Reserve Affairs)*. I hereby consent to my release from active duty at the completion of this tour.

(Signature of applicant)

PART II - RECORDS CUSTODIAN			
21. PAY ENTRY BASIC DATE *(YYYYMMDD)*	22. SECURITY CLEARANCE	23. PROMOTION CONSIDERATION CODE	24. DATE OF RANK *(YYYYMMDD)*
25. RYE DATE *(YYYYMMDD)*	26. ETS *(Enlisted)*	27. MANDATORY REMOVAL DATE *(Officers) (YYYYMMDD)*	28. PHA DATE *(YYYYMMDD)*
29. HIV TEST DATE *(YYYYMMDD)*	30. PANOGRAPHIC DENTAL X-RAY ON FILE ☐ YES ☐ NO		
31. REMARKS			
32a. NAME, RANK, PHONE AND EMAIL OF UNIT COMMANDER			
b. SIGNATURE OF UNIT COMMANDER			c. DATE *(YYYYMMDD)*
33a. NAME, RANK, PHONE AND EMAIL OF RECORDS CUSTODIAN			
b. SIGNATURE OF RECORDS CUSTODIAN			c. DATE *(YYYYMMDD)*