

**U.S. ARMY NONAPPROPRIATED FUND PRE-APPOINTMENT CERTIFICATION  
STATEMENT FOR SELECTIVE SERVICE REGISTRATION**

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. Section 3328 and Army Regulation 215-3, Morale, Welfare and Recreation Nonappropriated Funds Instrumentalities Personnel Policy.

**PRINCIPAL PURPOSE:** This form requires an individual seeking an employment with Department of the Army, Nonappropriated Funds to verify their registration with the Selective Service System, unless exempt under certain Selective Service Law.

**ROUTINE USES:** This form is used for the applicant to self-certify Selective Service registration. In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) (Privacy Act), the information contained therein may specifically be disclosed outside the Department of Defense as routine pursuant to 5 U.S.C. 552a (b) 3 as follows: Information may be disclosed to appropriate federal agencies, such as Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information.

**DISCLOSURE:** Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, or termination of employment.

**IMPORTANT NOTICE:** Any individual born after December 31, 1959 who is or was required to register under section 3 of the Military Selective Service Act (50 U.S.C. APP 453), and who is not registered or knowingly and willfully did not register before the requirement terminated or became inapplicable to the individual, will not be appointed.

**CERTIFICATION OF REGISTRATION STATUS**

<input type="checkbox"/> I CERTIFY I AM REGISTERED WITH THE SELECTIVE SERVICE SYSTEM	REGISTRATION NUMBER _____	DATE REGISTERED _____
<input type="checkbox"/> I CERTIFY I AM NOT REGISTERED WITH THE SELECTIVE SERVICE	<input type="checkbox"/> I CERTIFY I HAVE NOT REACHED MY 18TH BIRTHDAY AND UNDERSTAND I AM REQUIRED BY LAW TO REGISTER AT THAT TIME.	
<input type="checkbox"/> I CERTIFY I HAVE BEEN DETERMINED BY THE SELECTIVE SERVICE SYSTEM TO BE EXEMPT FROM THE REGISTRATION PROVISIONS OF SELECTIVE SERVICE LAW.		

PLEASE PRINT OR TYPE YOUR NAME	SIGNATURE (PLEASE USE INK)	DATE (YYYYMMDD) (PLEASE USE INK)
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