

**ORGANIZATION**  
ORGANIZATIONAL NAME/TITLE  
STANDARDIZED STREET ADDRESS  
CITY, STATE 12345-1234

OFFICE SYMBOL (ARMIS Record Number)

Date

**MEMORANDUM FOR RECORD**

**SUBJECT:** Certification and Validation that ARNG Soldier Does Not Have a Complete and/or Serviceable ASU or AGSU at No Fault of the Soldier

1. The unit supply sergeant listed below certifies, and the CSM or SGM listed below validates, that the listed Soldier(s) do not have a complete and/or serviceable Class A ASU or AGSU at no fault of the Soldier.

<b>Rank</b>	<b>Last Name</b>	<b>First Name</b>	<b>DoD ID</b>

2. Point of contact for this memo is (CSM/SGM) at (email address) or (phone number).

NAME (ALL CAPS)  
SSG, XXARNG  
Supply Sergeant

NAME (ALL CAPS)  
CSM/SGM, XXARNG  
BDE CSM/OPS SGM