

APPLICATION FOR VOLUNTARY MOBILIZATION PREASSIGNMENT

For use of this form, see AR 601-10; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974**AUTHORITY:** 10 USC 275, 672d, and 688.**PRINCIPAL PURPOSES:** Pertinent information concerning any discrepancies in individual's marital status, education, date of birth, and social security number is obtained from the retiree to keep his/her master personnel file up to date.**ROUTINE USE:** Information is used to update the individual's personnel record to determine availability for mobilization in the event of a national emergency.**DISCLOSURE:** Disclosure and effect on individual not providing information: The execution of this form is voluntary to retirees. Failure to furnish information requested may result in denial of a voluntary preassignment.

**Commander, ARPERCEN
ATTN: ARPC-MOP-MM
9700 Page Boulevard
St. Louis, Missouri 63132-5200**

1.a. I hereby volunteer for preassignment to *(Installation or geographic area)*b. I ☐ will ☐ will not accept an alternate assignment.

c. I understand that I may withdraw this application at any time and that retirees meeting the recall age criteria may subsequently be involuntarily preassigned

2. APPLICANT INFORMATION *(Please print or type all information provided in blocks 2a through m.)*a. NAME *(Last, first, middle)*

b. DATE OF BIRTH

c. SSN

d. ADDRESS *(Include ZIP Code)*e.(1) HOME PHONE *(Include area code)*e.(2) BUSINESS PHONE *(Include area code)*f. RETIRED COMPONENT *(Check one)* ☐ RA ☐ AUS ☐ USAR

g. RETIRED GRADE

h. BRANCH *(Officers only)*

i. DATE PLACED IN RETIRED STATUS

j. MARITAL STATUS

k. NUMBER OF DEPENDENTS

l.(1) MOS/SSI/AOC

l.(2) SMOS/ASSI *(Skill)*m. PHYSICAL STATUS *(Self-assessment)***IF CURRENTLY PREASSIGNED, INCLUDE COPY OF ORDERS.**

3. SIGNATURE

4. DATE