LC #: _										
ROSTER #:		BLC INPROCESSING FORM					HT/WT GO / NO-GO (%)			
			3/16	6 th RE	EGT (NC	OA)	Ba	rracks Roo	om #:	
COMPONENT:		Ç⇒ RA ←Ţ		ARNG		USAR				
Provide:		1610 PEC		Orders (1610 if AGR)) if AGR)	Orders (1610 if AGR)			
						,			,	
SOLDIER INFORMATION										
RANK:	SPC / CPL / SGT	NAME	(LAST, FIR	ST MI)						
DODID:		MOS:		AGE:	DOB:			GENDER:		
Telephone		T			EMAIL:	T	-			
	AKE/MODEL:		<u> </u>			LICENSE PLATE #	‡ :			
	CY CONTACT:	NAME:				PHONE:				
ADDRESS:										
(STREET) (CITY)							(S	TATE)		(ZIP
UNIT INFORMATION										
NAME:								UIC:		
ADDRESS: (CITY)							/C-	TATE\		/710
(STREET) POINT OF CONTACT:		(CITY) RANK & NAME:					(STATE)			(ZIP
		PHONE:								
			INPRO	CESSIN	G QUESTIOI	NNAIRE				
Did you complete SSD 1 / DLC 1? (Show to SGL)								YES	NO	
Do you have a Government Travel Card (GTCC)? (Show to SGL)									YES	NO
Did you arrive at BLC via a flight/chartered bus? (Provide Itinerary)									YES	NO
Do you have a profile? (Provide to SGL)									YES	NO
Do you have any special/religious dietary needs/restrictions? (Complete form)									YES	NO
Are you within 12-months post-partum? (Female only)									YES	NO
Have you completed Cyber Awareness within 12 months of the graduation date?									YES	NO
NOTE:	Provide docum	ents to	SGL in or	der to ve	rify response	s, if necessary.				
OTUDE	NIT CIONIATURE					D 4 T C				
STUDENT SIGNATURE:										
SGL SIGNATURE:						DATE	:			

Privacy Act Statement

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