



DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (1-08)	U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION See Privacy Act Statement on page 3 and Instructions on 6 thru 8	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">District</td> <td style="width:33%;">Division</td> <td style="width:33%;">Flotilla</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	District	Division	Flotilla			
District	Division	Flotilla						

SECTION I - PERSONAL DATA OF APPLICANT - Completed by applicant

LAST NAME	FIRST NAME	FULL MIDDLE NAME	SUFFIX
SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE NAME
MAILING ADDRESS			
CITY		ST ▼	ZIP+ 4
EMAIL 1		EMAIL 2	
HOME	BUSINESS	CELL	
FAX	BOAT	PAGER	
Height: _____ (inches) Weight: _____ Hair Color: ▼ Eye Color: ▼ Blood Type (if known) ▼			
ETHNICITY (OPTIONAL)			
<input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American or Pacific Islander			

Who do you feel is responsible for recruiting you into the Auxiliary? Name _____

SECTION II - PATRIOT READINESS INPUT - Completed by applicant

A. Check appropriate answers:

1. Are you willing to travel outside of your home area? Yes no

2. Are you willing to do CG or AUX administrative missions? Yes no

B. Select days/evenings available for CG support operations.

Days Sun. Mon. Tues. Wed. Thur. Fri. Sat.

Nights Sun. Mon. Tues. Wed. Thur. Fri. Sat.

C. From the occupation codes, enter up to five skills that you have acquired and possess

#1 #2 #3 #4 #5

SECTION III - EMERGENCY CONTACT INFORMATION (Someone not living with you) - Completed by applicant

LAST NAME	FIRST NAME	MI	SUFFIX	RELATIONSHIP
STREET ADDRESS		CITY		ST ZIP + 4
HOME	BUSINESS	CELL		

SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS - see instructions

New Enrollment Re-enrollment Old Member / EMPL ID Number: _____

New Member Exam completed Date _____ Score _____

Privacy Act Statement read Boating Safety Course Certificate Yes No

Required Attachments: Fingerprint cards (2) Prior clearance document(see SEC X) Citizenship proof copy

FLOTILLA COMMANDER NAME	SIGNATURE	DATE
-------------------------	-----------	------

NOTICE: The copy of this form submitted to DIRAUX/SECCEN *MUST HAVE* original signatures and dates signed in ink.

Previous editions are obsolete

SECTION V - APPLICANT INTERVIEW RECORD - Completed by interviewer

INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED.

- What is The Auxiliary? - Persons interested in actively supporting the civilian component of the U.S. Coast Guard. Not a yacht club. A service organization composed of volunteers with emphasis on active support of many Coast Guard missions.
- What Members Can Expect From The Auxiliary - Training, new skills, fellowship, public service. A sense of pride from assisting others.
- What The Auxiliary Expects From Members - Dedication, fellowship, public service, professional conduct and participation.
- Importance of Professional Conduct in All Activities - Review general Coast Guard Auxiliary uniform and appearance policies, including tattooing, body marking and body piercing policies. Direct reflection on the Coast Guard and the Auxiliary. Need for sustaining quality programs and missions. Official Coast Guard/Auxiliary orders. Member training with emphasis on professionalism. Compliance with civil rights laws. Intolerance of sexual discrimination and harassment.
- Every Member is Expected to Participate in Some Program - Examples: Patrols, public education, training, recruiting, public affairs, service as elected or staff member and attendance at flotilla meetings.
- Training And Qualifications Opportunities Are Provided To Help Participation In Auxiliary Programs - Vessel examiners, air and surface operations, Auxiliary speciality courses, radio operator, public affairs, watchstander, instructor, maritime environmental patrols, navigational aids verifier, member services.
- Personal Costs Involved - Dues, uniforms, other costs.
- Your Contribution to The Auxiliary - Special/professional skills, time, support of programs, involvement and fellowship.
- Personnel Security Investigation - Unfavorable PSI may result in disenrollment. See PSI Notice on page 3.

SECTION VI - PARENT/GUARDIAN SIGNATURE if Applicant is a Minor

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE

DATE

SECTION VII - APPLICANT STATEMENT AND SIGNATURE - Completed by applicant

I have have not been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia or the Commonwealth of Puerto Rico classified as a major misdemeanor or a felony. (If convicted of a major misdemeanor or felony, state specifics, including date, city & state offense occurred, disposition and comments and attach to this application.) I have attached a copy of my court documents and mitigating circumstances of my felony offense (if applicable). I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard or U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary. DirAux waiver letter attached.

I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.

APPLICANT SIGNATURE

DATE

SECTION VIII - DIRAUX ENDORSEMENT

MEMBER NUMBER

DATE OF ENROLLMENT

BASE ENROLLMENT DATE

APPLICANT IS ACCEPTED

DIRAUX SIGNATURE

DATE

Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach

NOTICE: The copy of this form submitted to DIRAUX/SECCEN *MUST HAVE* original signatures and dates signed in ink.

SECTION IX - USCG AUXILIARY/SECCEN VERIFICATION OF U.S. CITIZENSHIP - See instructions

SECTION A - To be filled out by applicant:

I attest that I am (Check one of the following)

- A U.S. citizen or national by birth in the U.S. or U.S. territory/possession
- A U.S. citizen, but was not born in the U.S.

SECTION B - To be completed by an existing authorized Auxiliary officer/representative (photo copy required)

- Birth Certificate showing that you were born in the United States of America
- FS-240 (Report of Birth Abroad of a Citizen of the United States) Month/Day/Year _____
Explanation _____
- FS-545 (Certificate of Birth-Foreign Service)
- DS-1350 (Certificate of Birth issued by U.S. Department of State)
- A United States Passport (Unexpired or expired)
Passport Number _____ Month/Day/Year Issued _____
- A Certificate of U.S. Citizenship (INS Form N-560) or N-561) Where Issued?
City _____ State _____ Certificate # _____ Month/Day/Year _____
- A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized?
Court _____ City _____ State _____ Certificate # _____ Month/Day/Year _____

AUTHORIZED AUXILIARY OFFICER/REPRESENTATIVE NAME	SIGNATURE	DATE
--	-----------	------

SECTION X - PRIOR/CURRENT CLEARANCE DETAILS - Completed by applicant

TYPE OF INVESTIGATION (SSBI, NAC, NACL, ETC.)	DATE OF INVESTIGATION
AGENCY THAT GRANTED CLEARANCE (MUST BE A FEDERAL AGENCY)	
CLEARANCE GRANTED (SECRET, TOP SECRET, ETC.)	CLEARANCE DATE (MINIMUM MONTH AND YEAR)
POC FOR ISSUING AGENCY	

NOTES

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. **AUTHORITY** which authorized the solicitation of the information: 14 USC Sec 823
2. **PRINCIPAL PURPOSE(S)** FOR WHICH INFORMATION IS INTENDED TO BE USED: To establish eligibility for enrollment and a record for the individual in the Auxiliary Information Management System.
3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

PERSONNEL SECURITY INVESTIGATION STATEMENT

Agreement to undergo the requisite Personnel Security Investigation (PSI) is not a guarantee of membership. An unfavorable PSI determination may result in your disenrollment despite any training, duties, activities you may have performed and/or personal investments in time, effort, resources you may have expended as part of the Auxiliary.

NOTICE: The copy of this form submitted to DIRAUX/SECCEN *MUST HAVE* original signatures and dates signed in ink.

OFI FORM 86C
September 2001

SPECIAL AGREEMENT CHECK (SAC)

U.S. OFFICE OF PERSONNEL MANAGEMENT
Center for Federal Investigative Services

United States Coast Guard - DHS
Agreement :

OPM
USE
ONLY

OPM Codes

Case Number

Number **1-2004**

AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1. SUBJECT'S FULL NAME			2. DATE OF BIRTH		
Last Name	First Name	Middle Name (Suffix)	Month	Day	Year

3. PLACE OF BIRTH (Use the two letter code for the State)				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		

5. OTHER NAMES USED AND DATES WHEN USED					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year

6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	7. SPECIAL AGREEMENT CODES	8. POSITION TITLE
--	-----------------------------------	--------------------------

9. SON		10. SOI		11. IPAC-ALC Number		12. Accounting Data	
H	S	1	0	H	S	1	0

13. OTHER INFORMATION REQUIRED BY AGREEMENT

a. CITIZENSHIP
Mark the box at the right that reflects your current citizenship status, and follow its instructions.

<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. ----- Answer items b and d
<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. -----Answer items b, c, and d
<input type="checkbox"/>	I am not a U.S. citizen. -----Answer items b and e

(Code N) Bureau of Vital Statistics – Complete all blocks as required.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
--------------------	----------------------	--------------------

b.

(Code I) Complete additional information needed for the INS check. All questions in item 13 (c-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").

c. UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 – Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued
--	-----------------	-----------------------

d. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country

e. ALIEN If you are an alien, provide the following information:

Place You Entered the United States	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
-------------------------------------	------	-------	---	---------------------------	-----------------------------

14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date
--	---	--------------------------------	-------------

Standard Form 85 (E), CDC Adobe Acrobat 4.0 Electronic Version, 11/2005
 Revised November 2005
 U.S. Office of Personnel Management
 4035
 5 CFR Parts 731 and 736

Form approved:
 OMB No. 3206-005
 NSN 7540-00-634-
 85-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

SIGNATURE (Sign in ink)		FULL NAME (Type or Print legibly)		DATE SIGNED
OTHER NAMES USED				SOCIAL SECURITY NUMBER
CURRENT ADDRESS (STREET, CITY)			STATE	ZIP
HOME TELEPHONE NUMBER				

1. **GENERAL** - Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to supply new member personal information for entry into the Auxiliary database.
 - c. Data from this form is reported in detail (with the exceptions of Date of Birth, Social Security Administration Number, and ID card information) on the Flotilla Roster, Member Summary and Status Report among others.
 - d. The use of black versus blue ink is not a SECCEN requirement. **DESPITE THE INSTRUCTIONS TO USE BLACK INK ON THE SF85 FORM AND THE FD-258 FINGERPRINT CARDS, THE OFFICE OF PERSONNEL MANAGEMENT AUTHORIZES THE USE OF BLUE OR BLACK INK FOR COMPLETING THE WRITTEN PORTION OF ALL OF THESE FORMS.**

2. **FLOTILLA NUMBER** - Completed by Flotilla Commander (FC) or Flotilla Personnel Services (FSO-PS) officer.
 - a. Enter the District, Division and Flotilla number of the unit submitting this application in the area in the upper right corner next to the form name.

3. **SECTION I - PERSONAL DATA OF APPLICANT** - To be completed by applicant.
 - a. LAST NAME, FIRST NAME, MIDDLE NAME and SUFFIX - Enter full legal name.
 - b. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN (See 1c above).
 - c. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/54 (See 1c above) . Membership eligibility begins at 17 years of age.
 - d. GENDER- Check one of the gender boxes.
 - e. SPOUSE NAME-Use spouse's given name - no nicknames.
 - f. MAILING ADDRESS-Enter current mailing address.
 - g. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - h. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - i. ZIP+4-Enter the full 9 digit ZIP code. Leave blank if outside the United States.
 - j. EMAIL 1 - Enter primary email address if available.
 - k. EMAIL 2 - Enter secondary email address if available.
 - l. HOME/BUSINESS/CELL/FAX/BOAT/PAGER - Enter area code and telephone number(s) or N/A as applicable.
 - m. ID CARD INFORMATION - Enter your height in inches, weight, hair color, eye color and blood type (if known). (See 1c above).
 - n. ETHNICITY (Optional) - Check box which describes your ethnic group.
 - o. RECRUITER - Enter the name of the person you feel is responsible for your recruitment.

4. **SECTION II - PATRIOT READINESS INPUT** - To be completed by applicant.
 - a. Check appropriate boxes indicating your willingness to travel and perform administrative missions.
 - b. Select days/evenings that you may have available.
 - c. From the two digit codes below, enter up to five skills that you have acquired and possess.

TWO-DIGIT OCCUPATIONAL DIVISIONS					
16	Administrative Specialization	46	Hunting Trapping & Related	91	Other Transportation
34	Amusement & Recreational Service	23	Info & Message Distribution	92	Packaging & Materials Handling
96	Amusement, Recreation, Movie, Radio, TV	11	Law & Jurisprudence	84	Paint, Plaster, Waterproof, Cement Related
41	Animal Farming	04	Life Sciences	74	Painting, Decorating
36	Apparel & Furnishings Service	32	Lodging & Rel Service	64	Paperworking
01	Architect, Engineer, Surveyor	63	Machinery Repairers	40	Plant Farming
14	Art	67	Machining Stone, Clay, Glass & Rel Prod	65	Printing
72	Assembly, Repair Electrical Equipment	18	Managers & Officials	55	Processing Chemicals & Related Prod
33	Barbering Cosmetology & Rel Service	02	Math & Physical Science	52	Processing Food Tobacco & Rel Prod
38	Building & Rel Service	62	Mechanics	54	Processing Fuel & Related Products
21	Cler & Sales Computing & Accounts	07	Medicine & Health	58	Processing Leather Textiles & Rel Prod
03	Computer Related	60	Metal Machining	59	Processing Other
30	Domestic Service	50	Metal Processing	53	Processing Paper & Related Products
09	Education	61	Metal Working - Other	57	Processing Stone, Glass, Clay & Rel Prod
82	Electrical Assembly Install & Repair	93	Mineral Extraction	56	Processing Wood & Wood Products
15	Entertainment & Recreation	42	Misc Agricultural	22	Prod And Stock Clerks
85	Excavating, Grading, Paving Related	24	Misc Clerical	37	Protective Service
70	Fabricating - Assembly, Repair Metal Products	35	Misc Personal Service	12	Religion & Theology
73	Fabricating/Repair Assorted Material Products	19	Misc Prof & Tech Mgrs	9998	Retired
75	Fabricating/Repair-Synthetics & Rel Prod	29	Misc Sales	26	Sales - Consumable Commodities
77	Fabricating/Repair-Sand, Stone, Clay, Glass Prod	90	Motor Freight	27	Sales - Other Commodities
71	Fabricating/Repair Sci, Med, Photo, Opt Rel Prod	10	Museum, Library, Archival Sciences	25	Sales - Services
78	Fabricating/Repair Textile, Leather Rel Prod	51	Ore Refining & Foundry	05	Social Sciences
76	Fabrication Repair Wood Products	79	Other Benchmark	20	Steno, Typing, Filing And Reltd
44	Fishery	86	Other Construction	68	Textiles
31	Food/Beverage Prep & Service	69	Other Machine Trades	95	Utility Production Or Distribution
45	Forestry	9999	Other Or Undefined	81	Welders, Cutter & Related Structural
97	Graphic Artwork	89	Other Structural	66	Wood Machining
		80	Other Structural Metal Fabricating		

³ Writing

- 5. SECTION III - EMERGENCY CONTACT INFORMATION** (Someone not living with you) - To be completed by applicant.
- Enter name, emergency contact's relationship, address and phone numbers with area codes.
- 6. SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS** -To be completed by the FC or FSO-PS. (See 6.f below).
- APPLICATION TYPE-Check whether applicant is a new member or reenrolling. If reenrolling provide previous member ID number. If applicant is or was Active Duty CG, CG Reserve or a civilian employee of the CG, please include Employee ID Number.
 - NEW MEMBER EXAM - Enter date and score.
 - PRIVACY ACT STATEMENT - Check box after applicant reads.
 - BOATING SAFETY COURSE CERTIFICATE - Check yes or no. Note: Only certificates listed in the Auxiliary Manual are acceptable. If the applicant successfully challenges one of our tests, indicate "Yes" even though no certificate is issued.
 - REQUIRED ATTACHMENTS - Ensure that all of the listed items are included with the application package.
 - FLOTILLA COMMANDER SIGNATURE - The Flotilla Commander must sign and date application. *The FSO-PS may NOT sign.*
- 7. SECTION V - APPLICANT'S INTERVIEW RECORD** - To be completed by the interviewer.
- GENERAL - This form is used as a check off sheet to make certain the applicant has been informed of the membership opportunities and obligations in the U.S. Coast Guard Auxiliary.
 - Interviewer prints name, signs and dates.
- 8. SECTION VI - PARENT/GUARDIAN STATEMENT** - To be completed by applicant's parent or guardian.
- Applicants who are 17 must have at least one parent or guardian complete this section. Sign and date using blue or black ink.
- 9. SECTION VII - APPLICANT STATEMENT AND SIGNATURE** - To be completed by the applicant.
- Felony/misdemeanor convictions - check appropriate answer to conviction statement. Review application and data to ensure accuracy, then sign using full name and date using either blue or black ink.
- 10. SECTION VIII - DIRAUX ENDORSEMENT** - To be completed by the Director of Auxiliary.
Enter new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and date.
- 11. SECTION IX - USCG AUXILIARY/SECEN VERIFICATION OF U.S. CITIZENSHIP** -
- Section A to be completed by applicant.
- Attest to U.S. citizenship by birth in U.S. or not born in the U.S.
- Section B to be completed by AUTHORIZED AUXILIARY OFFICER / REPRESENTATIVE.
NOTE: Whatever document is provided for proof of citizenship must be photocopied and attached to this application.
- Authorized Auxiliary Officer / Representative fills out and signs this section after viewing original document.
- 12. SECTION X - PRIOR/CURRENT CLEARANCES** (Must be within past 10 years) - To be completed by the applicant.
- Enter any prior/current clearances, if any, and attach the source document.
- 13. NOTES** - Enter any pertinent notes.

14. OFI FORM 86C - SPECIAL AGREEMENT CHECK - To be completed by applicant.

American citizens need to fill out 1 through 6 and 13.a & 13.b.

Naturalized citizens need to fill out 1 through 6 and 13.a., 13.b & 13.c

Dual citizens need to fill out 1 through 6 and 13.a., 13.b., 13.c & 13.d Note: If they are not "citizens", either by birth or naturalized, they cannot be Auxiliaries. **Make SURE you place an entry in each field; insert "N/A" if not applicable.**

1. Your full name must be given. If you are a "Jr.", "Sr.", "III", etc., enter the abbreviation in the space for suffix after the middle name. If you have initials only, enter each initial in the appropriate box and show (IO). If you have no middle name, enter "NMN".

2. Provide the month, day, year of your birth. Example: Enter June 7, 1942 as: "06/07/42".

3. Your place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

4. Provide your Social Security Number.

5. To the extent information is available, list all other names you were known by or are now using. If you are female, and are or have been married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".

6. Check the appropriate box to specify sex as MALE or FEMALE.

13. a. Check appropriate box (note: U.S. citizenship is a requirement for membership; the box indicating "Not a citizen" cannot be checked.) **NOTE:** *If you check the first box, complete items b and d. If you check the second box, complete items b, c, and d.*

b. Enter first, middle, and last names of your mother and father. Enter your mother's full maiden name.

c. Enter information about one or more proofs of citizenship - *only if the second box in a. was checked.*

d. If you have dual citizenship, enter country other than U.S. here.

15. STANDARD FORM 85 - AUTHORIZATION FOR RELEASE OF INFORMATION - To be completed by applicant.

Enter your full name and other names used, if any, your Social Security Number, and your current address, including your home telephone number with area code. Sign and date.