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| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** | | |
| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. | | |
| Entry Type: Accession (ACC-3)  Reference: Recruiting Manual, COMDTINST M1100.2 (series)  Responsible Level: Recruiter  Entry:    DDMMMYYYY: I have been advised that the illegal use or possession of drugs constitute a serious breach of discipline that will not be tolerated in the Coast Guard.  Also, illegal drug use or possession is counter to team spirit and mission performance and jeopardizes safety. I understand that I am not to use, possess or distribute illegal drugs, drug paraphernalia or hemp oil products.  I also understand on reporting to recruit training, I will be tested by urinalysis for the presence of illegal drugs. If my urine test detects the presence of illegal drugs, I may be subject to discharge and receive a general discharge. I hereby affirm that I am drug-free and ready for recruit training.  I. M. GUARDIAN, MKC, USCG Recruiter-in-Charge  DDMMMYYYY: I acknowledge the above entry.  First MI. LastName | | |
| 1. NAME OF PERMANENT UNIT | 1. NAME OF UNIT PREPARING THIS FORM | |
| 1. NAME OF MEMBER (Last, First, MI) | 1. EMPLOYEE ID NUMBER | 1. GRADE/RATE |

Scan original into member's OMPF

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PREVIOUS EDITIONS ARE OBSOLETE

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