UNITED STATES MARINE CORPS



OFFICER CANDIDATES SCHOOL TRAINING COMMAND 2189 ELROD AVENUE QUANTICO, VIRGINIA 22134-5033

IN REPLY REFER TO 1000 CSA 03 Mar 10

Commanding Officer, Officer Candidates School

To:

Head Officer Programs, Marine Corps Recruiting Command

Assistant Officer Procurements, Western and Eastern Recruiting

Regions, Marine Corps Recruiting Command Stations,

ECEP/RECP/MCP Accepted Marines Marine Officer Instructors, Naval

Reserve Officer Training Corps

SUMMER 2010 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES;

CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

Encl: (1) Officer Candidate Pre-ship checklist

(2) SF 199a (direct deposit form)

This letter aids all parties involved in the preparation of selected officer candidates for the summer 2010 training cycles. This letter along with the OCS website (www.ocs.usmc.mil), contains important information and responses to frequently asked questions by officer candidates.

2. Course Dates.

Class	Report Date	Graduation Date	Region Flight Manifest Copy / # of Candidate Drivers- Due	
1st Increment	21 May 10	03 Jul 10	1300 / 17 May 10	
OCC-204 / PLC-C	03 Jun 10	14 Aug 10	1300 / 31 May 10	
2nd Increment	09 Jul 10	21 Aug 10	1300 / 02 Jul 10	

- Transportation. Upon arrival all candidates must be in appropriate civilian attire, e.g. slacks and a collared shirt. Officer candidates will file a travel claim at The Basic School (TBS) for travel expense reimbursement or at their Officer Selection Station (OSS) upon their return. Officer candidates must collect and retain all travel receipts to and from Officer Candidates School (OCS). All officer candidates that have transportation issues or cannot meet the check-in deadline must call the OCS Officer of the Day (OOD) at (703) 784-2351/2352.
- a. Arrival Flight Information. All officer candidate flights will be scheduled for arrival at Ronald Reagan Washington National Airport (DCA), between 0800 and 1800 on the report date listed above. At the airport, the candidates will be greeted by the Marine Liaison Team wearing Service "C" uniform at Terminal C past Baggage Claim 12. Transportation from Ronald Reagan National Airport is provided by commercial buses for candidates between the hours of 0800 and 1900 on the arrival date. Officer candidates arriving after 1900 may secure

transportation via SuperShuttle located in the rental cars location in the baggage claim area. Candidates will provide (give) one copy of their orders to the SuperShuttle driver prior to departing the airport.

- b. Departing Flight Information. All Officer Candidate Course (OCC) candidates will report to TBS immediately upon graduation. These officer candidates will not have roundtrip tickets.
 All other officer candidates shall ensure they have round trip tickets prior to their departure for OCS. All return flights will be scheduled after 1800 on graduation day.
- c. Privately Owned Vehicles (POV). Only candidates that attend the OCC-204 course are authorized to drive POVs to OCS. Candidates attending the Platoon Leaders Class (PLC), Marine Enlisted Commissioning Program (MECEP) and Naval Reserve Officer Training Corps (NROTC) are not authorized to bring a vehicle to OCS. Officer candidates driving POVs will arrive at OCS no later than 1300 on the report date in appropriate civilian attire. Officer candidates must have in their possession a valid driver's license, current vehicle registration, and proof of insurance. Officer candidates will be instructed where to park upon arrival.
- 4. Transportation Report. The transportation report is due to OCS 14 days prior to the shipping. All regions will provide the total number of officer candidates traveling, a by-name roster of officer candidates traveling by POV, and a flight information roster (in an excel format) via e-mail to the OCS Coordinator of Student Activities (CSA), Captain Carlos Mercado at carlos.a.mercado@usmc.mil. The NROTC/MECEP/ECP/MCP transportation reports will be finalized by Marine Corps Recruiting Command (MCRC).
- 5. Required Items. The OCS website, (www.ocs.usmc.mil), addresses the types of supplies that potential officer candidates need to bring for training.
- a. Running Shoes. All officer candidates must bring serviceable running shoes to OCS, which must be easily accessible upon arrival at OCS. It is recommended that the running shoes are less than one month old or have less than 100 miles of wear on them. One pair of running shoes is mandatory but two pair of running shoes is recommended. Refer to the OCS website for specifics on serviceable running shoes.
- b. Uniform Items. All current active, reserve, and Inactive Ready Reserve (IRR) Marines are required to bring two sets of woodland Marine Pattern (MARPATs) utilities, one set of Desert MARPAT utilities, with associated garrison and field covers, one set of temperate weather Marine Corps Combat Boots (MCCBs) and one set of hot weather MCCBs. All name and service tapes must be removed prior to arrival at OCS. Marines that have separated from active duty within 90 days of their end active service (EAS) are also required to bring the above mentioned

uniform requirements. PRIOR ENLISTED MARINES WILL NOT RECEIVE A NEW ISSUE OF BOOTS. Upon arrival at OCS, two additional woodland MARPAT sets will be issued to all active duty, reserve, active reserve and IRR Marines (with an EAS within 90 days). Any uniform items that are not brought are the responsibility of the candidate to purchase at Cash Sales. All other officer candidates will be issued four sets of woodland MARPAT utilities and two sets of desert MARPAT utilities, two sets of brown MCCBS, one sea bag, two web belts, two buckles, one green sweat top, one green sweat bottom, one pair of green physical training shorts, six green T-shirts, six under garments, and six pairs of boot socks.

- c. <u>Cash</u>. All candidates will bring a minimum of \$450 to purchase the necessary items. Cash Sales now offers the option to pay for the small and large bag issue by credit or debit card. OCS will not lend money or apply a checkage for their bag issue or other required costs. An officer candidate that arrives without the required funds may be sent home if the commanding officer deems him or her as financially incapable of meeting the initial procurement of items necessary to commence training. Officer candidates will bring basic overnight toiletry items. Officer candidates will be purchasing hygiene items during the first two days of in-processing. Purchase of the small and large bag issue is not optional. These items are listed on the OCS web page.
- 6. Fitness Reports. Officer candidates who are active or reserve sergeants and above will receive a non-observed from TAD fitness report once they depart OCS. The candidate's parent command is responsible for giving them a to TAD report before reporting to Officer Candidates School. IRR and Selective Marine Corps Reserve (SMCR) will receive a Reserve Training report upon departure from OCS. An officer candidate that is disenrolled due to an unsatisfactory evaluation will not receive an adverse report (unless there was a violation of the Uniform Code of Military Justice). The RT fitness reports will only include the class Grade Point Average (GPA) and any awards received while a candidate at OCS.
- 7. <u>Medical</u>. Ensure all candidate commissioning physicals are included in the medical record prior to check-in at OCS. In addition, candidates that fall under the outlined commissioning programs must have the following documentation in their medical record.
- a. Reserve Officers Training Corps (ROTC), OCC, and Platoon Leaders Course. All NAVMED 6120/3 (annual certificate of physical condition) must be completed every year after the initial commissioning physical, including a current certificate (within one year). The NAVMED 6120/3's must be signed by the appropriate administrative personnel in the unit. An initial commissioning physical will be considered invalid if there is a lapse in completion of required annual certificates and a new physical will need to be completed prior to arrival at OCS.

- Subj: SUMMER 2010 OFFICER CANDIDATES SCHOOL COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS
- b. Active Duty and Reserve Candidates. Completed and current (within one year) Preventative Health Assessment (PHA).
- c. Copies of physician treatment records. Significant medical conditions that have developed before or after enrollment, must be included in the candidate's medical record even if Bureau of Medicine (BUMED) granted a waiver. Officer candidates that have undergone corrective laser eye surgery, post surgical follow-ups must be included in the medical record regardless of when the surgery took place. Documentation must state that the candidate is free of any post surgical complications, demonstrates vision stability, and does not require use of ophthalmic medications or treatments.
- d. Shot records. Current shot records are needed to provide proof of current immunizations and prevent an officer candidate from receiving multiple immunizations. The shot records should be signed by a licensed medical professional and hand carried with the candidate upon check-in.
- e. <u>Dental evaluation</u>. Copies of current (within one year) dental evaluations are to be included in the medical record.
- f. Female candidates. Must have current papanicolau (PAP) test results in their medical record (within one year). Female candidates will not be allowed to have pending PAP results faxed over to the Bradley Branch Medical Clinic or OCS after medical in-processing begins.
- g. Medical records. Officer candidates who are not prior enlisted attending 1st Increment and OCC-204/PLC-C need to forward their medical record to the Marine Corps Recruiting Command, attention HM1 Gilliard, 3280 Russell Rd, Quantico, VA 22134 no later than 07 May 2010. All medical records for 2nd Increment no later than 21 June 2010.
- h. Aviation contracts. Candidates who are anticipating commissioning upon completion of OCS must have their aviation-related physicals and medical follow-ups completed prior to arriving at Officer Candidates School. The Bradley Branch Medical Clinic is not staffed with a flight surgeon or specialty providers to assist with completion of flight physicals. All flight physical issues must be resolved prior to arriving at OCS and concerns need to be addressed to the Head of Officer Programs, MCRC.
- i. <u>Eye glasses</u>. Officer candidates who wear glasses will bring a minimum of one pair of glasses with them for training. Two pairs are recommended. Officer candidates will neither arrive at OCS wearing contact lenses nor wear contact lenses at any time while at OCS. Bradley Branch Medical Clinic will issue military eyeglasses within

Bradley Branch Medical Clinic will issue military eyeglasses within seven to ten days of arrival, depending on the complexity of the prescription. In order to receive military issue eyeglasses, candidates must hand-carry their current eyeglass prescription (within one year) or wear/take a pair of glasses so Optometry can scan the prescription. The Bradley Branch Medical Clinic will not process faxed-in prescriptions.

- 8. Administrative. Officer candidates will not break their domicile lease, move their dependents to Quantico, have their house packed up, or begin the process of moving out of base housing prior to arriving at OCS. Marines authorized Basic Allowance for Housing (BAH) at their present command will continue to receive BAH at their current duty station rate. Single active duty enlisted Marines attending OCC program should arrange to have their household goods (HHG) placed in temporary storage while they are in training. Upon successful completion of OCS, the HHG will be transported to TBS.
- a. If family members are staying at an address other than the candidate's home of record, e.g. parents/in-laws, they should provide that address to OCS during in-processing. Single OCC-R candidates will be required to provide a valid rental/lease or mortgage agreement in order to receive BAH without dependents during OCS (MARADMIN 305/08).
- b. Officer candidates will hand carry rental/mortgage agreements and certified true copies of marriage and birth certificates.
- c. All officer candidates will ensure that they have a current savings and or checking account and be able to provide the financial institution's current address, account number and routing number for Electronic Funds Transfer by the United States Government (SF 199a attached). This requirement is essential to ensure a candidate's timely pay and travel settlement.
- d. Active duty and reserve Marines will hand carry their Service Record Book (SRBs), medical, and dental records for Lurn-in during inprocessing.
- 9. Fraternization. All candidates will understand the Marine Corps and OCS policy regarding fraternization. OCS will not authorize time off from the training schedule for candidates to get married. All marriage issues should be taken care of prior to arrival at OCS.
- 10. <u>Weapons</u>. Officer candidates will not transport personal weapons (knives, handguns, rifles, ammunition, etc.) to OCS.
- 11. Pre-ship checklist. Officer candidates will complete enclosure (1), in its entirety and forward to the OCS MCRC Liaison Master Gunnery Sergeant Bartley at karl.bartley@usmc.mil via the candidate's Officer Selection Station (OSS) or command. The checklist should arrive no

later than 1 May 2010 for the 1st Increment and 4 May 2010 for the OCC-204/PLC-C course and 1 July 2010 for the 2nd Increment. The NROTC/MECEP/ECP/MCP pre-ship checklists will be forwarded, via FAX (703) 432-9322, to MCRC.

12. For all questions concerning candidate information please contact the Coordinator of Student Activities, Captain Carlos Mercado, carlos.a.mercado@usmc.mil at DSN 278-2077 or commercial (703) 784-2077.

R. C. JACKSON II

Candidate Name(Last, First, MI)	OSO/ MOI/ BNCO/I&I:		
Circle Program: OCC, PLC-COMB, PLC-JR, PLC-SR, ECP, RECP, MCP, NROTC, MECEP	RS/ OSS: DIST: UNIT (to include NROTC)		
CANDIDATE: Complete questions 1-83. Place your initials required.	in the appropriate answer box and provide a detailed explanation when		
1. Do you possess sturdy running shoes less than two months old	d? ☐ Yes ☐ No If no, please explain.		
2. Did you do independent research from your local running specexplain.	cific store with the selection of your running shoes? Yes No If no, please		
3. Have you been running in boots (how much per week and mil	eage)?		
4. Do you possess a sturdy watch? ☐ Yes ☐ No			
5. Do you possess toiletries, sunscreen, and underwear sufficient If no, will you have them on arrival at OCS?	for the first week of training? Yes No		
6. Do you possess a valid picture ID to take to OCS?	☐ No If no, please explain.		
7. If you are authorized to drive, do you have directions to OCS?	N/A Yes No		
8. If authorized to drive, do you possess a valid driver's license, MOI/OSO/OIC to be verified by OCS personnel upon arrival?	registration, auto insurance, and POV Inspection Checklist filled out by N/A Yes No If no, please explain.		
 If flying, do you have information on the report in times and n Airport (DCA) to OCS and the cost of transportation if you are a 	nodes of transportation provided by OCS from Ronald Reagan Washington National late arrival? N/A Yes No If no, please explain.		
10. Do you possess \$450.00 for large/small bag issue and incider will accept cash, credit card or money order only − no personal chregardless whether or not they bring the items with them.) ☐ Yes	ntal expenses (cab fare/haircuts, etc), or have access to cash? (Large/Small bag issue necks; returning PLC Seniors are required to re-purchase the large/small bag issue s \(\subseteq \text{No} \) If no, please explain.		
11. Do you have any significant debts? Yes No If yes, p	lease explain.		
12. Are your monthly payments to all creditors current? Yes [□ No If no, please explain.		
13. Have you granted a Power of Attorney to a trusted family me are in training? ☐ Yes ☐ No If no, please explain	ember or friend to handle various financial and/or administrative matters while you		
14. Have you been arrested or cited by the police within the last s	six months? Yes No If yes, please explain.		
15. Do you have any pending legal action against you (civil or cr	iminal, to include minor infractions)? Yes No If yes, please explain.		
6. Are there any other legal issues in which you are involved? (Jury Duty, Subpoena to Testify, etc.) Yes No If yes, please explain.			
 Do you have a Family Care Plan and Power of Attorney in pl N/A ☐ Yes ☐ No If no, please explain. 	ace for the custody/care of your dependents while you are in training?		
18. Does your family (to include direct dependents, parents, and smental concerns that could disrupt your training at OCS? Yes	siblings) have any recent or imminent health care, personal care, employment or No If yes, please explain.		
19. Do you have children, siblings, or family members that have as not to disrupt your training at OCS?	special needs? Yes No If yes, do they have a family care plan in place so		
20. Are you recently divorced, separated, or broken-up from a ser	rious relationship? Yes No If yes, please explain.		
21. Has there been a recent death of family members or friends? [Yes No If yes, please explain.		
22. Is your family (parents/spouse) supportive of your decision to	become a Marine Officer? Yes No If no, please explain.		

Candidate Name(Last, First, MI)	OSO/ MOI/ BNCO/I&I:
23. If you are a PLC or OCC candidate, have you watched the C	OCS pre-ship video? N/A Yes No If no, please explain.
24. If you are a college graduate, do you possess a certified copy	y of your degree? \(\sum \text{N/A} \subseteq \text{Yes} \subseteq \text{No} \text{If no, please explain.} \)
25. I understand that I am contractually obligated to complete a $\hfill \square$ Yes $\hfill \square$ No	minimum of four weeks of training at OCS before I can ask to drop on request.
26. I understand that if I decline or request to delay my commiss competing for another contract in the program desired. Yes	sion upon graduation from OCS my contract will be voided and will result in No
27. Is there anything that you feel would prevent you from accept to you? ☐ Yes ☐ No If yes, please explain.	pting your commission as a Second Lieutenant in the U. S. Marine Corps, if tendered
28. I understand that I am not authorized to get married while at	tending OCS. Yes No
29. If I am in a relationship with an enlisted member of the Arm-OSO/MOI/OIC on the Marine Corps policy on fraternization per enlisted member of any service must occur prior to my commission.	red Forces of the United States of America, I have been counseled by my paragraph 1100.4 of the Marine Corps Manual and understand that marriage to an ioning. N/A Yes No
30. FLIGHT CONTRACTS ONLY:	
a. Service agreements signed on and prior to 1 November 20 incur a six year obligation upon completion of flight school. Do	009: Fixed wing aviators incur an eight year obligation and rotary wing aviators you understand this service obligation requirement? Yes No
b. Service agreements signed on and after 2 November 2009 eight year obligation from the effective date of designation as a S	9: All Student Naval Aviators (SNA) regardless of aircraft (fixed/rotary) incur an SNA. Do you understand this service obligation requirement? Yes No
 Service agreements signed on and after 2 November 2009 year obligation from the effective date of designation as a NFO. 	e: All Naval Flight Officers (NFO) regardless of aircraft (fixed/rotary) incur an six Do you understand this service obligation requirement? Yes No
31. FLIGHT CONTRACTS ONLY:	
a. Service agreements signed on and prior to 1 November 20 obligated, under contract, to serve 3.5 years as a ground officer.	009: If your flight contract is disapproved following commissioning you will remain Do you understand this service obligation requirement? Yes No
b. Service agreements signed on and after 2 November 2009 obligated, under contract, to serve 4 years as a ground officer. De-	2: If your flight contract is disapproved following commissioning you will remain o you understand this service obligation requirement? Yes No
MEDICAL INFORMATION:	
32. Have you had a military physical exam within the last two ye	ears?
33. Do you have all NAVMED 6120/3 (Annual Certificates of Pl☐Yes ☐No	hysical Condition) in your medical record, including one completed within the year?
34. Have you suffered any injuries or illnesses since your last phy	ysical (to include minor pain or illness)? Yes No If yes, please explain.
35. In regard to question # 34, if medical treatment or therapy was If no, please explain.	as required, are your medical records properly updated? N/A Yes No
36. In regard to question # 34, if an injury or illness required med preparing for OCS for the previous six weeks? ☐ N/A ☐ Yes ☐	dical treatment or therapy, did the treatment or therapy prevent you from physically No If yes, please explain.
37. Do you have any medical conditions, either currently or in the	e past, that have not been revealed? Yes No If yes, please explain.
38. Do you have a copy of your current immunizations records?	

Candidate Name(Last, First, MI)	OSO/ MOI/ BNCO/I&I:			
39. Have you had PRK/LASIK surgery in the last 90 days?	Yes No If yes, please explain.			
40. Do you have all of your medical records to include a comp have them prior to shipping to OCS)? ☐ Yes ☐ No ☐ If no, ple	lete physical, shot records, and medical documentation for all waivers (or will you ease explain.			
41. If commissioning, have you completed your dental screening? ☐ Yes ☐ No If no, please explain.				
42. Have you seen a dentist in the last 60 days? (NOTE: Returning PLC Seniors do not need to have a dental screening until they are ready to accept their commission.) Yes No If no, please explain.				
43. Are you currently under or do you have any pending orthog	dontic care? ☐ Yes ☐ No If yes, please explain.			
44. OCS will not induct candidates with braces; if you have braces you must have them removed prior to shipping to OCS. Do you understand this requirement? $\square N/A \square Yes \square No$				
45. Do you possess a current (within one year) prescription for produce military issued glasses at OCS)? ☐N/A ☐ Yes ☐ No	glasses to be submitted to OCS during in processing (this prescription will be used to o If no, please explain.			
46. Do you possess a pair of sturdy civilian glasses that can be If no, please explain.	used during the first 7-10 days of training at OCS? N/A Yes No			
47. Do you possess a sturdy, small (conservative in style), blac	k headband to hold your glasses in place? ☐ N/A ☐ Yes ☐ No			
48. Have you added any tattoos since completing your last phy	sical and/or prior to reporting to OCS?			
49. You will be administered a urinalysis upon reporting to OC If yes, please explain.	S. Is there any reason why you should not pass it? Yes No			
50. Are you currently under any doctor's care or are you currently yes, please explain.	atly taking any medication that has been prescribed by a doctor? Yes No			
51. MECEP/ECP/MCP/RESERVISTS: Do you have all of y documentation for all waivers? Yes No If no, please ex	your medical records to include a complete physical, shot records, and medical plain.			
52. MECEP/ECP/MCP/RESERVISTS: Do you have a curre Yes ☐ No	ent (within one year) Preventative Health Assessment (PHA) in your medical record?			
53. FEMALES ONLY: If you will be commissioned within o current (within one year) Pap smear result from your doctor?	ne year of graduating OCS or you are over the age of 21, do you have a copy of a Yes \sum No \subseteq N/A If no, please explain.			
54. FEMALES ONLY: Do you have any reason to believe yo	ou are currently pregnant? Yes No No N/A If yes, please explain.			
prior to arriving at OCS. The Bradley Branch Health Clinic/OC	ndidates must have their aviation-related physicals and medical follow-ups completed CS is not staffed with a flight surgeon or specialty providers to assist with completion sues must be resolved prior to arriving at OCS? $\square N/A \square Yes \square No \square If no, please$			
55. <u>ACTIVE/RESERVE CANDIDATE</u> : Will you have your please explain.	SRB/Medical records in hand to take with you to OCS? Yes No If no,			
ADMINISTRATIVE INFORMATION:				
56. OCC CANDIDATE: Were you previously a member of the from the Financial Assistance Program (FAP) and/or the Marine	ne PLC or NROTC program? N/A Yes No If yes, did you receive monies Corps Tuition Assistance Program (MCTAP)? N/A Yes No			
57. <u>ACTIVE/RESERVE CANDIDATE:</u> Have you deployed Deployment Health Assessment (MARADMIN 112/07)? ☐ Yes	recently? Yes No If yes, did you receive your 30, 60, and 90 day Posts No If no, please explain.			

Candidate Name(Last, First, MI)	OSO/ MOI/ BNCO/I&I:			
58. ACTIVE DUTY CANDIDATE (ECP/MCP/MECEP): Do you possess the required serviceable uniforms with nametags removed? (For a list of required uniform items see MCBUL 10120 Chapter 7) \(\bigcap \text{ N/A } \Bigcap \text{Yes } \Bigcap \text{ No } \text{ If no, please explain.} \)				
59. ACTIVE DUTY CANDIDATE (ECP/MCP/MECEP): If you are single and in receipt of BAH (own-right), do you understand that if you have PCS orders your BAH (own-right) will be reduced to the BAH Transient rate upon arrival to OCS? (NOTE: If you have TAD orders as a part of the MECEP program your BAH will remain unchanged.) \(\Boxed{\text{NA}} \) N/A \(\Boxed{\text{Yes}} \) No \(\Boxed{\text{If no, please explain.}} \)				
60. OVERSEAS ECP CANDIDATES ONLY: Do you understand that movements of dependents and household goods is authorized to port of entry (U.S. only) until OCS is completed and should take place prior to reporting to OCS (failure to do so will result in the candidate paying for flight to/from overseas station following OCS)? Yes No If no, please explain.				
61. RESERVE CANDIDATE: Has the candidate's transfer orders to OCS been provided to the appropriate admin support station (e.g. 1&I Unit)? Yes \(\subseteq \text{No} \) If no, please explain.				
62. RESERVE CANDIDATE: Have the required unit diary entries been completed, particularly the transfer entry? N/A Unit Diary Number Transfer Date				
63. RESERVE CANDIDATE: Do you possess the required see MCBUL 10120 Chapter 7) \square N/A \square Yes \square No If no,	serviceable uniforms with nametags removed? (For a list of required uniform item please explain	18		
64. RESERVE CANDIDATE : Have all of your unserviceable unserviceable items) \square N/A \square Yes \square No \square If no, please exp	le items been surveyed? (NOTE: MCO P10120.28_, Reservists can survey blain.			
65. RETURNING PLC SENIORS: Do you have all of your If no, please explain.	issued uniform items to bring with you to OCS? Yes \[\] No \[\]			
66. AVIATION OPTION: Are any additional tests or final a	pprovals/documents needed? ☐Yes ☐ No If no, please explain.			
67. MEMBER OF A DIFFERENT SERVICE: Have you provided the OSO the appropriate Release of Service documents from the other military service that allows you o be contracted into the USMC prior to being shipped to OCS? \(\sigma\) N/A \(\sigma\) Yes \(\sigma\) No If no, please explain.				
68. DUAL CITIZEN: If a dual citizen, have you documented and renounced citizenship of the foreign country? \square N/A \square Yes \square No If no, please explain.				
OSO/MOI/BNCO: COMPLETE QUESTIONS 69-83. PLA PROVIDE A DETAILED EXPLANATION WHEN REQU	ACE YOUR INITIALS IN THE APPROPRIATE ANSWER BOX AND IRED.			
69. Does the candidate have a copy of their orders sending the	m to OCS? Yes No If no, please explain.			
70. Have you instructed the candidate on proper civilian attire	while at OCS? Yes No If no, please explain.			
71. What is the candidate's most current PFT score? (Must be Pull-ups/ flex arm hang Crunches Run S OCS Shipping Minimums: 8 pull ups for males/50				
72. What is the candidate's current height, weight, and body fat %. HT WT Body fat percentage % Date				
73. <u>AVIATION OPTION</u> : Are any additional tests or final approvals/documents needed? \(\subseteq \text{N/A} \subseteq \text{Yes} \subseteq \text{No} \) If yes, please explain.				
74. RESERVE CANDIDATE: Have the candidate's transfer N/A Yes No If no, please explain.	orders to OCS been provided to the appropriate admin support station (e.g. I&I U	nit)?		
75. ACTIVE DUTY/RESERVE CANDIDATES: Will a TD Yes No If no, please explain.	Fitness Report or Pro/Cons be completed before the candidate reports to OCS?			
76. RESERVE CANDIDATE: Has the candidate's admin superticularly the transfer entry? N/A Yes No If no, p	apport station been informed that they need to make the required Unit Diary entries, blease explain.	9		
Unit Diary Number Transfer Date				

Candidate Name(Last, First, MI)	OSO/ MOI/ BNCO/I&I:			
77. CANDIDATE WHO WAS A MEMBER OF A DIFFER documents from the other military service that allow the candid no, please explain.	EENT SERVICE: Has the OSS received the appropriate Release of Service ate to be contracted into the USMC and shipped to OCS? \[\Backslash N/A \Backslash Yes \Backslash No \] If			
78. DUAL CITIZEN: If a dual citizen, has the candidate docu. If no, please explain.	imented and renounced citizenship of the foreign country? \[\Boxed N/A \Boxed Yes \Boxed No			
79. Have you provided your phone number and the OCS duty provided by shipping day.	shone number to the candidate? Yes No If no, ensure this information is			
80. Have you reviewed and included the candidate's 100 word communicate well in writing? \square Yes \square No	essay and OSO evaluation form 1530? Yes No If yes, does the candidate			
81. Do you know of anything that would prevent this candidate	from starting training at OCS? Yes No If yes, please explain.			
82. OPM : Do you have a case number from OPM? Yes [No Case #			
83. <u>DIRECT DEPOSIT</u> : Does the candidate have a valid savidirect deposit form SF 1199a and voided check with you to OC	ngs/checking account?			
CERTIFICATION				
This pre-ship checklist was answered to the best of the candidate's and interviewing officer's knowledge. The officer candidate is qualified to attend OCS.				
Candidate's Signature:	Date:			
OSO/MOI/BNCO:	Date:			

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SEC	TION 1 (TO BE C	OMPLETED BY PAYEE)		
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS		
ADDRESS (atract route D.O. D (DOUTE)		E DEPOSITOR ACCOUNT	NUMBER	
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (C)	☐ Fed. Salary/Mil.	Civilian Pay
TELEPHONE NUMBER	3.00	Supplemental Security Incor	me L Mil. Active	
AREA CODE		Civil Service Retirement (OF	Mil. Retire PM)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pensio	on Other	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTM	TENT OF DAVMENT ON	(specify)
0.0000000000000000000000000000000000000		TYPE	AMOUN.	
Prefix Suffix		Shaki i i i ana ana ana ana ana ana ana ana		
PAYEE/JOINT PAYEE CERTIFICA	TION	JOINT ACCOUNT HO	OLDERS' CERTIFICATIO	N (optional)
I certify that I am entitled to the payment identified a read and understood the back of this form. In authorize my payment to be sent to the financial into be deposited to the designated account.	cionina this fame !	I certify that I have read including the SPECIAL NO	and understood the ha	ck of this form
SIGNATURE	DATE	SIGNATURE		DATE
SIGNATURE	*****			
JOHATORE	DATE	SIGNATURE		DATE
SECTION 2 (TO BE	COMPLETED BY	PAYEE OR FINANCIAL	(AICTITUTION)	
GOVERNMENT AGENCY NAME	JOHN ELIEDDI	GOVERNMENT AGENCY AD	DRESS	
	4			
SECTION 3 (TO	D BE COMPLETE	D BY FINANCIAL INSTIT	TUTION)	×
NAME AND ADDRESS OF FINANCIAL INSTITUTIO	N	ROUTING NUMBER		CHECK
				DIGIT
		DEPOSITOR ACCOU	INT TITLE	
		ON CERTIFICATION		
I confirm the identity of the above-named payee(s) certify that the financial institution agrees to receiv 210.	and the account numb e and deposit the pay	er and title. As representative ment identified above in acco	of the above-named final rdance with 31 CFR Part	ncial institution, I is 240, 209, and
PRINT OR TYPE REPRESENTATIVE'S NAME S	IGNATURE OF REPR	ESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

Standard Form 1199A (EG) (Rev. June 1887) Prescribed by Treasury Department Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE) A NAME OF PAYEE (last, first, middle initial) D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS DEPOSITOR ACCOUNT NUMBER ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TYPE OF PAYMENT (Check only one) ☐ Social Security Fed. Salary/Mil. Civilian Pay ☐ Supplemental Security Income TELEPHONE NUMBER ☐ Mil. Active Railroad Retirement Mil. Retire. AREA CODE NAME OF PERSON(S) ENTITLED TO PAYMENT ☐ Civil Service Retirement (OPM) Mil. Survivor _ ☐ VA Compensation or Pension Other _ C CLAIM OR PAYROLL ID NUMBER G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT Prefix Suffix PAYEE/JOINT PAYEE CERTIFICATION JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. to be deposited to the designated account. SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY NAME GOVERNMENT AGENCY ADDRESS SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION) NAME AND ADDRESS OF FINANCIAL INSTITUTION ROUTING NUMBER CHECK DEPOSITOR ACCOUNT TITLE FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

OMB No. 1510-0007

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SECT	ION 1 (TO BE CO	OMPLETED BY PAYEE)			
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
1000000		E DEPOSITOR ACCOUNT NUMBER			
ADDRESS (street, route, P.O. Box, APO/FPO)					
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one) Social Security	. Salary/Mil. Civilian Pay		
TELEPHONE NUMBER		Supplemental Security Income Mil. Active			
AREA CODE			Retire.		
B NAME OF PERSON(S) ENTITLED TO PAYMEN	r	☐ Civil Service Retirement (OPM) ☐ Mil.	Survivor		
- Wallet Caroon (o) Entire Editor Attack		☐ VA Compensation or Pension ☐ Other			
C CLAIM OR PAYROLL ID NUMBER		(specify)			
C CLAIM OR PATROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)			
		TYPE	AMOUNT		
Prefix Suffix		VII			
PAYEE/JOINT PAYEE CERTIFICAT	PAYEE/JOINT PAYEE CERTIFICATION		TIFICATION (optional)		
I certify that I am entitled to the payment identified ab read and understood the back of this form. In a authorize my payment to be sent to the financial insti- to be deposited to the designated account.	daning this form I	I certify that I have read and understo including the SPECIAL NOTICE TO JOIN	nod the back of this form, NT ACCOUNT HOLDERS.		
SIGNATURE	DATE	SIGNATURE	DATE		
- CONTROL CONT			DATE		
SIGNATURE	DATE	SIGNATURE	DATE		
SECTION 2 (TO BE C	OMPLETED BY	PAYEE OR FINANCIAL INSTITUTION	28/1		
GOVERNMENT AGENCY NAME	OWN LLIED DI	GOVERNMENT AGENCY ADDRESS)N)		
SECTION & /TO	DE 001/0/ ETE				
SECTION 3 (10	BE COMPLETE	D BY FINANCIAL INSTITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK		
20			DIGIT		
		DEPOSITOR ACCOUNT TITLE			
FI	NANCIAL INSTITUT	ION CERTIFICATION			
I confirm the identity of the above-named payee(s) a certify that the financial institution agrees to receive 210.	nd the account numb	per and title. As representative of the above	named financial institution, I 1 CFR Parts 240, 209, and		
PRINT OR TYPE REPRESENTATIVE'S NAME SI	GNATURE OF REPE	RESENTATIVE TELEPHONE	NUMBER DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

DATE

TELEPHONE NUMBER

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

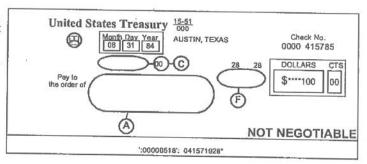
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.