

<b>VERIFICATION OF RESERVE STATUS FOR TRAVEL ELIGIBILITY</b> <i>(Part B may be completed by the requester's commander, First Sergeant, or a DoD personnel official with access to the Personnel Data System.)</i>			1. DATE PREPARED (YYYYMMDD)	
<b>PRIVACY ACT STATEMENT</b>  <b>AUTHORITY:</b> 10 USC 8102, 44 USC 3101 and EO 9397. <b>PRINCIPAL PURPOSE:</b> Use of your SSN is necessary to positively identify you. <b>ROUTINE USE:</b> Used by Reserve personnel to verify eligibility for space available transportation on DoD-owned or controlled aircraft. <b>DISCLOSURE:</b> Voluntary; however, failure to disclose will prevent the applicant from traveling on a DoD-owned or controlled aircraft.				
<b>PART A - TO BE COMPLETED BY APPLICANT</b>				
2. NAME (Last, First, Middle Initial)		3. PAY GRADE	4. BRANCH OF SERVICE	5. SSN
6. UNIT/COMMAND NAME		7. UNIT/COMMAND ADDRESS		
8. SIGNATURE				9. DATE SIGNED (YYYYMMDD)
<b>PART B - TO BE COMPLETED BY VERIFYING OFFICIAL</b>				
The Reservist named above is an active reserve component member and is eligible for space available transportation on DoD-owned or controlled aircraft in accordance with DoD Regulation 4515.13-R, and is authorized to so travel <i>(not to exceed six months)</i> .				
10. FROM (YYYYMMDD)		11. TO (YYYYMMDD)		
12. NAME OF VERIFYING OFFICIAL (Last, First, Middle Initial)		13. PAY GRADE	14. TITLE	
15. ORGANIZATION	16. SIGNATURE			17. DATE SIGNED (YYYYMMDD)