

**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 ODCSPER

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. The SSN is used to identify the applicant.
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)			
2. NAME (Last, First, MI)		3. SSN	
4a. PERMANENT HOME ADDRESS (Include ZIP Code)		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)	
4b. HOME TELEPHONE NUMBER (Include area code)		5b. HOME TELEPHONE NUMBER (Include area code)	
4c. BUSINESS TELEPHONE NUMBER (Include area code)		5c. BUSINESS TELEPHONE NUMBER (Include area code)	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. DOB	11. MARITAL STATUS	12. NO. OF DEPENDENTS
13. PRIMARY SSI (AOC)/MOS	14. DUTY SSI (AOC)/MOS	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)	

19. **FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY:** THIS APPLICATION IS FOR (Check one)

IMA AT
 ADT in lieu of IMA AT
 Additional ADT

20. 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	

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

a. LAST EXAMINED ON	b. AT
22. SIGNATURE	23. DATE

