

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, 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 ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

Authority: 10 USC 672(d) and USC 275.  
 Principle Purpose: To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.  
 Routine Uses: To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders. The SSN is used to identify the applicant.  
 Disclosure: Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

**PART 1 - APPLICANT (Read instructions in AR 135-200 Before Completing this Form)**

1. TO (Include ZIP Code)

2. NAME (Last, First, MI)	3. SSN
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4a. PERMANENT HOME ADDRESS (Include ZIP Code)	5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)
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4b. HOME TELEPHONE NUMBER (Include Area Code)	5b. HOME TELEPHONE NUMBER (Include Area Code)
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4c. BUSINESS TELEPHONE NUMBER (Include Area Code)	5c. BUSINESS TELEPHONE NUMBER (Include Area Code)
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6. UNIT OF ASSIGNMENT OR ATTACHMENT	7. GRADE	8. BRANCH
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9. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10. DOB	11. MARITAL STATUS	12. NO. OF DEPENDENTS
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13. PRIMARY SSI (AOC) /MOS	14. DUTY SSI (AOC) /MOS	15. HEIGHT	16. WEIGHT
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17. <input type="checkbox"/> I AM <input type="checkbox"/> I AM NOT    Drawing a Pension, Disability Compensation, or Retired Pay from the U.S. Government	18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)
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19. For Individual Mobilization Augmentees Only: THIS APPLICANT IS FOR (Check One)

IMA AT                       ADT in lieu of IMA AT                       ADDITIONAL ADT

20. Dates of ADSW/ADT/AT Requested			
a. FIRST CHOICE		B. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

21. To the best of my knowledge and belief I am physically qualified for active military duty. I was

a. LAST EXAMINED ON	b. AT
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22. SIGNATURE	23. DATE
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**24. 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.

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(Signature of applicant)

**PART II - RECORDS CUSTODIAN**

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
29. RYE DATE	30. ETS (Enlisted)	31. MANDATORY REMOVAL DATE (Officers)	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL X-RAY ON FILE YES <input type="checkbox"/> NO <input type="checkbox"/>		

35. List all previous AD, TTAD, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HW or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/ DUTY (AD, TTAD, etc.)	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
35a. NAME OF RECORDS CUSTODIAN (First, Last, MI)	b. GRADE
c. SIGNATURE	d. DATE