

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Enlisted Appointment Application Checklist)**

REGION: _____

Applicant Last, First Name: _____ **GRADE:** _____ **AOC:** _____

Home Address: _____

Unit Address: _____

Applicant is: USAR TPU _____ OTHERS _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | DA Form 61 (3 Copies w/ Commander's Statement Signed in Block 41). |
| ___ | ___ | Photograph (DA Photo). |
| ___ | ___ | Commander Letter of Recommendation. |
| ___ | ___ | Others letter of Recommendation. |
| ___ | ___ | Waivers: Moral ___ Age ___ Medical ___ APFT ___. |
| ___ | ___ | Chronological listing of all civilian employment and degree of responsibility at each position (optional). |
| ___ | ___ | Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____, |
| ___ | ___ | Position Number _____, Grade _____, MOS/SSI _____. |
| ___ | ___ | Reserve Status Statement. |
| ___ | ___ | Religious Practice Statement. |
| ___ | ___ | Residence Officer Basic course Completion statement. |
| ___ | ___ | DA Form 3575 certificate of acknowledgement and understanding (for Prior Service individuals). |
| ___ | ___ | DA Form 3574 certificate of acknowledgement and understanding (for individual with MSO). |
| ___ | ___ | Documentary evidence of education / college transcripts. |
| ___ | ___ | Minimum Qualifying score for ACT (19) SAT (850) if no 4-year degree (Not more then 10 years old). |
| ___ | ___ | Evidence of qualifying score of 110 or higher on the Army Aptitude Area GT. |
| ___ | ___ | DA Form 2-1, 2A Personnel Qualification Record. (if applicable) |
| ___ | ___ | Evaluation Reports (last 5 years NCOER's). |
| ___ | ___ | DD Form 214 or other statement of service Form, for each period of AD, AR and NG. |
| ___ | ___ | Security Clearance Investigation. |
| ___ | ___ | Preappointment Physical with HIV, Drug and Alcohol results within 24 months of DA Board. |
| ___ | ___ | Conditional release from service, other than USAR or discharge orders. |
| ___ | ___ | DA Form 6224, DA Form 6227 (Field Interview Board Documentation). |

ANCO/ ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____