

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**OFFICER PROGRAM APPLICATION**

OMB No. 1625-0128  
Exp.Date: 09/30/2021

**Privacy Act Statement**

**Authority:** 10 U.S.C. §§ 504, 1475-1480; 14 U.S.C §§ 211, 350, 632; Homeland Security Presidential Directive (HSPD) 12.

**Purpose:** Requested in accordance with Section 503 of Title 10, U.S.C., to identify and process individuals interested in applying for commissions in the United States Coast Guard or Coast Guard Reserve.

**Routine Uses:** To assess applicants for commissioning programs, process and access selected applicants into the service. Data is aggregated for analysis and used in the U.S. Coast Guard's personnel system to initiate pay and benefits for new members.

**Disclosure:** Disclosure is voluntary, however, failure to provide requested information may result in not being contacted by a recruiter and ultimately, prohibit enlistment or commissioning. Any information provided is protected from unauthorized disclosure by the Privacy Act of 1974.

**SECTION I: PERSONAL INFORMATION**

1. Name (Last Name, First Name, MI)		2. Date of Birth (mm/dd/yyyy)		3. Social Security #		4. USCG EMPLID		5. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Program							7. Commission <input type="checkbox"/> Temporary <input type="checkbox"/> Reserve		
8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Ethnic Category <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		10. Race					
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled <input type="checkbox"/> Separated							12. # of Dependents		
13. Coast Guard Member <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Rating/Rank		15. Current Unit					
16. Home Address							17. Apt/Suite		
18. City			19. State		20. Zip Code		21. Personal Phone		22. Secondary Phone
23. Primary Email				24. Secondary Email					

**SECTION II: EDUCATION**

*Information provided for Block 25 will determine an applicants' eligibility for the program.*

25. Please check the box that applies to you:  Currently Enrolled/Pursuing Degree  Completed Degree  Not Enrolled

Identify which degree program you've either completed or are currently enrolled in (*check one*):

AS  AA  BS  BA  Graduate  Other (*list degree*) \_\_\_\_\_

If currently enrolled in a degree program OR not enrolled but have completed college courses in the past, list the amount of credit hours and semesters achieved thus far: Credit Hours: \_\_\_\_\_ Semesters: \_\_\_\_\_

Have you completed a college level Math course?:  Yes  No

Educational Institution		Est. Graduation Date
Major		Cumulative GPA
<b>26. Additional Degree(s) (Completed or Currently Pursuing) – Associates Degree or Higher (If applicable)</b>		
Educational Institution		Est. Graduation Date
Degree and Major (e.g. B.S. Mathematics)		Cumulative GPA
Educational Institution		Est. Graduation Date
Degree and Major (e.g. B.S. Mathematics)		Cumulative GPA
27. Qualifying Test Type		USCG Auxiliary University Programs Status
Test Score:		<input type="checkbox"/> Graduate <input type="checkbox"/> Participant <input type="checkbox"/> Not Applicable

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**SECTION III: MILITARY SERVICE (IF APPLICABLE)**

28.Total Active Duty Time Years:            Months:	29.Total Reserve Time Years:            Months:	30.Total Pilot Flight Time Hours:	31.Date Last Flown (for Pilots – if applicable)
<b>32a. Current Service</b>			<b>32b. Previous Service</b>
Branch:			Branch:
Officer/Enlisted: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted			Officer/Enlisted: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted
Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve			Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve
Date of Entry:			Date of Entry:
Anticipated Termination Date:			Date of Release/Contract Exp:

**SECTION IV: COMMENTS AND SIGNATURES**

*I certify that I am fully aware of all program and eligibility requirements. I have also read and understand the contents of the applicable Pre-reporting Guide, including the physical requirements.*

Applicant Signature:	Date:
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*I certify this package is complete, was compiled and filled out in accordance with the applicable Coast Guard Recruiting Command (CGRC) Officer Application Packages guide. I also certify that the applicant is fully aware of all program and eligibility requirements.*

Recruiter Name (Rating/Rank, Last Name, First Name, MI)	<input type="checkbox"/> Recruiter is RIC If yes, skip to RIC section.
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Recruiter EMPLID:	Recruiting Office (RO):
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Recruiter Signature:	Date:
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Recruiter Comments (Optional)
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*I certify this package is complete, was compiled and filled out in accordance with the applicable Coast Guard Recruiting Command (CGRC) Officer Application Packages guide. I also certify that the applicant is fully aware of all program and eligibility requirements.*

RIC Name (Rating/Rank, Last Name, First Name, MI)	RIC EMPLID
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RIC Signature:	Date:
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RIC Comments (Optional)
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