## U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

## **VOLUNTARY IRR MOBILIZATION REQUEST**

## PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 522a (e)(3), the following information is provided to you when supply personal information to the Coast Guard: **Authority:** 37 U.S.C. 204 (g),(h),(i); 37 U.S.C. 206 (a)(3); 5 U.S.C. 301; 44 U.S.C. 3101; 10 U.S.C. 1071-1107; 14 U.S.C. 93 (a)(17); 14 U.S.C. 707 (d) and 14 U.S.C. 632.

Principle Purpose: Provide mobilization volunteers for Coast Guard missions.

Routine Uses: Identify volunteers for mobilization in support of Coast Guard missions.

Disclosure: Voluntary. However, failure to provide all requested information will impede timely mobilization.

Information contained in this form, including any attachments, may be subject to the provision of the Privacy Act of 1974 and Health Insurance

Portability and Accountability Act (HIPPA) and shall only be reviewed or forwarded to personnel who are authorized AND have a need to know. If you have received this information in error, notify the individual identified so appropriate action may be taken.											
SECTION I – MEMBER INFORMATION (Completed by Member – PLEASE PRINT)											
1a. Last Name:	1b. First Name:		1c. MI:			2. Rate/Rank:			3. EMPLID:		
4. DOD ID Number: (Located on back of ID card) 5. Da			ates Available:			5a. From:		l	5b. To:		
6a. Home Address:											
6b. City:						6c. Sta	ate: 6d. Z		Zip:		
7a. Phone Number: (Home)				7b. Phone Number: (Cell)							
8. Email Address:			9a.						Single Parent/ Yes: No: Oual Military:		
9c. If Single Parent/Dual I completed and on file	e Plan	Yes: No:									
10. Nearest CG Unit:											
11. Current Employer:											
12a. Supervisor:						12b. Supervisor's Phone Number:					
13a. Employer's Address:											
13b. Employer's City:						c. Employer's State: 1			13d. Employer's Zip		
14. Date Entered IRR:					15. Date of Last Weigh-In:						
16. Date Last Dental Exar			17. Date of Last PHA:								
18. I certify the above info	(Initials)		18a. Date Initialed								
SUBMIT COMPLETED APPLICATION TO RPM-3 at HQS-SMB-CGPSC-rpm-3-Query@uscg.mil											
SECTION II – ADMIN REVIEW SECTION (Completed by RPM-3 – PLEASE PRINT)  DATE											
18. Criminal History Chec	k: Go	Go No Go		19. W	eigh-In:	Go		N	o Go		
20. Record Review:	Go	Go No Go		21. Dental:			Go		o Go		
22. EER:	Go	Go No Go		23. PHA:			Go		o Go		
23. Notes:	1	•	Į.							1	
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24. Verified By:	Digitial Signature:							٥	ate:		