

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,
TEMPORARY TOUR OF ACTIVE DUTY, 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.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 672(d) and USC 275.

PRINCIPAL 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.

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

1. TO (Include ZIP Code)
Human Resources Office, ATTN: NGID-HRO-AGR
4794 General Manning Ave, Bldg 442
Boise, Idaho 83705

2. NAME (Last, First, MI)

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. HOME TELEPHONE NUMBER (Include area code)

4b. HOME TELEPHONE NUMBER (Include area code)

3c. BUSINESS TELEPHONE NUMBER (Include area code)

4c. BUSINESS TELEPHONE NUMBER (Include area code)

5. UNIT OF ASSIGNMENT OR ATTACHMENT

6. GRADE

7. BRANCH

8. SEX

Male Female

9. DOB

10. MARITAL STATUS

11. NO. OF DEPENDENTS

12. PRIMARY SSI (AOC)/MOS

13. DUTY SSI (AOC)/MOS

14. HEIGHT

15. WEIGHT

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

ADT in lieu of IMA AT

Additional ADT

19. DATES OF ADSW/TTAD/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

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

a. LAST EXAMINED ON

b. AT

21. SIGNATURE

22. DATE

