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**ADDENDUM TO CERTIFICATE OF ACKNOWLEDGMENT OF SERVICE REQUIREMENTS**  
*(DA FORM 3540)*  
**FOR ENLISTMENT INTO THE US ARMY RESERVE**  
**TROOP PROGRAM UNIT WARRANT OFFICER FLIGHT PROGRAM**

For use of this form, see AR 601-210; the proponent agency is DCS, G-1.

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This form will be completed for all applicants enlisting for the USAR TPU WOFT Program and must be firmly attached to each copy of the DA Form 3540.

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1. **ACKNOWLEDGMENT:** I am enlisting for the USAR Warrant Officer Flight Training Program, I hereby acknowledge that I understand that -
- a. I must successfully complete basic (combat) training (*if required*) and undergo the Warrant Officer Indoctrination Training and Warrant Officer Candidate Rotary Wing Aviation Course (*Preflight and Flight Training Course*).
  - b. I must qualify for a security clearance.
  - c. I must continue to meet Class 1 medical standards for flying.
  - d. After my appointment as a Warrant Officer and completion of flight training, I will serve no less than 60 months in an Army Reserve Troop Program Unit as a Warrant Officer, unless sooner released by the Department of the Army and I will serve the remainder of my military obligation as prescribed by law.
  - e. Throughout my training I must be prepared to meet the rigorous physical, mental, and psychological requirements.
  - f. In the event I should not be granted a security clearance or should fail to completed my training (*preflight or Flight*) successfully, or withdraw or otherwise voluntarily disenroll from this course, I will be required to be retained in the Troop Program Unit and trained in an enlisted specialty for which a vacancy exists and for which I am qualified.
  - g. The unit I am enlisting for is:

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ENTER USAR UNIT UIC

LOCATED AT

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2. I understand this addendum is part of agreements contained in DA Form 3540 signed by me.

3. I certify I have read and understand the above, further I have had *no* promises made to me other than those contained in this form. Any verbal promise is not valid. I hereby acknowledge that I have had explained to me and I have read or viewed the nature of the training I am to receive.

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**AUTHENTICATION**

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GUIDANCE COUNSELOR'S NAME, GRADE, SSN

GUIDANCE COUNSELOR'S SIGNATURE

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APPLICANT'S NAME, SSN

APPLICANT'S SIGNATURE

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