79R QC Checklist

Soldier's Name & Rank_____ MOS:_____
Home Phone#:(_____, _____ _____ SSN:_____
Work Phone#: (_____, _____ _____
Cell Phone#: _____ - _____ - _____
email address:_____
Marital Status: S M D W Sep (Circle One)
Total number of supported dependents:_____
Spouse's Name:_____
Address_ _____
ZIP CODE _____

Eligibility Criteria		Remarks:
Eligibility requirements must verified using RMS, RCMS, SMS, PERNET, OR REDD		
****Automated packet must be submitted online at https://www.hrc.army.mil/portal/**		
Soldier must be assigned to IRR, TPU or AGR		IRR_____ TPU_____ AGR_____
****NOTE: AGR SOLDIERS MUST SUBMIT DA 4187 THRU UNIT CHAIN OF COMMAND*****		
Rank: Must be SGT thru SFC	**Y / N**	**Date of Rank:** _____
NCOES: SGT & SSGs must have WLC or PLDC	**Y / N**	**ANCOC**_____ **BNCOC**_____ **WLC**_____
DD Form 214_____**and/or NGB 22**_____		
o Verify soldier's Active Federal Service (AFS)		**Yrs:**_____ **Mths:**_____ **Dys:**_____
o SM will have more than 15 years of AFS upon completion of ARC	**Y / N**	**Waiver Required: Yes / No**
DA Form 2A		
o Marital Status/Number of Depns (SGT-2)(SGTP-3)(SSG-4)(SFC-5)		**Married:**_____ **Single:**_____ **Divorced:**_____
o Number of dependents:_____ **Waiver Required**	**Y / N**	
o Rank:_____ DOR:_____		
o Deployability Code:_____Mob code: ____Yes_____No		**Orders for REFRADD? Y / N**
o DOB:_____ Age:_____ (must be at least 21 years old)		
o 36-45 Must submit a waiver(can't be < 45 upon graduating the ARC)		**Waiver Required: Yes / No**
o SM is a US Citizen	**Y / N**	
DA Form 2-1 or ERB		
o GT and ST must be at least 95 / SM Scores: GT:_____ ST:_____	**Y / N**	**Include REDD Printout in Packet**
o Education Level GED:____ HS Grad:____ College:____		
o If GED, must have at least 30 sem hrs of college		**Semester Hours:**_____ **(if Applicable)**
(If DD214 or NGB22 is marked HSD or equiv, 30 Sem hrs of college is not required)		
DD Form 4		
o ETS date:_____ (Must be 3 yrs after graduation from ARC)	**Y / N**	
o Is SM a Bonus Receipient	**Y / N**	
DA Form 1059		
o Highest level of NCOES		**WLC:**_____ **BNCOC:**_____ **ANCOC:**_____
o SM meets NCOES for current grade	**Y / N**	
o SGT and SSG required to have WLC.		
o SM scheduled for school	**Y / N**	**Date:**_____

QC CHECKLIST Page 2		Remarks:
DD Form 2807-1 (SF 88)	**Y / N**	
o Must be dated w/in 2 yrs to receive orders	**Y / N**	**Date:**_____
DD Form 2808 (SF 93)	**Y / N**	
o Must be dated within 2 yrs to receive orders	**Y / N**	**Date:**_____
o Verify PULHES (Must be 132221) (With Initial & Date)		**PULHES:**___ ___ ___ ___ ___ ___ **CAT:**_____
o Verify height and weight		HT:_____ WT:_____ MAX:_____
o UF 1241- Tattoos are IAW AR 670-1	**Y / N**	
HIV Test no older than 1 year old	**Y / N**	**Date:**_____
Drug Test no older than 6 Months	**Y / N**	**Date:**_____
DA Form 5500/5501 Body Fat Percentage MAX %:_____	**Y / N**	**Actual %:**_____ **Date:**_____
Female Pregnancy Test (Within 30 Days)	**Y / N**	**Date:**_____
DA Form 705	**Y / N**	
o Verify Soldier has met minimum standards		**Pass:**_____ **Fail:**_____
o APFT not older than 6 months prior to scheduled ARC date		**Date:**_____
o Signatures / scores / initials	**Y / N**	
o Verify height and weight	**Y / N**	**HT:**_____ **WT:**_____ **MAX:**_____
o Personnel Actions Pending Cannot be flagged for APFT	**Y / N**	Date of Action:_____
DA 5500/5501 (if required) Cannot be flagged for HT/WT	**Y / N**	**Date:** _____
Body fat percentage MAX % _____		**Actual %:**_____
o Personnel Actions Pending	**Y / N**	Date of Action: _____
Driver's License #:	**Y / N**	**State:**_____ **Expires:**_____

Region of Credit:_____
OACC/ARCC OF CREDIT:_____

I HAVE REVIEWED THIS SOLDIER'S ELIGIBILITY FOR AGR RECRUITING.

I UNDERSTAND THAT THIS IS ONLY THE AGR APPLICATION. I WILL ASSIST THE SOLDIER, AND THE HRC RTR TEAM, IF NEEDED, TO COMPLETE THE ENTIRE AGR RECRUITER PACKET.

OACC NAME:_____
SIGNATURE:_____

Special Missions NCO NAME:_____
SIGNATURE:_____