

5-1994

Pilot Candidate Selection and Training Process for the Maine Air National Guard

Scott J. Arnold

Follow this and additional works at: http://opensiuc.lib.siu.edu/uhp_theses

Recommended Citation

Arnold, Scott J., "Pilot Candidate Selection and Training Process for the Maine Air National Guard" (1994). *Honors Theses*. Paper 188.

This Dissertation/Thesis is brought to you for free and open access by the University Honors Program at OpenSIUC. It has been accepted for inclusion in Honors Theses by an authorized administrator of OpenSIUC. For more information, please contact opensiuc@lib.siu.edu.

***PILOT CANDIDATE SELECTION AND
TRAINING PROCESS FOR THE MAINE
AIR NATIONAL GUARD***



Prepared for
University Honors Program
University Honors 499
Senior Honors Thesis

by
Scott J. Arnold

1181 East Walnut 9-4
Carbondale, IL 62901

May 2, 1994

Dr. Frederick Williams
Director
University Honors Program
Southern Illinois University
Carbondale, IL 62901

&

Dr. David NewMyer
Chairperson
Aviation Management and Flight
Southern Illinois University
Carbondale, IL 62901

Dear Dr. Williams and Dr. NewMyer:

I submit the enclosed report entitled "Pilot Candidate Selection and Training Process for the Maine Air National Guard" as the final project for UHON 499, Senior Honors Thesis.

This report examines the aspects of the selection process for prospective pilot candidates for the Maine Air National Guard. Additionally, the various training programs are examined for candidates that become selected as a pilot for the Maine Air National Guard. I have made an effort to provide an understanding of how prospective candidates apply for the pilot slot, and the limiting factors involved with the application process.

I am indebted to MSgt Michael P. Gleason, MSgt Patti Dudley, and Airman Anntina Michaud for providing personal interviews and research materials for this report.

Sincerely,



Scott J. Arnold
University Honors 499

***PILOT CANDIDATE SELECTION AND
TRAINING PROCESS FOR THE MAINE
AIR NATIONAL GUARD***



Prepared for
University Honors Program
University Honors 499
Senior Honors Thesis

by
Scott J. Arnold

Descriptive Abstract

This report examines the many implications involved with pilot candidate selection and training process for aspiring Maine Air National Guard pilots. Specifically, the following examines the National Guard history, the KC-135 Stratotanker, applying for pilot candidacy, AFOQ test, qualifications, pilot selection, and training.

May 10, 1994



TABLE OF CONTENTS

List of Illustration	pg ii
List of Acronyms	iii
Introduction	1
National Guard History	3
Air National Guard's Federal Mission.....	5
Air National Guard's State Mission.....	5
KC-135 Stratotanker	6
Applying for Pilot Candidacy	12
Air Force Officer Qualifying Test	14
Qualifications	17
Pilot Selection	19
Training	21
Flight Screening Program.....	21
Academy of Military Science.....	22
Undergraduate Pilot Training.....	22
Land/Water Survival School.....	23
KC-135 Initial Co-Pilot Crew Training.....	24
Home Station Training.....	24
Conclusion	25
List of Appendices	26
Works Cited	60



LIST OF ILLUSTRATIONS

	pg
<u>FIGURES</u>	
Figure 1: KC-135.....	7
Figure 2: KC-135R Model Characteristics.....	9
Figure 3: KC-135 Refueling F-15.....	10
Figure 4: KC-135R Refueling C-5 Galaxy.....	10
Figure 5: Boom Operator's View.....	11
Figure 6: View from Flying Boom.....	11
Figure 7: KC-135 Refueling B-52 Bomber.....	11
 <u>TABLES</u>	
Table 1: Characteristics of KC-135 Models.....	8
Table 2: Order of AFOQ Subtests.....	15
Table 3: AFOQ Composites.....	15



LIST OF ACRONYMS

**The following is a list of acronyms that are frequently used in the following report*

AFB.....	Air Force Base
AFOQ.....	Air Force Officer Qualifying Test
AMS.....	Academy of Military Science
ANG.....	Air National Guard
ANGB.....	Air National Guard Base
AREFW.....	Air Refueling Wing
BAT.....	Basic Attributes Test
FSP.....	Flight Screening Program
MeANG.....	Maine Air National Guard
MSgt.....	Master Sergeant
NAQ.....	National Agency Questionnaire
UPT.....	Undergraduate Pilot Training



INTRODUCTION

Each year, the Maine Air National Guard, 101st Air Refueling Wing, selects a pilot candidate to be ultimately trained and type rated for the KC-135 Stratotanker. The pilot candidate selection and training process for the Maine Air National Guard is a fiercely belligerent endeavor. The pilot candidate selection is intensely competitive in nature because there is only one slot allocated each year for a pilot training selectee at the MeANG. The application process for prospective candidates itself is a rigorous task. There are many forms and prerequisite qualifying factors that must be completed prior to candidacy consideration. Some of the prerequisite qualifying factors include a Baccalaureate Degree, minimum Air Force Officer Qualifying Test scores, and maintaining certain physical qualifications.

When a pilot candidate is selected by the Maine Air National Guard Selection Board, the training process is one of the most rigid training programs the military has to offer. Pilot training includes a Flight Screening Program (FSP), attendance at the Academy of Military Science (AMS), Undergraduate Pilot Training (UPT), Land/Water Survival School, KC-135 Initial Co-Pilot Crew Training, and finally Home Station Training at the 101st Refueling Wing,



Bangor Maine (Gleason, 1994).

Before prospective pilots candidates can make plans for attaining the coveted pilot slot offered each year by the MeANG, the candidates must be sure to complete all of the necessary paper work and physically qualify. The following sections outline the process for applying, qualifying, selection, and training for prospective MeANG pilot candidates as well as describe National Guard history.



NATIONAL GUARD - HISTORY

The origin of the National Guard's 358 years of service rest with four Massachusetts Army National Guard units. In 1636, the townspeople of the Massachusetts Bay Colony took up their muskets to defend their homes and families (Full Partners in America's Defense, 1993). The people of the Bay Colony were the pioneers of the progressive formation of National Guard units. A total of four National Guard units were established during this time (181st Infantry, 182nd Infantry, 101st Field Artillery, 101st Engineer Battalion) and the organization has since been growing (Gordon, 1993).

The term "*National Guard*" was first used by a New York militia unit on August 25, 1824 (Gordon, 1993). The name came about as a result of a visit to New York by the famous veteran of the Continental Army, the Marquis de Lafayette, who had made great contributions to America winning its independence (Gordon, 1993). The honor guard for the French hero voted to rename itself the "Battalion of National Guards" in tribute to Lafayette's command of the Paris militia "Garde Nationale." It was after the Civil War that many states renamed their militia the "National Guard" and the National Defense Act of 1916 made the term mandatory (Gordon, 1993).



The modern image of today's National Guard emerged in 1903, when congressional legislation (the Dick Act) pushed the federal government into the picture by establishing procedures for a more direct and active role in organizing, training, and equipping the National Guard in line with the standards established for the regular army (Gordon, 1993). On September 18, 1947, with the establishment of the U.S. Air Force, a new reserve component was established, the Air National Guard, and since that date, the National Guard structure has consisted of both the Army and the Air National Guard (Gordon, 1993).

The Air National Guard has been called into action several times in more recent history. Military conflicts such as the Berlin Crisis, Viet Nam, and most recently and vitally, Desert Shield/Storm are among sources of involvement for the Air National Guard. Although the ANG exists primarily for military utilization in efforts to keep peace, its duties extend to other responsibilities. According to MSgt Michael P. Gleason, recruiter, MeANG, additional responsibilities of the ANG in cooperation with the Army National Guard include assistance with floods, forest fires, tornadoes, snow emergencies, energy shortages, civil disturbances, police and firefighter strikes, state prison employee



walkouts, and domestic emergencies.

AIR NATIONAL GUARD'S FEDERAL MISSION

The primary mission of the ANG is to keep the skies of America safe (Full Partners in America's Defense, 1993). When uninvited foreign aircraft enter American airspace, it is the job of the ANG to show them the door. The Air National Guard maintains two-thirds of the nation's fighter interceptor force and more than half of the total reconnaissance force (Full Partners in America's Defense, 1993). The ANG also provides tactical fighters, air refueling tankers, airlift, and rescue and recovery capabilities.

AIR NATIONAL GUARD'S STATE MISSION

The impact of the Air National Guard is vital to local areas. When disaster strikes locally, the ANG is generally the first to respond with medical supplies, rescue equipment, manpower, and other applicable that are needed to get entire towns back on their feet. The ANG functions under the direct leadership of the governor of each state (Full Partners in America's Defense, 1993).



KC-135 STRATOTANKER

The Maine Air National Guard, more specifically 101st Refueling Wing, is a primary user of the KC-135 Stratotanker. All aspiring pilots that indulge in the application process of becoming a pilot for the Maine Air National Guard would ultimately be trained to fly the KC-135. The MeANG operates only the KC-135, thus pilots that aspire to fly for MeANG have no choice to preference of aircraft type to be flown. Pilot candidates wishing to fly fighter type aircraft should investigate other units. Nevertheless, the MeANG has been operating the KC-135's for many years giving high speed aerial refueling support to other units and various military aircraft.

Although similar to appearance to the Boeing 707 (see Figure 1), its a common mistake to refer to the KC-135 as a military version of the B-707. Inversely, the B-707 jet transport, the backbone of the commercial airline fleet, was developed from the Air Force's KC-135. The KC-135 flew in August 1956, nearly 18 months before the first B-707 flight (U.S. Air Force, 1990).

The KC-135's primary mission is refueling long range strategic bombers (U.S. Air Force, 1990). The Stratotanker also supports ever U.S. Air Force and Air National Guard command that flies air-refuelable aircraft, the U.S. Navy,



and our allies. To be compatible with the variety of aircraft it must refuel, the KC-135 has two fuel transfer modes. A flying boom is used to refuel bomber, fighter, reconnaissance and cargo aircraft, while a special drogue adapter is fitted to the boom for refueling probe-fitted tactical aircraft (Jane's, 1984) The

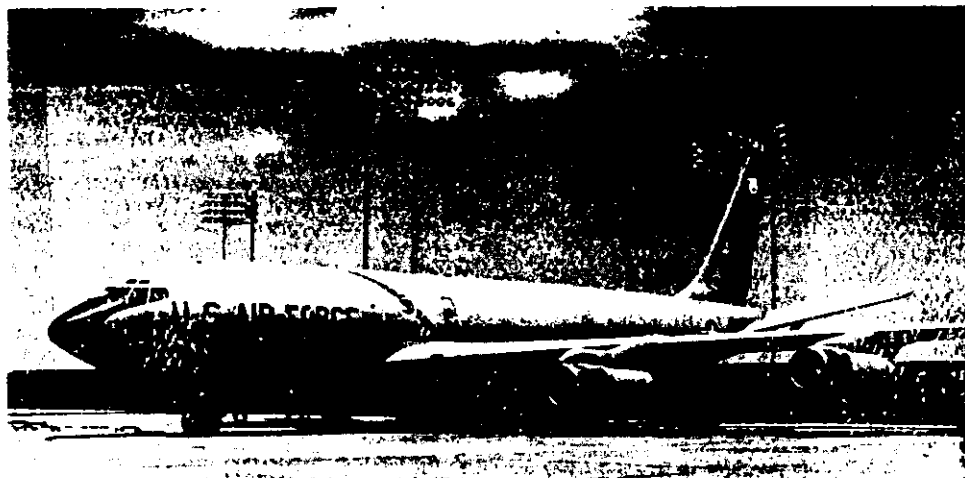


Figure 1
(Apple & Gurney, 1975)

KC-135 Can fly at near sonic speed and at altitudes up to 50,000 feet. These characteristics allow aircraft to be refueled without slowing down or descending where jet engines burn fuel more rapidly.

The Air Force and Air National Guard are currently reengining a major portion of the KC-135 fleet. The aircraft that are reengined incorporate the new F108-CF-100 turbofan engine which significantly reduce noise, pollution, and



maintenance costs (U.S. Air Force, 1990). The tankers reengined with the F108-CF-100's are designated as the KC-135R Model. There are three types of models which are illustrated in Table 1 and Figure 2. The Maine Air National Guard operates the KC-135R Model.

Table 1: Characteristics of 2 models of the KC-135 Aircraft

	A MODEL	E MODEL
<i>Takeoff Weight</i>	297,000lbs	297,000lbs
<i>Speed (max)</i>	600mph	600mph
<i>Engine (4)</i>	J57-P-59W	TF33-PW-102
<i>Thrust per Engine</i>	13,750lbs	18,000lbs
<i>Range</i>	>5,000 miles	>5,000 miles
<i>Unit Flyaway Cost</i>	\$20.1 million	\$23.6 million

(U.S. Air Force, 1990)

**Characteristics of the KC-135R Model, flown by the Maine Air National Guard, is illustrated on the proceeding page.*



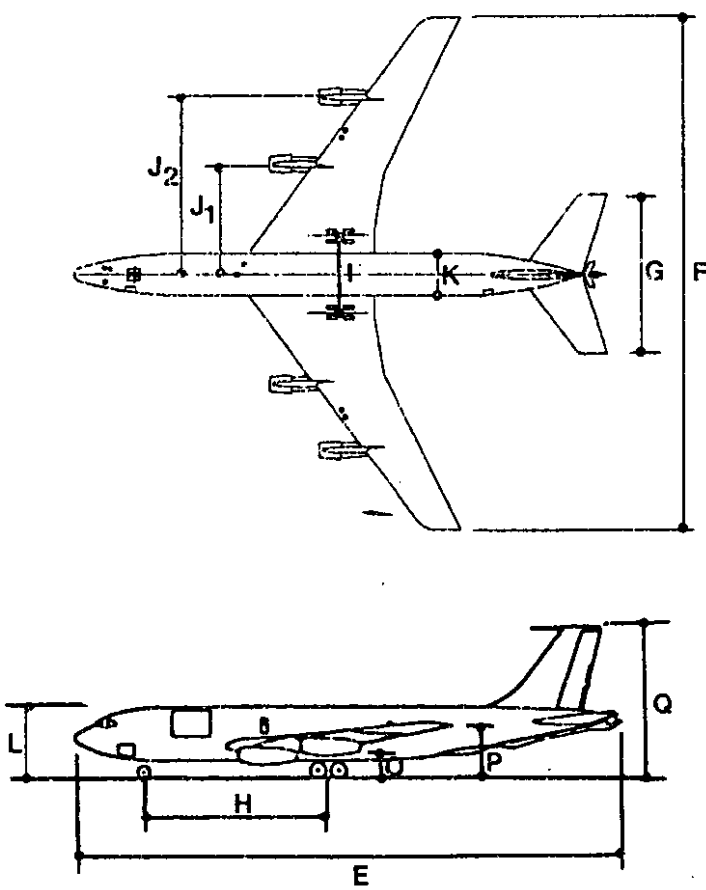
Figure 2
(Burns & McDonnell, 1993)

KC-135R Model Characteristics

*Unit Flyaway Cost for this model is \$40.7 Million

Notes:

- * Dimensions Not Shown On Drawing
- ** Steering Angle 65° (No Slip)



Airport Reference Code	D-IV	
Aircraft Range (nautical miles)	1,500-2,500 nm	
Crew Size	4	
Passenger Capacity (Max.)	80 seats	
A. Maximum Aircraft Ramp Weight	322,500 lbs	146,591kg
B. Maximum Aircraft Landing Weight	322,500 lbs	146,591kg
C. Maximum Aircraft Takeoff Weight	322,500 lbs	146,591kg
**D. Minimum Turning Radius	107'-0"	32.60m
E. Length (Overall)	135'-1"	41.17m
F. Wing Span	130'-10"	39.88m
G. Tail Span	43'-4"	13.21m
H. Wheel Base	45'-8"	13.92m
I. Wheel Track	22'-1"	6.73m
J1. Engine from Aircraft Centerline	26'-9"	8.15m
J2. Engine from Aircraft Centerline	45'-9"	13.95m
K. Fuselage Width	12'-0"	3.66m
L. Fuselage Height Above Ground	17'-10"	5.44m
*M. Forward Crew Door Sill Height Above Ground	5'-4"	1.63m
*N. Aft Crew Door Sill Height Above Ground	Not Available	
O. Engine Clearance Above Ground (Inboard/Outboard)	1'-6"/3'-4"	0.46m/1.02m
P. Wing Tip Vertical Clearance	11'-9"	3.58m
Q. Tail Height	41'-8"	12.70m
*R. Main Cargo Door Sill Height Above Ground	10'-0"	3.05m

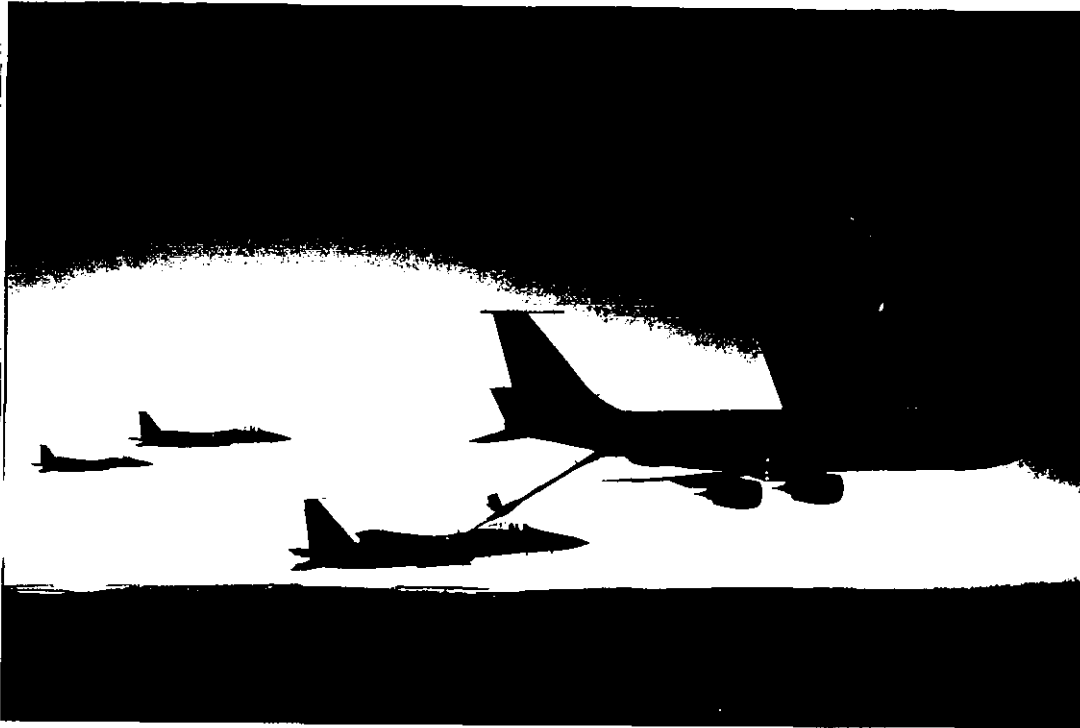


Figure 3
(Left) KC-135 refueling
F-15 aircraft.
(Hagerty, 1993)

Figure 4
(Below) KC-135R
refueling the C-5 Galaxy
(Jolly, 1994)

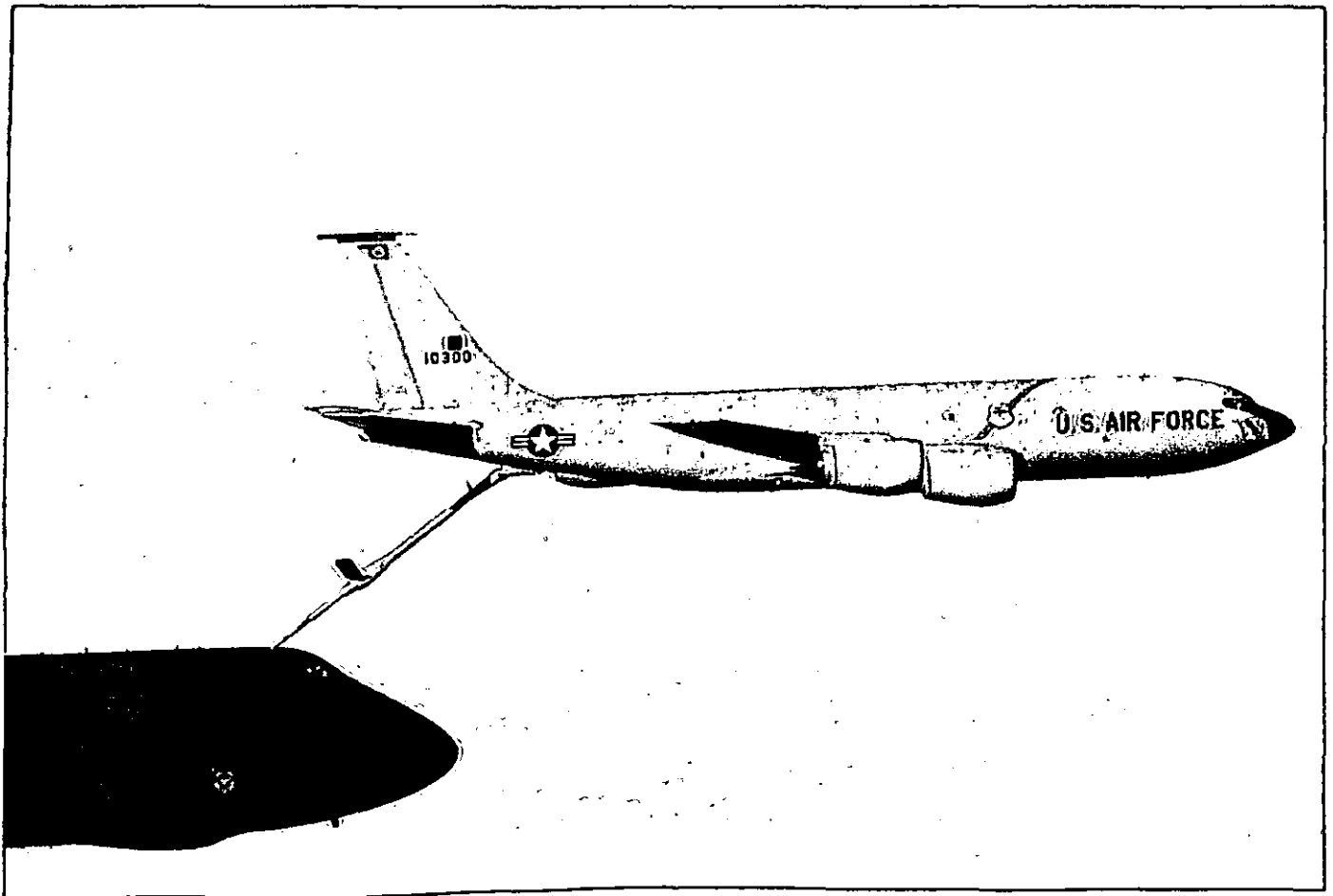


Figure 5
Boom operators view from the KC-135
(Jolly, 1994)

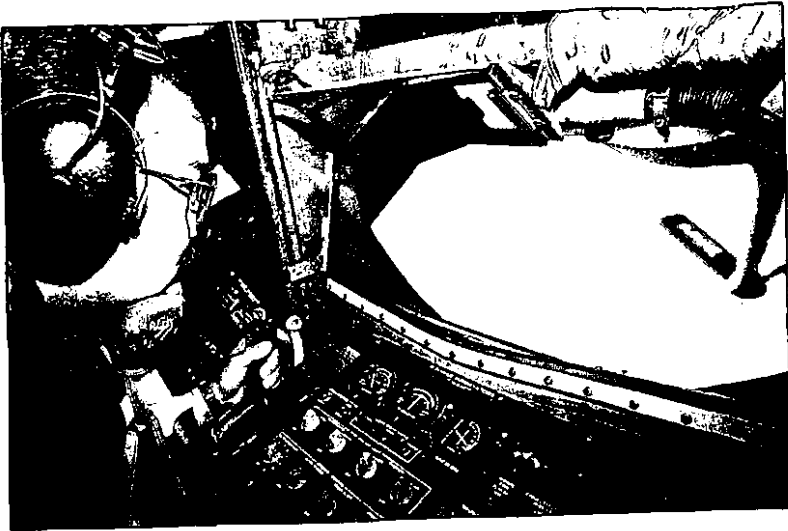


Figure 6
View of flying boom
refueling another
USAF aircraft
(Full Partners in
in America's Defense,
1993)

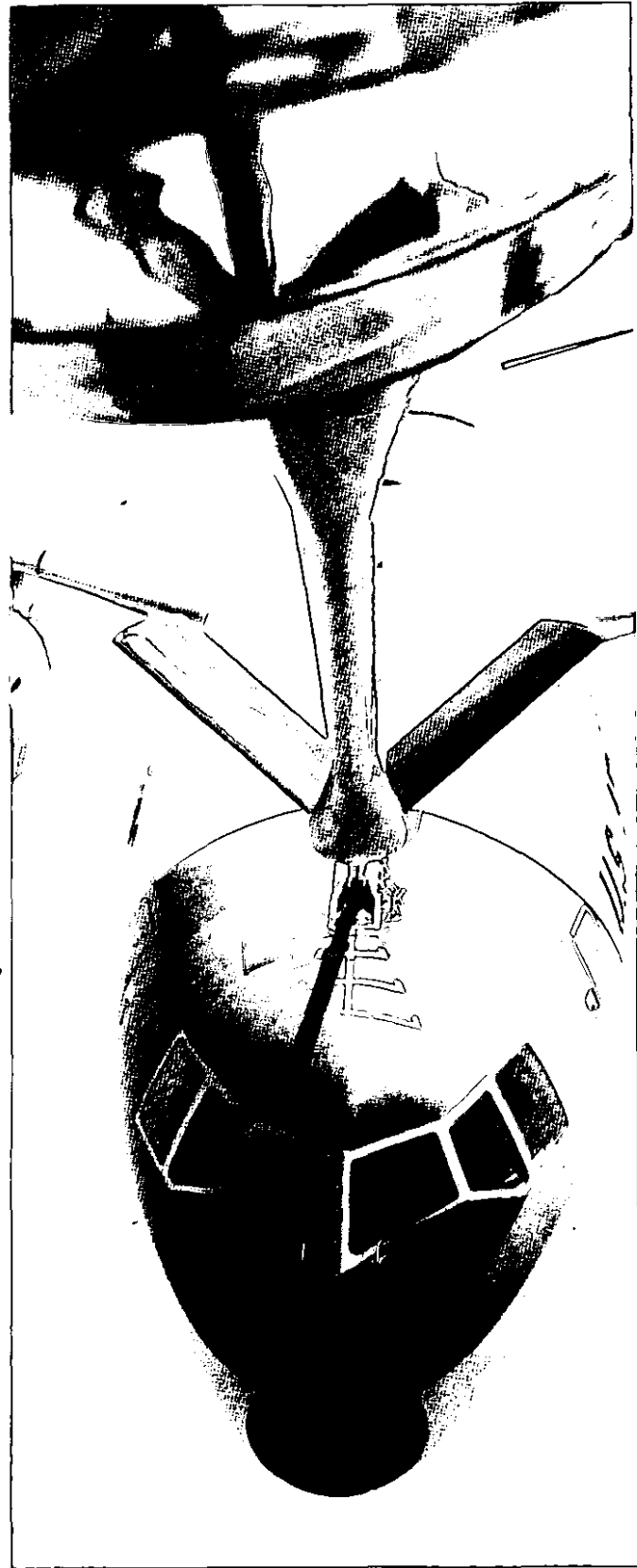
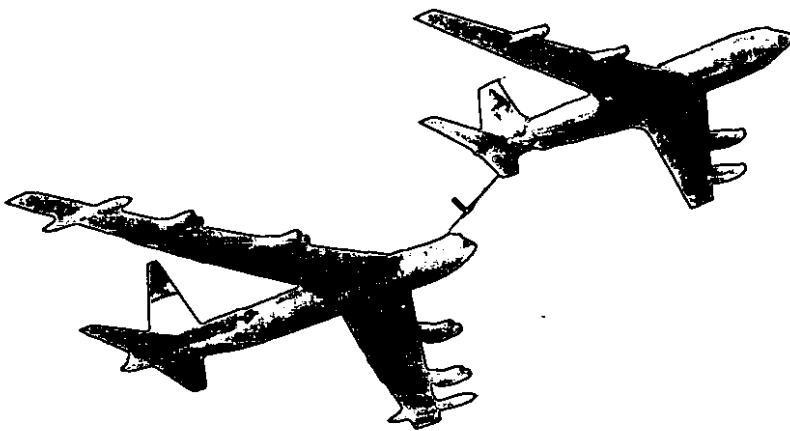


Figure 7
KC-135 refueling a B-52 Bomber
(Janes, 1984)





APPLYING FOR PILOT CANDIDACY

To apply for pilot candidacy through the Maine Air National Guard, one must understand that there will be extensive paperwork involved to even be considered as a pilot candidate. First, a prospective candidate must contact the recruiting office at the Maine Air National Guard to express interest in becoming a pilot candidate and obtain the various forms that will eventually complete the file of a pilot candidate. The application period is January 1 thru February 28 each year (101st AREFW, 1994).

To complete a file for pilot candidacy and be eligible for an interview, applicants must have provided the MeANG with all of the following forms before February 28 to be considered:

- Completed AFOQ exam & results
- Application for Appointment in the Air National Guard 2pgs (see appendix I)
- Application for Appointment as Reserves of the Air Force/ 4pgs (see appendix II)
- Maine Air National Guard Flight Candidate Pre-Medical Questionnaire/Report of Medical History/ 2pgs (see appendix III)



- USAF Drugs and Alcohol Abuse Certificate/ 2pgs (see appendix IV)
- Drug and Alcohol Test Acknowledgement/ 1pg (see appendix V)
- National Agency Questionnaire (NAQ) (DD Form 398-2) 4 pgs with extensive instructions (see appendix VI)
- Provide chronological history of military/civilian experience and education (resume)
- Provide a certified college transcript with an embossed seal.

All of the above mentioned forms must be completed prior to February 28 to be considered as a pilot candidate (Gleason, 1994).



AIR FORCE OFFICER QUALIFYING TEST

One of the first steps in the application process for a pilot slot with the MeANG is to complete the Air Force Officer Qualifying Test (AFOQ). The AFOQ is a standardized exam that measures aptitudes used to select candidates for officer commissioning programs and specific commissioned officer training programs. It is based on analyses of tasks required for student pilots, navigators, and officers. This exam is similar in nature to the GRE exam that most students complete prior to applying to graduate school.

The revised current AFOQ, which became operational in 1987, consists of sixteen multiple choice sub-tests (Weiner, 1990). The order in which these sub-tests are administered, the number of items in each subtest, and the time limit for each subtest are illustrated in Table 2. The sub-test scores are combined to generate one or more of five composite scores used to help predict success in certain types of Air Force training programs. The five AFOQ composites are:

1. Pilot
2. Navigator-technical
3. Academic Aptitude
4. Verbal
5. Quantitative

(Weiner, 1990)



Table 2 (Weiner, 1990)

Order of Administration	Subtest Subject	Number of Items	Time Limit
Subtest 1	Verbal Analogies	25	18 minutes
Subtest 2	Arithmetic Reasoning	25	29 minutes
Subtest 3	Reading Comprehension	25	18 minutes
Subtest 4	Data Interpretation	25	24 minutes
Subtest 5	Word Knowledge	25	15 minutes
Subtest 6	Math Knowledge	25	22 minutes
	(Break)		(10 minutes)
Subtest 7	Mechanical Comprehension	20	22 minutes
Subtest 8	Electrical Maze	20	10 minutes
Subtest 9	Scale Reading	40	15 minutes
Subtest 10	Instrument Comprehension	20	6 minutes
Subtest 11	Block Counting	20	3 minutes
Subtest 12	Table Reading	40	7 minutes
Subtest 13	Aviation Information	20	8 minutes
Subtest 14	Rotated Blocks	15	13 minutes
Subtest 15	General Science	20	10 minutes
Subtest 16	Hidden Figures	15	8 minutes
		380	208 minutes (3-hrs, 28 min)

The five aptitude composites formed from the AFOQ sub-tests are illustrated in Table 3. Each of the five composites are worth 100 percentage

Table 3 (Weiner, 1990)

Subtest	Construction of AFOQT Composites			
	Pilot	Navigator-Technical	Academic Aptitude	Verbal-Quantitative
1. Verbal Analogies	X		X	X
2. Arithmetic Reasoning		X	X	X
3. Reading Comprehension			X	X
4. Data Interpretation		X	X	X
5. Word Knowledge			X	X
6. Math Knowledge		X	X	X
7. Mechanical Comprehension	X	X		
8. Electrical Maze	X	X		
9. Scale Reading	X	X		
10. Instrument Comprehension	X	X		
11. Block Counting	X	X		
12. Table Reading	X	X		
13. Aviation Information	X			
14. Rotated Blocks		X		
15. General Science		X		
16. Hidden Figures		X		



points, for a maximum score of 500 cumulative points (Weiner, 1990). There is no penalty for incorrect answers because the test score is based solely upon the number of correct answers. It is to the advantage of the examinee to guess on the remaining questions if the allotted time is about to expire.

How are AFOQ scores important for the pilot selection process for the MeANG?

According to MSgt Michael P. Gleason, Recruiter, Maine Air National Guard, the AFOQ scores are heavily weighted during the pilot candidate selection process. Candidates are only allowed to take the test once! There are rare exceptions to the rule, but candidates have one chance to meet minimum qualification requirements for pilot candidacy as it pertains to the AFOQ.

According to MSgt Patti Dudley, the AFOQ is administered approximately once every month at each Air Force and Air National Guard installation. Minimum AFOQ scores are outlined in the "Qualifications" portion of this report.



QUALIFICATIONS

The Maine Air National Guard Undergraduate Pilot Training program (UPT) is a competitive and challenging endeavor. According to MSgt Patti Dudley, the selection of pilot candidates for the MeANG has been very competitive over the last few years due to the mass number of qualified pilots that have flooded the market. Qualifications play a key role when the selection board attempts to choose the most feasible pilot candidate. Since the pilot candidate selection is not entirely centralized, each guard unit has limited independence in establishing additional minimum qualifications that may exceed the National Guard Bureau's minimum qualifications. According to a recent memo issued by Lt.Col. Don E. Reynolds, Coordinator of UPT Selection Board, the minimum qualifications have been revised for the 1994 pilot candidate selection. The memo was supplied by MSgt Michael P. Gleason, MeANG Recruiter, and can be reviewed in Appendix VII.

The minimum qualifications for pilot candidate selection as outlined by the 101st Air Refueling Wing, Maine Air National Guard, Bangor, are as follows:

- A four year Baccalaureate Degree



- Be between ages 20^{1/2} and 26^{1/2}
- Hold a Class I flight Physical
- Hold at least a private pilot license or at least 60-99 flying hours
- Minimum AFOQ Scores:
 - Pilot - 70%
 - Navigator - 70%
 - Analytical - 50%
 - Verbal - 50%
 - Quantitative - 50%
- Minimum Basic Attributes test - 40%
- Height requirements between 64" to 76"
- Weight should closely parallel height
- A unit member and or resident of Maine (desirable)
- Pass USAF flight physical consisting of:
 - 20/20 uncorrected vision
 - Hearing - no significant loss
 - Blood pressure/EKG
 - Lab work
 - Dental Check (any cavity automatically disqualifies applicant)

Once an individual has met all of the above mentioned requirements, he/she may be selected to be interviewed by a preliminary selection board at the Bangor ANG base. Travel to the Bangor ANG is at the applicants expense.



PILOT SELECTION

Pilot candidate selection for the Maine Air National Guard is completed by a selection board comprised of MeANG flying officers. The selection board reviews the applicants records, which includes a review of past history, college transcripts, and other information collected during the processing period. The selection board generally convenes in late May to review applicant records and conduct interviews for those deemed qualified. According to MSgt Patti Dudley, annually approximately 100 persons apply for the pilot slot available through the MeANG, of which approximately less than ten are qualified for the position.

The selection of the pilot candidate is made using the "total person" concept (101st AREFW, 1994). While all of the previously mentioned factors are looked at very carefully, generally selection is based on those individuals who will most likely contribute to the unit once they have returned from training. Therefore, while previous flight time is definitely a plus, it is not the sole consideration for being selected for pilot training.

Applying for pilot candidacy is very similar to applying for a job. The interview process is very formal, the selection board asks questions to find out



what kind of person candidates are, and the board is interested in knowing the "real you."

At the conclusion of the selection for pilot candidacy, a minimum of three finalists are selected (one primary and two alternates) (101st AREFW, 1994). The final ranking will be accomplished after Basic Attributes Testing Scores (BAT Scores¹) and physical results are complete.

Upon being selected as the pilot candidate for the Maine Air National Guard, the applicant must realize his total military obligation and his obligation to the MeANG. Total military obligation consists of seven years of service upon graduation from UPT, and applicants will be required to perform full-time duties for as long as three years after being sworn into the Maine Air National Guard, after which, pilots assume reserve status.

¹BAT testing consists of computer generated hand-eye coordination exercises designed to provide data on pilot aptitude (101st AREFW,1994)



TRAINING

Once a pilot candidate is selected for duties with the Maine Air National Guard, the training process begins almost immediately proceeding selection. According to MSgt Patti Dudley, pilot candidates that are selected late in the month of May generally begin training in June. MSgt Michael P. Gleason, Recruiter, Maine Air National Guard, volunteered the following information in an interview as a typical training schedule for MeANG pilot candidates:

Flight Screening Program (FSP), Lackland AFB, TX

The initial phase of training for pilot candidates begins with FSP. This training program is an introduction to military procedures, checklists, and attitudes. A typical training day starts at 6:00am and ends at 6:00pm, five days a week. During this training program, a pilot candidate flies approximately 5-11 hours in a T-41 (Cessna 172) until soloed. There are waivers available for prior service personnel who already maintain the flight requirement. The duration of this program is approximately three weeks.



Academy of Military Science (AMS) Mcghee Tyson ANGB, Knoxville, TN

The second training facility attended by pilot candidates is AMS. AMS teaches basic military training, military customs and courtesies, professional development, and leadership. Typically, this is the most difficult form of formal physical training during the entire training process. Candidates must run 1 1/2 miles in 12 minutes or less prior to graduating. Candidates successfully completing AMS graduate as a 2nd Lieutenant. The duration of this program is six weeks.

Undergraduate Pilot Training (UPT) Reese AFB, Lubbock, TX
Columbus AFB, Columbus, MS
Vance AFB, Enid, OK
Laughlin AFB, Del Rio, TX

The third and most lengthy portion of the flight training agenda is UPT. UPT is the actual flight training. Two to three weeks prior to flying, candidates will learn all about aircraft systems, aerodynamics, and experience physiological training (altitude chamber). Primary flight training begins on the T-37 (Cessna Twin Engine Jet). Estimated flight time in this aircraft is approximately 90 hours including aerobatics, landing patterns, instrument training, formation flying, and cross country training. During advanced training in this program,



pilot will fly the T-38 (Twin Engine Supersonic Jet) for an estimated 110 hours focusing on cross country flight and formation work. The duration of this training session is approximately 11 months.

Land/Water Survival School Fairchild AFB, Spokane, WA

The next phase of training consists of learning various survival techniques. The first 4 to 5 days of instruction include escape and evasion techniques, techniques to avoid giving the enemy information, and survival techniques utilizing radios and flares. The next set of techniques taught in this training program include survival in the forest. Commonly referred to as "the Trek" by various MeANG pilots, this training session teaches candidates how to make tents and sleeping bags out of parachutes, informs about edible plants and animal trapping, and actually living in the woods for 4 1/2 days with little food. After "the Trek," pilots in training enjoy the comforts of a realistic simulated P.O.W camp. Water survival is the last set of techniques taught during this phase of training. During water survival training, candidates learn about survival if ditching is imminent at sea, how to use water survival equipment, how to avoid sharks, and how to make drinking water from sea water. The



duration of this training session is 17 days.

KC-135 Initial Co-Pilot Crew Training Castle AFB, CA

Finally, after over a year of training, MeANG pilot selectees begin pilot proficiency training on the KC-135 type aircraft. Pilots learn procedures and techniques for the KC-135 in all phases of flight. Co-pilot duties and responsibilities, and crew coordination is emphasized. The duration of this phase of training is approximately 15 weeks.

Home Station Training Bangor, Maine

The final phase of the training process is home station training. This phase of training teaches pilots local rules and procedures associated with flying in the 101st AREFW. The duration of this phase of formal training is 45 days.²

* Total formal training for Maine Air National Guard Pilot Selectees approximated 1 1/2 years of training time (Dudley, 1994).

²All information concerning the training program was provided by MSgt Michael P. Gleason, Recruiter, 101st AREFW, MeANG, personal interview.



CONCLUSION

Overall, the pilot candidate selection and the pilot training process for the Maine Air National Guard is very challenging and competitive. It is not an endeavor that everyone can pursue. Some aspiring MeANG pilots are ineligible as early as birth due to physical disqualifications (i.e. poor eyesight). Others are disqualified by attaining insufficient scores on the AFOQ exam. Those that are remaining must be in excellent physical shape, be between the ages of 20 1/2 and 26 1/2, and should be prepared for intense competition from other qualified candidates vying for the same position.

Although competition is ardent for the one position as a Maine Air National Guard pilot selectee, the tangible and intangible benefits are well worth the hard work. The chance to fly the military's most advanced flying machinery is incentive enough for some prospective pilots. Some join the military to build flight experience at the government's expense so that they are qualified for many commercial airline positions. Whatever the motive, there are many advantages to becoming a Maine Air National Guard pilot.



APPENDICES

APPENDIX I	Application for appointment in the Air National Guard
APPENDIX II	Application for Appointment as Reserves of the Air Force
APPENDIX III	Report of Medical History
APPENDIX IV	USAF Drug and Alcohol Abuse Certificate
APPENDIX V	Drug and Alcohol Test Acknowledgement
APPENDIX VI	National Agency Questionnaire
APPENDIX VII	Memo from Lt. Col. Don Reynolds

APPENDIX I

Application for Appointment in the Air
National Guard

**Screening Checklist
APPLICATION FOR APPOINTMENT
in the Air National Guard.**

For what job are you
applying?

AUTHORITY: 10 USC 837; EO 9397

PRINCIPAL USES: Provides necessary information to determine if applicant meets qualifications established for appointment in the Air National Guard of the United States. Use of Social Security Number (SSN) is necessary to make positive identification of an applicant and records.

ROUTINE USES: To make selections and tender appointment in commissioned grades, to evaluate qualifications for assignment to various career areas, and to determine award of constructive service credit, if any.

DISCLOSURE IS VOLUNTARY, however if information is not provided, all further processing is terminated.

1. Name: _____ 2. SSN: _____
 (Last) (First) (Middle Name)

3. Home Address: _____ Home Phone: _____ / _____
 (Street Address/P.O. Box/Rural Route)
 _____ Work Phone: _____ / _____
 (City/State/ZIP+4)

4. What is your Date of Birth? (YY) _____ (MM) _____ (DD) _____ 5. Are you a U.S. Citizen? YES No

6. What is your general physical condition? _____

7. What is your current height? _____ ...weight? _____ ...hair color? _____ ...eye color? _____

8. Do you wear glasses or contact lenses? No YES

9. List all college, post-graduate, internship, residency, or fellowship education programs which you have completed, or in which you are currently enrolled (use additional sheet, if necessary):

NAME OF SCHOOL	FROM/TO	MAJOR SUBJECT	YRS COMPL	TYPE OF DEGREE
----------------	---------	---------------	-----------	----------------

10. What is your current marital status? Single Married Separated Divorced Widowed

11. Is your spouse or any family member in this unit? No YES (Who?) _____

12. Do you have any dependents under the age of 18? No YES (How many?) _____

13. Are you currently employed with ANY agency of the U.S. Government? No YES (Which agency, and where is it located?) _____

14. Have you ever been arrested, indicted, or convicted for any violation of civil or military law (excluding minor traffic violations) for which a fine or forfeiture of \$25 or more was imposed? No YES (State name and place of court, date, nature of offense, and disposition [result] of case:) (Add'l sheet if necessary): _____

15. Are you a conscientious objector? No YES

16. Are you now, or have you ever been affiliated with any organization or movement which seeks to alter our form of Government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? No YES (Describe or give details:) _____

17. Have you ever been disenrolled or eliminated from a military commissioning program, including any Reserve Officer Training Corps (ROTC) program? No YES (Explain in "REMARKS")

18. (Flight applicants only:) Have you ever discontinued or been eliminated, for any reason, from any military or civilian flight training program? No YES (Explain in "REMARKS")

19. (Flight applicants only:) Have you ever failed to pass a military or FAA flight physical? No YES (Explain in "REMARKS")

20. Do you currently hold a civil aeronautical rating? No YES Rating: _____

21. List below any prior military service you have completed, or in which you NOW participate:

DATES FROM - TO	HIGHEST GRADE	MILITARY COMPONENT	DUTY/ SKILL	ACTIVE DUTY or GUARD/RESERVE?
--------------------	------------------	-----------------------	----------------	----------------------------------

22. Did you receive an Honorable Discharge for all periods listed in 21, above? Yes NO (Explain)

23. Were you ever rejected for/by any of the services listed in 22, above? No YES (Specify when and where rejected, and reason or cause:)

24. If you have previously served as a commissioned officer:

a. Did/do you have an aeronautical rating? No YES Rating: _____

b. Were you ever considered but not selected for promotion? No YES

c. Were you ever separated for hardship, dependency, inability to perform Federal service, or physical disability? No YES (Specify reason): _____

I certify that the information provided by me on this form is true and correct to the best of my knowledge and belief.

FULL SIGNATURE (First, Middle, & Last Names)

Date

Remarks: (Please refer to Item Numbers to which remarks pertain, if applicable):

APPENDIX II

Application for Appointment as Reserves
of the Air Force

**APPLICATION FOR APPOINTMENT AS RESERVES OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB APPROVAL NO. 0701-0096
Expires: Sep 30, 1994

APPOINTMENT AS A RESERVE
MEMBER OF THE AIR FORCE



FEDERAL RECOGNITION AND APPOINTMENT
AS A RESERVE MEMBER OF THE AIR FORCE

APPOINTMENT AS A USAF MEMBER
WITHOUT COMPONENT

AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; EO 9397.

PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.

ROUTINE USE: None.

DISCLOSURE IS VOLUNTARY: If information is not provided, all further processing is terminated.

Public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0701-0096, Washington DC 20503. Please DO NOT RETURN form to either of these addresses. Return it to your recruiter, base ESO, Reserve CBPO, or unit commander, as applicable.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO:		2. DATE	
3. FROM: (Last Name, First Name, Middle Name)		4. SSN	5. DATE OF BIRTH (Day, Month, Year)
6. HOME OF RECORD (HOR) (Include zip code)		7. PLACE OF BIRTH (City, State, Country)	
8. MAILING ADDRESS (If other than HOR, include zip code)		9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship & address)	
10. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY	<input type="checkbox"/> MARRIED TO CIVILIAN
	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
11. DEPENDENTS (Other than spouse, no dependent completely upon you)	12. U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, check appropriate item)
	13. BIRTH		
14. NATURALIZATION			
IF YOU ARE A U. S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT			
13. ADDRESS OF LOCAL SELECTIVE SERVICE BOARD (Include zip code)		14. SELECTIVE SERVICE NUMBER	15. DRAFT CLASSIFICATION

16. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent regulations (AFRs 45-26, 45-48, and 36-51) My geographic preference of assignment is _____ I will be available to enter active duty on _____

do do not require at least 30 days notice to enter active duty.

To fill an authorized position vacancy in the Ready Reserve.

I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be () (Initials)

17. EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FR (DMY)	TO (DMY)			YES	NO	
SECONDARY AND OTHER								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

18. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

19. PHYSICIANS ONLY

I do do not desire training in aviation medicine

20. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools (Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship Program (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	DUTY	SERVICE NUMBER	ACTIVE DUTY OR RESERVE
FR (DMY)	TO (DMY)					

21. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

22. WERE ALL DISCHARGES HONORABLE?

YES NO

23. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

24. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL FOR PROMOTION?

YES NO (If yes, provide the branch of the uniformed service, reason for separation action, and date of separation, if applicable)

25. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?

YES NO (If yes, please state when and where rejected, and cause)

26. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include zip code)	FULL OR PART TIME	MONTHLY SALARY
POSITION AND DUTIES		REASON FOR TERMINATION	
POSITION AND DUTIES		REASON FOR TERMINATION	
POSITION AND DUTIES		REASON FOR TERMINATION	
POSITION AND DUTIES		REASON FOR TERMINATION	
POSITION AND DUTIES		REASON FOR TERMINATION	

27. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?

YES NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE	PLACE	AGE	DISPOSITION OF CHARGE	COURT
			32		

28. (THIS SPACE RESERVED)

29. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or had a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief (which includes solely moral or ethical beliefs.)

YES NO

30. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?

YES NO (If yes, please describe.)

31. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?

YES NO (If yes, please describe.)

32. HEALTH CARE PRACTITIONERS ONLY

A. LIST ALL STATE MEDICAL/NURSE LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE?

____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

____ (Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

____ (Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD AND FAILED?

____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS IN THE FUTURE?

____ (Initials) YES NO (If yes, when? _____ If no, explain in "REMARKS.")

33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving

PRINTED OR TYPED NAME (First, Middle, and Last Name)

SIGNATURE (First, Middle, and Last Name)

3. (Continued)

ITEM NO. IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE (If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)

APPENDIX III

Report of Medical History

MAINE AIR GUARD FLIGHT CANDIDATE PRE-MEDICAL QUESTIONNAIRE

STANDARD FORM 93
REV. OCTOBER 1974
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SOCIAL SECURITY OR IDENTIFICATION NO.	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)		4. POSITION (title, grade, component)	
5. (This space reserved)	6. DATE	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) 101st USAF Clinic, Bangor, ME 04401	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
		Lived with anyone who had tuberculosis				Wear glasses or contact lenses	
		Coughed up blood				Have vision in both eyes	
		Bled excessively after injury or tooth extraction				Wear a hearing aid	
		Attempted suicide				Stutter or stammer habitually	
		Been a sleepwalker				Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever, erysipelas				Cramps in your legs				"Trick" or locked knee
			Rheumatic fever				Frequent indigestion				Foot trouble
			Swollen or painful joints				Stomach, liver, or intestinal trouble				Neuritis
			Frequent or severe headache				Gall bladder trouble or gallstones				Paralysis (Include infantile)
			Dizziness or fainting spells				Jaundice or hepatitis				Epilepsy or fits
			Eye trouble				Adverse reaction to serum, drug, or medicine				Car, train, sea or air sickness
			Ear, nose, or throat trouble				Broken bones				Frequent trouble sleeping
			Hearing loss				Tumor, growth, cyst, cancer				Depression or excessive worry
			Chronic or frequent colds				Rupture/hernia				Loss of memory or amnesia
			Severe tooth or gum trouble				Piles or rectal disease				Nervous trouble of any sort
			Sinusitis				Frequent or painful urination				Periods of unconsciousness
			Hay Fever				Bed wetting since age 12				Smoker Currently
			Head injury				Kidney stone or blood in urine				
			Skin diseases				Sugar or albumin in urine				
			Thyroid trouble				VD—Syphilis, gonorrhoea, etc.				
			Tuberculosis				Recent gain or loss of weight				
			Asthma				Arthritis, Rheumatism, or Burns				
			Shortness of breath				Bone, joint or other deformity				
			Pain or pressure in chest				Lameness				
			Chronic cough				Loss of finger or toe				
			Palpitation or pounding heart				Painful or "trick" shoulder or elbow				12. FEMALES ONLY: HAVE YOU EVER
			Heart trouble				Recurrent back pain				Been treated for a female disorder
			High or low blood pressure								Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? <p style="text-align: center;">36</p>	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
---	---

101st USAF/Clinic Overprint 5/90
(101 MSS/RS Mlg2 Adpt)

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
		B. Inability to perform certain motions.
		C. Inability to assume certain positions.
		D. Other medical reasons (If yes, give reasons.)
		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

APPENDIX IV

USAF Drug and Alcohol Abuse Certificate

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - USE AF FORM 883)

SECTION I. DEFINITION OF TERMS

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol. **NOTE:** When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DANGEROUS DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant depressant, or hallucinogenic effect. Includes cocaine, crack, hallucinogens, (to include *lysergic acid diethylamide (LSD)*, *phenenocyclidine (PCP)*, *tetrahydrocannabinol (THC)* in non-marijuana form, and others), opium, morphine, heroin, dilaudid, codeine, demerol, inhalants (paint, glue, and others), amphetamines (speed), methphetamines (*ice*), barbiturates (*downers*), and anabolic steroids.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any dangerous drug.

MARIJUANA: The intoxicating products of the hemp plant, to include hashish and all natural derivatives of cannabis sativa.

SUPPLIER, DISTRIBUTOR or TRAFFICKER: One who illegally, wrongfully, or improperly delivers any of the drugs defined above to the possession of another. This includes the actual, constructive, or attempted transfer of an item, whether or not an agency relationship exists. This also includes the cultivation or manufacture of any drug described above.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

	INITIAL YES/NO BOXES AS APPLICABLE	YES	NO
I have read and understand the definition of the terms above	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever used or experimented with marijuana? (A YES response to this question is NOT disqualifying).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experimented with, used, or possessed any dangerous drug or narcotic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a supplier or distributor of or a trafficker in marijuana, dangerous drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. STATEMENTS OF UNDERSTANDING

INITIALS

During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or any alcohol abuse as described above, FROM THIS DATE FORWARD, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	NAME (Last, First, MI) AND SSN OF APPLICANT	SIGNATURE
------	---	-----------

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

39

DATE	NAME (Last, First, MI) AND GRADE OF WITNESS	SIGNATURE
------	---	-----------

APPENDIX V

Drug and Alcohol Test Acknowledgement

DRUG AND ALCOHOL TEST ACKNOWLEDGEMENT

This is to certify that I have been advised and understand that as part of my enlistment/appointment physical examination, I will be required to submit to drug and alcohol abuse tests. I further understand that if the result of the drug test is positive or the breath/blood alcohol level is .05mg/dl or above, my enlistment will become null and void and I will be released from the Air National Guard (ANG) under the provisions of ANG Regulation 39-10, paragraph 4-6A. If I am an officer candidate and my drug test is positive, I will be processed for discharge from the ANG. If the breath/blood alcohol level is .05mg/dl or above, I will be disqualified from appointment.

Applicant's Name and Signature

Recruiter/ANG Rep Signature

APPENDIX VI

National Agency Questionnaire (NAQ)

DEPARTMENT OF DEFENSE
NATIONAL AGENCY QUESTIONNAIRE (NAQ)
DD FORM 398-2

CONTENTS

THE NAQ PACKAGE CONSISTS OF THE FOLLOWING:

- | | |
|---|--------------------------------|
| 1. Privacy Act Statement | 4. General Instructions |
| 2. Authority for Release of Information and Records | 5. Detailed Instructions |
| 3. DD Form 398-2, "Department of Defense National Agency Questionnaire" | 6. Listing of Reportable Drugs |

PLEASE BE SURE YOU HAVE ALL PARTS OF THE PACKAGE.

PRIVACY ACT STATEMENT

AUTHORITY:

50 U.S.C. Sections 781-887, Internal Security Act of 1950; 5 U.S.C. Section 9101, Criminal history record information for national security purposes; Executive Order 9397, November 1943 (SSN), Numbering System for Federal Register Accounts Relating to Individual Persons; Executive Order 10450, Security Requirements for Government Employment; Executive Order 10865, Safeguarding Classified Information Within Industry; Executive Order 11935, Citizenship Requirements for Federal Employment; Executive Order 12333, United States Intelligence Activities; Executive Order 12356, National Security Information; and 5 U.S.C. Section 301, Department Regulations.

PRINCIPAL PURPOSES:

To obtain background information for personnel security investigative and evaluative purposes to make reliability and security determinations; to allow access to classified information, sensitive areas, or equipment; to ensure that enlistment and retention in the Armed Forces is clearly consistent with national security; or to permit assignment to sensitive national security positions. The data may later be used as part of a review process to evaluate continued eligibility for access to classified information. The Social Security Number will be used to verify identity and locate existing records.

ROUTINE USES:

To federal, state, local, or foreign law enforcement authorities if the record indicates, on its face or in conjunction with other records, a violation of law; to federal, state, or local government agencies if necessary to obtain information for a reliability or personnel security determination; to a requesting federal agency concerning its retaining, issuing a security clearance, or making a reliability or personnel security determination concerning assignment to or retention in a sensitive position, or letting a contract; to a congressional office in response to an inquiry made at the request of the individual; to foreign law enforcement, security, investigatory, or administrative authorities to comply with international agreements; to the Office of Personnel Management when necessary to carry out its personnel security functions; to the Department of Justice in pending or potential litigation to which the record is pertinent; to the General Services Administration and National Archives and Records Administration for records management purposes; to the Merit Systems Protection Board for use in administrative proceedings and investigations of possible prohibited personnel practices; to individuals and entities outside the Department of Defense and U.S. Government for counterintelligence activities authorized by federal law or executive order.

DISCLOSURE:

Voluntary; however, failure to furnish the requested information may result in our being unable to complete your investigation, which could result in your not being considered for clearance, access, entry into a uniformed service, or assignment to sensitive duties. For contractor personnel, failure to furnish information may result in administrative termination of any existing Industrial Security Clearance to include a contractor-granted clearance.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I have been provided a Privacy Act Statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary. The information will be used for the purpose of determining my qualification for employment with the Federal Government, service in the Armed Forces, or access to classified information.

I therefore authorize any duly accredited representative of the Department of Defense, including those from the Defense Investigative Service, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I further authorize the Defense Investigative Service and any other authorized Department of Defense agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I direct you to release such information upon request of the duly accredited representative of any authorized Department of Defense agency regardless of any agreement I may have made with you previously to the contrary.

I have been advised that the original of this authorization will be placed on file with the Department of Defense. This authorization will expire in five (5) years or upon the termination of my affiliation with the Department of Defense, whichever is sooner.

a. TYPED NAME (LAST, First, Middle Initial)		b. OTHER NAMES USED	
c. DATE OF BIRTH (YYMMDD)	d. SOCIAL SECURITY NUMBER	e. CURRENT HOME ADDRESS (Street, City, State and Zip Code)	
f. HOME TELEPHONE NUMBER (Include Area Code)		45	
g. SIGNATURE			h. DATE SIGNED (YYMMDD)

**DEPARTMENT OF DEFENSE
NATIONAL AGENCY QUESTIONNAIRE**

*Before completing form, read attached Privacy Act Statement, General, and Detailed Instructions.
Items outlined by heavy black line are for Requesting Agency's use only.*

*Form Approved
OMB No. 0704-0298
Expires Jul 31, 1992*

Public reporting burden for this collection of information is estimated to average 1.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0298), Washington, DC 20503.

A. REQUEST DATE (YYMMDD)	B. TYPE REQUEST (X one) (1) NAC (2) Other (Specify)	C. LOCAL FILES CHECKED WITH FAVORABLE RESULTS (X one) (If "No," explain in Item 16) (1) Yes (2) No	FOR DIS USE ONLY	
D. CODE	(3) DNAC (4) ENTNAC			
E. GOVERNMENT EMPLOYMENT (X one) (1) Yes (2) No		F. CITIZENSHIP VERIFIED (X one) (1) Yes (2) No		
G. FORWARD THIS REQUEST TO (Include Zip Code)		H. RETURN RESULTS TO (Include Zip Code)		

1. NAME a. LAST, First, Middle (LAST name in all capital letters) b. Maiden Name (if any)	I. REASON FOR REQUEST SECRET CONFIDENTIAL COMMISSION ENLISTMENT NATIONAL GUARD RESERVES ROTC OFFICER CANDIDATE SERVICE ACADEMY PERS. RELIABILITY PROGRAM RED CROSS / USO NAFI SUMMER HIRE EDUCATION / ORIENTATION NON-CITIZEN OVERSEAS DOD BUILDING PASS UNESCORTED ENTRY AREA ACCESS OTHER (Specify) REINSTATEMENT REVALIDATION CONVERSION CONCURRENT SPECIFY CLEARANCE LEVEL
2. OTHER NAMES USED (LAST, First, Middle) (Include all other names used and dates of use)	
3. SOCIAL SECURITY NUMBER	
4. DATE OF BIRTH (YYMMDD) 5. PLACE OF BIRTH a. City b. County c. State d. Country	

6. PHYSICAL CHARACTERISTICS (Complete all blocks) a. Sex b. Race c. Height d. Weight e. Hair Color f. Eye Color

7. STATUS (X a, b, c, d, or e and complete as applicable) a. Consultant b. Contractor Employee c. OODEP d. U.S. Government Employee (Complete (1) and (2)) (1) Grade (2) X if Applicant e. Military (Complete (1) through (3)) (1) Rank (2) Branch of Service (3) X if Applicant
--

8. CITIZENSHIP (X a, b, or c, and complete as applicable) a. United States (X (1), (2), (3), (4), or (5)) (1) Born in U.S. (2) Born abroad of U.S. parents (3) Naturalized (Complete (a) through (e)) (4) Derived from naturalized parent (Complete (a) through (e)) (a) Certificate Number(s) (b) Date (YYMMDD) (c) Place (d) Court (e) Alien Registration Number (5) Dual Citizenship (List country) (See DETAILED INSTRUCTIONS) b. United States National (List U.S. Trust Territory or Possession) c. Alien (Complete (1) through (4)) (1) Current Citizenship (2) Registration Number (3) Intend to become a U.S. citizen? (X one) (a) Yes (b) No (4) Permanent Resident Status? (X one) (a) Yes (b) No
--

9. MILITARY SERVICE (List in chronological order beginning with the most recent period. Include Reserve / National Guard service.) a. From (YYMMDD) b. To (YYMMDD) c. Branch of Service d. Rank e. Service Number(s) f. Type of Discharge g. Country
--

10. RESIDENCES (List in chronological order beginning with current address. Give the inclusive dates for each period of residence. If you list a Rural Route address, provide instructions or map for locating that residence. Do not list Post Office Box addresses. See DETAILED INSTRUCTIONS.) a. Current Home Telephone (Include Area Code) b. Dates (YYMM) (1) From (2) To Present c. Address (1) Number, Street and Apartment Number (2) City (3) State (4) Zip Code (5) Country
--

11. EMPLOYMENT / DUTY ORGANIZATION (List in chronological order, beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. Also list current Reserve or National Guard Unit. If discharged for cause, so state in Item 14. See DETAILED INSTRUCTIONS.)

Yes	No	a. Have you ever been in Federal Civil Service? (If "Yes," explain in accordance with DETAILED INSTRUCTIONS.)			
b. Dates (YYMM)		c. Name of Employer	d. Job Site, Duty Station or Home Port (Street, City, State and Zip Code)	e. Immediate Supervisor (1) Name (LAST, First, Middle Initial)	(2) Telephone No. (Incl. Area Code)
(1) From	(2) To				
	Present				

12. FAMILY / ASSOCIATES (Give requested data for:
 • Father, Mother, Spouse, Cohabitant, and Children
 • All brothers and sisters NOT born in the United States
 • ALL relatives or friends to whom you, your spouse, or cohabitant are bound by affection or obligations IF such persons are residing in, are citizens of, or are employed by or otherwise acting as representatives of ANY foreign country.)

a. Relationship and Name (LAST, First, Middle Initial)	b. Present Address (Street, City, State and Zip Code)	c. Date of Birth (YYMMDD)	d. Place of Birth (City, State, Country)	e. Citizenship
(1) Father				
(2) Mother (Maiden Name)				
(3) Spouse (Maiden Name if applicable)				
(4)				
(5)				
(6)				

13. FOREIGN TRAVEL / CONNECTIONS

Yes	No	(X "Yes" or "No" for each question. "Yes" answers must be explained in accordance with DETAILED INSTRUCTIONS.)
		a. Do you have any foreign property, business connections, or financial interests?
		b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
		c. Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada or Mexico)
		d. Have you ever had any contact with a foreign government, its establishments (e.g. embassies, consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business?

14. REMARKS (You may provide any additional information which you feel may have a bearing or impact on your security eligibility which has not been specifically asked for on this form.)

15. CERTIFICATION BY PERSON COMPLETING FORM. I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle Initial)	b. Social Security No.	c. Signature	d. Date Signed (YYMMDD)
---	------------------------	--------------	-------------------------

16. RESULTS OF LOCAL FILES CHECK

FOR INDUSTRIAL REQUESTER ONLY

17. CERTIFICATION. I certify that the above named individual is employed by this company and has the need for the clearance indicated to perform on classified contracts.		a. Contract Number	b. Telephone Number of FSO / Designee (Include Area Code)
c. Typed Name of FSO / Designee (LAST, First, Middle Initial)	d. Signature	e. Date Signed (YYMMDD)	

Answers to questions in Items 18 through 22 are **NOT** limited to the last 5, 10, or 15 years, but pertain to your entire life. (See *DETAILED INSTRUCTIONS.*)

18. ARRESTS

- You must list ALL arrest information regardless of whether you have previously listed or disclosed this information or whether the record in your case has been "sealed," expunged, or otherwise stricken from the court record. You must also include all courts-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast.)
- The only exceptions are for certain convictions under the Federal Controlled Substances Act (21 U.S.C. 844 or 18 U.S.C. Section 3607) (See *DETAILED INSTRUCTIONS.*)
- You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed, unless alcohol or drug related.
- IF YOU ARE A MILITARY ENLISTMENT APPLICANT: you must list ALL traffic violations

Yes No
 a. Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty?

b. List details of "Yes" answers

(1) Date (YYMMDD)	(2) Nature of Offense or Violation	(3) Name and Location of Law Enforcement Agency (City and State)	(4) Name and Location of Court/Magistrate (City and State)	(5) Penalty Imposed or Other Disposition in Each Case

19. CREDIT HISTORY

Yes No ("YES" answers must be explained in accordance with *DETAILED INSTRUCTIONS.*)
 a. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
 b. Have you ever had your wages garnished or anything repossessed?
 c. Have you ever had a lien placed upon your property for failing to pay taxes?
 d. Do you have any judgments against you which you have not paid?
 e. Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date)

20. DRUG / ALCOHOL USE AND MENTAL HEALTH ("YES" answers must be explained in accordance with *DETAILED INSTRUCTIONS.*)

Yes No
 a. Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician?
 b. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?
 c. Have you ever misused or abused any drug prescribed by a licensed physician for yourself or for someone else?
 d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?
 e. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
 f. Have you ever consulted or been counseled by any mental health professional?

21. ORGANIZATIONS

Yes No ("YES" answers must be explained in accordance with *DETAILED INSTRUCTIONS.*)
 a. Are you now or have you ever been a member of the Communist Party or any Communist organization?
 b. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:
 (1) Advocates the overthrow of our constitutional form of government?
 (2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.?
 (3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?
 (4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service?

c. List all organizations in which you hold or have held membership since age 16. (You may omit labor unions, political parties, religious organizations, and those referred to in 21.a. and b.)

(1) Name (Do not abbreviate)	(2) Address (Number and Street, City, State, Zip Code)	(3) Type	(4) From (YYMM)	(5) To (YYMM)

22. SECURITY CLEARANCE

Yes No
 a. Have you ever held a security clearance, to include a contractor-granted Confidential? (If "YES," give details below.)
 (1) Level (2) Date Granted (YYMMDD) (3) Granted By (4) Name of Employer
 b. Have you ever had a security clearance denied, suspended or revoked? (If "YES," give details in Item 14.)

23. CERTIFICATION BY PERSON COMPLETING FORM. I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle Initial) b. Social Security No. c. Signature d. Date Signed (YYMMDD)

GENERAL INSTRUCTIONS

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS.

You should read the Privacy Act Statement and the "Authority for Release of Information and Records." Sign and date the authorization. Completion of the authorization is voluntary; however, failure to authorize the release of records may result in our being unable to complete your investigation.

Completing the National Agency Questionnaire (NAQ).

The NAQ is an important document and must be completed without misstatement or omission of important facts. Failure to provide all requested information will significantly delay your investigation. All entries are subject to verification by investigation. All items on the form must be completed. A knowing and willful false statement on this form can be punished by a fine or imprisonment or both.

- Before entering any information on the form, carefully read the Detailed Instructions provided with the form.
- For Items 10 and 11, provide information in these items for the last 5 years; however, if you are under the age of 21, the time period is the last 3 years or the period since your 16th birthday, whichever is shorter.
- For all other items, complete without regard to time.
- All questions must be answered. Omissions, gaps, errors, or incomplete items may result in long investigative or processing delays.
 - Do not indicate on the form that certain information can be obtained from another source. Take the time to obtain information not readily available. If requested information cannot be provided, state the reason.
 - If an item does not apply, enter "None" or "Not Applicable," as appropriate.
 - If you do not know dates of employment or residence precisely, provide the dates to the best of your memory and follow with "est." for "estimated" or "app." for "approximately." Do not use the term "unknown."
 - If an entry refers to a divided country (e.g. Germany, Korea), specify whether East or West, North or South.

- If additional space is required for any item, use Item 14 and, if needed, additional sheets of paper. (See Detailed Instructions for Item 14.)
- If you have a question about the NAQ that is not answered by the Detailed Instructions, contact the person or office that gave you the NAQ.
- Before signing the NAQ, ensure that each item is checked against the Detailed Instructions for that item and that the completed NAQ is carefully read.

● Unless otherwise specified:

- List all dates using the last two digits of the year and the two-digit number representing the month (e.g. January 1988 would be entered as 8801.)
- Names of persons will be entered in the following order: Last name, first name, and middle initial. The last name will appear in all CAPITAL LETTERS.
- Addresses must include the number and street, city, state, and zip code, or country, as appropriate. Attach a sketch map or detailed directions for rural or difficult to locate addresses in the United States.
- All items on the form must be completed in chronological order beginning with the present or most recent and working backwards.
- Telephone numbers must include the area code.
- The NAQ should be typed using a black ribbon.
- You must sign the NAQ.
 - The original NAQ and four copies should be given to the person or office that gave you the form. The copies may be made using black carbon paper or they may be photocopies of the original NAQ. All copies must be complete reproductions that include signatures. We recommend that an extra copy be prepared and retained for your personal records. (For contractor conversions, revalidations, reinstatements, or concurrent clearances, only an original form must be submitted to DISCO.)

DETAILED INSTRUCTIONS

All items must be completed in their entirety.

ITEMS A THROUGH I AND ITEM 16 (If Military or DoD Civilian Requester) OR ITEM 17 (If Contractor Request) MUST BE COMPLETED BY REQUESTING AGENCY.

ITEMS 1 THROUGH 15 AND 18 THROUGH 23 SHALL BE COMPLETED BY THE APPLICANT.

ITEM A.

Enter the date of the request in year, month, day order. December 31, 1988, should be shown as 881231.

ITEM B.

Mark the appropriate block for the type of request. Not applicable to contractor requests.

ITEM C.

Mark the appropriate block. In the event there is derogatory information on file, list this information in Item 16. Local files include personnel, security, base/military police and medical files, as appropriate.

ITEM D.

Enter the Unit Identification Code (UIC) or Personnel Accounting System (PAS) code. Contractors should enter the Commercial and Government Entity (CAGE) code.

ITEM E.

Government employment. Mark "Yes" or "No."

ITEM F.

Citizenship verified. Mark "Yes" or "No."

ITEM G.

For DoD Military and DoD Civilian enter:

Defense Investigative Service
Personnel Investigations Center
P. O. Box 1083
Baltimore, Maryland 21203-1083

For contractors enter:

Defense Industrial Security Clearance Office
P. O. Box 2499
Columbus, Ohio 43216-5006

ITEM H.

Enter the name of the organization and mailing address that the investigation should be sent to upon completion. All contractor investigations will be returned to the Defense Industrial Security Clearance Office (DISCO).

ITEM I.

Mark the appropriate block indicating reason for request. If form is used for contractor conversions, revalidations, reinstatements or concurrent clearances, indicate in the shaded area the security classification of the material or information to which the employee will have access. (Specify DOE or NRC "Q" or "L" conversions as TS / S / CONF in shaded area.)

ITEM 1 - NAME.

a. **LAST, First, Middle.** List your name in the following order: LAST NAME, first name, and middle name; LAST NAME IN ALL CAPITAL LETTERS. Names should agree with military and/or civilian employment records; if not, explain in Item 14.

- If you have no middle name, enter "NMN."
- Include additional designations, such as Jr., Sr., II (2nd), III (3rd), when applicable.
- If your name consists of initial(s) only, enter the appropriate initial(s) followed by "(IO)."
- Make sure your name appears the same in all name blocks on the NAQ and all other documents, attachments, etc., you submit with the NAQ.

b. **Maiden Name.** Enter if applicable.

ITEM 2 - OTHER NAMES USED.

List any other name by which you are or have been known. Include former names, changes in names, nicknames, or variant spellings used. If the name has changed, explain, in Item 14, why, when, and where such change took place. List the inclusive dates all other names were used.

ITEM 3 - SOCIAL SECURITY NUMBER.

Copy exactly as on your Social Security card. List ALL Social Security Numbers you have ever used.

ITEM 4 - DATE OF BIRTH.

Give the year, month, and day of your birth using the last two digits of the year, the two-digit number for the month, and the two-digit number for the day (e.g., August 31, 1944, would be entered as 440831).

ITEM 5 - PLACE OF BIRTH.

List your place of birth in the following order:

- a. **City.** Do not abbreviate.
- b. **County.** Do not abbreviate.
- c. **State.** Use the two-letter abbreviation.
- d. **Country.** If other than the U.S. (do not abbreviate).

DETAILED INSTRUCTIONS

All items must be completed in their entirety.

ITEM 6 - PHYSICAL CHARACTERISTICS.

- a. Sex. Enter "Male" or "Female."
- b. Race. Enter one of the following, as appropriate.
 - Red (American Indian)
 - Yellow (Asian/Mongoloid)
 - Black (Negroid or African)
 - White (Caucasoid)
 - Unknown
 - Other (Specify)
- c. Height. Enter height in feet and inches.
- d. Weight. Enter weight in pounds.
- e. Hair Color. Self-explanatory.
- f. Eye Color. Self-explanatory.

ITEM 7 - STATUS.

Mark one of the following:

- a. Consultant.
- b. Contractor Employee.
- c. OODEP (cleared in connection with the facility clearance).
- d. U.S. Government Employee. List grade or wage scale. If you are an applicant for a Federal Civil Service position, mark block (2).
- e. Military. List rank and branch of service. If you are a Reserve or National Guard member and if your unit is requesting this investigation, mark this block only. If you are an applicant for entry into the U.S. military, mark block (3).

ITEM 8 - CITIZENSHIP.

- a. United States Citizen. Mark either block (1), (2), (3), (4), or (5). If block (2) is marked, provide place of initial entry into the U.S. and indicate location of birth registration with the U.S. authorities. If you received a Certificate of Citizenship, list the certificate number and date of issuance by the Immigration and Naturalization Service. If either block (3) or (4) is marked, (a) through (e) must be completed.

(a) Certificate Number(s). If naturalized or derived, provide naturalization certificate number.

(b) Date. List date naturalization or derived citizenship certificate was issued.

(c) Place. List city and state where naturalization or derived citizenship certificate is recorded.

(d) Court. List the name of the court where naturalization or derived certificate is recorded.

(e) Alien Registration Number. Self-explanatory.

If block (5) is marked, indicate in Item 14 the name of the other country in which you hold citizenship. Also, explain the circumstances of how you hold dual citizenship.

ITEM 8 - CITIZENSHIP. (Continued)

b. United States National. Includes persons born in Puerto Rico, Guam, American Samoa, Northern Mariana Islands, U.S. Virgin Islands, Panama Canal Zone, Federated States of Micronesia, or the Republic of the Marshall Islands.

c. Alien. Complete blocks (1) through (4).

(1) Current Citizenship. List the country of which you are currently a citizen.

(2) Registration Number. If you have not been granted permanent resident status, provide your type of visa in this block.

(3) Intend to become a U.S. citizen? Mark the appropriate block. If "Yes," and you have made application for citizenship, list date and place of application. If "No," explain in Item 14 the reason why you do not intend to become a U.S. citizen.

(4) Permanent Residence Status? Mark the appropriate block.

ITEM 9 - MILITARY SERVICE.

If form is used for contractor conversions, revalidations, reinstatements or concurrent clearances, indicate "Not Applicable." Otherwise, complete blocks a through g. Indicate date of first enlistment and date of final discharge for each branch of service if you had continuous duty. If you had break(s) in duty, each separate period should be listed. Officers who have prior enlisted, warrant, or reserve service should list each of these periods separately. Reserve or National Guard service will be shown in this item. If more room is needed, provide the information in Item 14. The most recent period should be listed first.

a. From. Enter date service began.

b. To. Enter date service ended. (If currently on active duty enter "present" for the latest entry and appropriate ending dates for all other periods of service.)

c. Branch of Service. List the appropriate branch of service.

d. Rank. List your rank on the date of discharge from each period of service.

e. Service Number(s). If you entered the U.S. Armed Forces after January 1970, your service number is the same as your Social Security Number. If you entered the U.S. Armed Forces before January 1970, enter both your Social Security Number and your original service number.

f. Type of Discharge. List type of discharge. If you received anything other than an Honorable Discharge (even if it has now been changed), provide a full statement regarding the circumstances surrounding the discharge. If your discharge has been updated, provide information regarding the change, including the date it occurred, in Item 14.

g. Country. If service was with other than the U.S. Armed Forces, list appropriate country (explain in Item 14).

DETAILED INSTRUCTIONS

All items must be completed in their entirety.

ITEM 10 - RESIDENCES.

- List residences for last 5 years. (List current residence only for contractor conversions, revalidations, reinstatements, or concurrent clearances.)
- Do not furnish information prior to your 16th birthday.
- IF ANY PERIOD OF RESIDENCE WAS OVERSEAS, provide the names and addresses of two individuals (preferably currently living in the U.S.), who can verify the period of overseas residence through personal knowledge. This information should be listed in Item 14.
 - a. Current Home Telephone. Self-explanatory.
 - b. Dates. Give the inclusive dates for each period of residence.
 - c. Address.
 - (1) Number, Street and Apartment Number. Do not list a permanent mailing address or family residence in this item unless you actually resided at that address during the period listed. Furnish residence address in local community or on base/ installation while in military service.
 - If you have been assigned to any temporary duty location for 90 days or longer within the investigative period, you must list your residence(s) during that temporary duty.
 - If the residence was on a military installation, include barracks or house number.
 - List the actual place of residence while attending school. Do not list merely the name of the school or "On Campus" as a place of residence.
 - If you received mail at a Post Office Box address, do not list the Post Office Box; list your actual residence address.
 - If you give a metropolitan address (e.g. New York, Los Angeles), list the borough or suburb.
 - A sketch map or detailed instructions must be appended for rural or difficult to locate addresses.
 - If you resided in an apartment complex in the last 5 years, list the name of the complex in Item 14.
 - (2) City. Do not abbreviate.
 - (3) State. Use the two-letter abbreviation.
 - (4) Zip Code. Self-explanatory.
 - (5) Country. Do not abbreviate.

ITEM 11 - EMPLOYMENT / DUTY ORGANIZATION.

List, beginning with the present, each period of employment (to include part-time employment, self-employment and unemployment) for the required number of years. Also list current Reserve or National Guard unit.

- List employment information for the last 5 years. (List current employment only for contractor conversions, revalidations, reinstatements, or concurrent clearances.)
- Do not furnish information prior to your 16th birthday.
- If unemployed and not attending school full time during any period, list, in Item 14, the name and current address of an individual who can verify your activities during the unemployment/ self-employment period. IF ANY PERIOD OF EMPLOYMENT WAS OVERSEAS, list, in Item 14, the names and addresses of two individuals (preferably currently living in the U.S.) who can verify the period of overseas employment through personal knowledge.
 - a. Federal Service. If "Yes," list in Item 14 the inclusive dates of service and name and address of last organization. If listed in 11.c, so indicate.
 - b. Dates. Provide the inclusive dates for each period of employment, part-time employment, self-employment, unemployment, and current Reserve or National Guard service. All time periods must be covered. If you worked for two different employers at the same time, list both.
 - c. Name of Employer. Military personnel should identify each unit, organization, or station to which assigned. If self-employed during any period, list the name and address of the business. If any period of employment was for a temporary help supplier, list only the temporary help supplier as the employer, even though work may have been performed at different locations with client companies. If employed through a union hiring hall, list firms by which employed. Do not list the union as an employer unless your salary was, in fact, paid by the union.
 - d. Job Site, Duty Station or Home Port. Provide the address for each employment listed. If any period of employment was in a large metropolitan area (e.g., New York, Chicago, Los Angeles), include the borough or suburb. If employed by a large manufacturing concern (i.e. Chrysler or General Motors Corporation in Detroit, Michigan), give the specific name and address of the plant where you worked. List, in Item 14, the complete address of the location of your employment records if it is different from the address of the job site or duty station. List any temporary duty locations totalling 90 days or longer within the required period.

DETAILED INSTRUCTIONS
All items must be completed in their entirety.

ITEM 11 - EMPLOYMENT / DUTY ORGANIZATION.
(Continued)

e. Immediate Supervisor.

(1) Name. List LAST NAME, first name, and middle initial.

(2) Telephone Number. List the area code and work telephone number of the supervisor.

ITEM 12 - FAMILY / ASSOCIATES.

If form is used for contractor conversions, revalidations, reinstatements or concurrent clearances, indicate "Not Applicable." Otherwise, provide the information listed below for:

- Your father, mother, spouse, cohabitant and children.
- All brothers and sisters NOT born in the United States.
- All relatives or friends to whom you, your spouse, or cohabitant are bound by affection or obligations IF such persons are residing in, are citizens of, or are employed by or otherwise acting as representatives of any foreign country.

a. Relationship and Name. Provide the individual's relationship to you (if not already provided on the form), and name. Include maiden name of mother and spouse.

b. Present Address. Provide the current address of each person listed. If person listed is dead, enter "Deceased."

c. Date of Birth. Provide date of birth for all persons listed in terms of year, month, and day using the last two digits of the year, the two digit number for the month and the two digit number for the day (e.g., August 31, 1944, would be entered as 440831).

d. Place of Birth. List city and state or country (if other than the U.S.).

e. Citizenship. Enter citizenship of each person listed. Additionally, provide, in Item 14, naturalization information as in Item 8.a or alien registration information as in Item 8.c for all listed foreign-born relatives. Alien registration information must include the alien registration number and the date the card was issued.

ITEM 13 - FOREIGN TRAVEL / CONNECTIONS.

a. Foreign Connections. Mark the appropriate block. If "Yes," explain in Item 14 the nature and extent of foreign business connections and property interests, to include nature of business for each foreign firm and details of ownership for each foreign entity.

ITEM 13 - FOREIGN TRAVEL / CONNECTIONS.
(Continued)

b. Foreign Employment. Mark the appropriate block. If employed by or acted as a consultant, identify the foreign government, firm, or agency and describe the nature of employment or relationship. Provide, in Item 14, inclusive dates of all such employment(s) or relationship(s). In addition, if such employment or relationship is current, provide:

- Details of ownership for each foreign entity.
- The percentage of time devoted to each foreign entity.
- For the position requiring this security clearance or investigation, provide a summary of your duties with the U.S. firm submitting your NAQ.
- Product or service of that U.S. firm.

c. Foreign Travel. Mark the appropriate block. List, in Item 14, inclusive dates of travel for each country visited and the purpose of the travel. Travel on official U.S. Government orders may be omitted. However, you must list all travel outside the sphere of your official duty location to include all travel while in leave status.

(NOTE: Foreign travel as a military dependent is not considered as "under official orders.") For travel in cities or countries divided into free world and Communist-oriented parts, indicate in which part the travel was performed.

If during any of your travels you established a residence in a foreign country, provide the exact address, unless previously listed under Item 10. Travel to Canada and/or Mexico must be listed.

If you have lived near the border with another non-designated country and you have made short (one day or less) trips to that neighboring country, you do not need to list each trip. Instead, list:

- The time period over which the trips were made.
- The fact that numerous trips were made.
- To what country the trips were made.
- The purpose(s) of the trips, such as sightseeing, shopping, etc.

DETAILED INSTRUCTIONS
All items must be completed in their entirety.

ITEM 13 - FOREIGN TRAVEL / CONNECTIONS.
(Continued)

d. Foreign Contact. Mark the appropriate block. If "Yes," provide the following information:

- Date(s) of contact.
- Identity of government, establishment, or representative contacted.
- Location of contact.
- Purpose of contact.
- Means of contact (e.g. in person, by telephone, written correspondence).

ITEM 14 - REMARKS.

Use this space for the continuation of those items where insufficient space was provided or to provide additional pertinent information. If necessary, attach additional sheets and indicate "See Attached Sheet(s)" at the end of the "Remarks" section. When using the "Remarks" section or attaching additional sheets, always identify the item number being continued and follow the format for entering information as prescribed on the NAQ and in the instructions. If additional space is required, continue on a plain sheet of 8½" by 11" paper; in the top left hand corner of the paper, enter your full name and Social Security Number, and the phrase "Continuation Sheet - DD Form 398-2."

ITEM 15 - CERTIFICATION BY PERSON COMPLETING FORM.

You should carefully review the portion of the form you have completed to ensure that you have answered all items and that it is accurate in all details. If you have not yet signed the authorization for release of information and records, do that now. You should fully understand the implication of certifying to a false statement. When you are satisfied that it is complete, sign the certification along with any attachments. (For contractor conversions, attach DD Form 214 or SF 50, as appropriate.)

ITEM 16 - RESULTS OF LOCAL FILES CHECK.

To be completed by Military and DoD Civilian requesters only. (Not applicable to contractor requests.)

ITEM 17 - CERTIFICATION BY CONTRACTOR.

The Facility Security Officer (FSO) or a designee must complete this block. (Top Secret request must be signed by FSO or another cleared OODEP.)

- a. Contract Number. Enter the number of the contract for which the clearance is being requested.
- b. Telephone Number of FSO / Designee. Self-explanatory.
- c. Typed Name of FSO / Designee. Self-explanatory.
- d. and e. Signature of FSO / Designee and Date Signed. Sign that the security clearance is required, and date.

ANSWERS TO ITEMS 18 THROUGH 22 ARE NOT LIMITED TO THE LAST 5 YEARS, BUT PERTAIN TO YOUR ENTIRE LIFE.

FOR CONTRACTOR PERSONNEL ONLY:

- If you prefer, page 5 may be detached, completed in private, placed in a sealed envelope, and given to security personnel with the other pages of your form.
- If you choose this option, processing of your form will be slowed since electronic transmission will not be possible.
- If you choose this option, it is important that you carefully read the Detailed Instructions for Items 18 through 23 and follow them completely since these questions will not be reviewed by your security personnel.
- Failure to provide all required information will result in further processing delays.
- If you choose the option of completing these items in private and additional space is required to answer them, do not use the "Remarks" section (Item 14). Instead, continue your answer on a plain sheet of 8½" x 11" paper; in the top left corner of the paper, enter your full name and Social Security Number and the phrase "Continuation Sheet - DD Form 398-2."

ITEM 18 - ARRESTS.

Regardless of the outcome of the incident or when it occurred, if the answer to Item 18 is "Yes," it must be explained completely. If you were adjudicated a youthful offender or juvenile delinquent and the record has been "sealed," expunged, or stricken from the court record, you must still answer Item 18 and provide the required information with the following exception:

If you have been found guilty of a federal offense under Section 404 of the Controlled Substances Act (21 U.S.C. 844) and, subsequent to such a finding, the court issued an expungement order under the authority of either 21 U.S.C. Section 844 or 18 U.S.C. Section 3607, then you need not report the arrest or disposition information on your NAQ. This, however, is the only exception to this reporting requirement.

54 **NOTE: FOR MILITARY ENLISTMENT APPLICANTS ONLY:** You must list, in Item 14, all traffic violations regardless of what type of violation or amount of fine.

DETAILED INSTRUCTIONS

All items must be completed in their entirety.

ITEM 18 - ARRESTS. (Continued)

WHEN IN DOUBT AS TO THE NECESSITY FOR LISTING INFORMATION IN THIS ITEM, IT IS RECOMMENDED THAT INCIDENTS BE LISTED TO PRECLUDE FUTURE QUESTIONS REGARDING OMISSIONS FROM THE FORM. IF AN INCIDENT WAS LISTED ON A PREVIOUSLY SUBMITTED NAQ, IT IS STILL REQUIRED TO BE LISTED ON THE CURRENT NAQ.

a. Mark either "Yes" or "No." If "Yes," provide the following clarifying information in Item 18.b:

b. Details.

(1) Date. Provide date(s) of arrest(s) or charge(s).

(2) Nature of Offense or Violation. Any action that resulted in the placement of your name on a police or court record must be listed, including any act committed while still a juvenile or if you were considered a "Juvenile Offender." Give a docket number or indictment number in addition to charge, if known. List all Article 15, UCMJ, or Captains' Mast if they resulted in fines, restrictions, demotions, etc. DO NOT LIST PENAL CODES. THE ACTUAL OFFENSE OR VIOLATION MUST BE STATED.

(3) Name and Location of Law Enforcement Agency. Enter the name of the law enforcement agency and its location (city or county and state, or country if not in the U.S.).

(4) Name and Location of Court. Enter the name of the court and its location (city or county and state, or country if not in the U.S.). If the case did not go to court, mark "None."

(5) Penalty Imposed or Other Disposition in Each Case. Provide details as to the outcome of the action against you. If any penalty was imposed, give details. If you spent any time in jail, prison, reform or industrial school or any juvenile facility or institution, list in Item 14 the location and duration of your confinement. If you are currently under a suspended sentence, parole, probation, or are awaiting any action on charges against you, that information should be indicated.

ITEM 19 - CREDIT HISTORY.

If any "Yes" block is marked in Items a through e, list in Item 14 the information indicated below:

a. Bankruptcy.

- Name and location of court where bankruptcy petition was filed.
- Date of filing.
- If bankruptcy is pending, the date the petition will be heard.

ITEM 19 - CREDIT HISTORY. (Continued)

b. Wages Garnished/Repossessions.

- Date(s) of garnishment(s) and/or repossession(s).
- Name and location of individual(s) or organization(s) involved.

c. Tax Liens.

- Date(s) of lien(s).
- Name and location of court where lien was filed against you.
- Identity of taxing authority which filed the lien.

d. Unpaid Judgments.

- Date(s) of judgment(s).
- Name and location of court where judgment was filed against you.
- Identity of person(s) or business(es) filing judgment.

e. Delinquent Debts.

- Name and address of creditor(s) involved.
- Dollar amount(s) past due.
- Length(s) of time past due.
- Date(s) of delinquency.

ITEM 20 - DRUG / ALCOHOL USE AND MENTAL HEALTH.

If "Yes" is answered to any of the questions in this item, describe the circumstances in Item 14, in accordance with the following explanations. If necessary, attach additional sheets for a full detailed statement.

a. Drug Use / Possession. A listing of those drugs which have been designated as controlled substances is located on the last page of these instructions. If you used any of these drugs, or any other mind-altering substances, mark "Yes" and provide, in Item 14, the following details:

- Drug(s) used/possessed.
- Date(s) of use/possession, specifying last date used/possessed.
- Frequency of use/possession.
- Intentions regarding future use/possession.
- City and state (or country if not in U.S.) where used/possessed.
- Circumstances surrounding use/possession.

DETAILED INSTRUCTIONS
All items must be completed in their entirety.

ITEM 20 - DRUG / ALCOHOL USE AND MENTAL HEALTH. (Continued)

IF MORE THAN ONE DRUG HAS BEEN USED / POSSESSED, PROVIDE THE INFORMATION ABOVE FOR EACH DRUG SEPARATELY.

b. **Drug Activity.** The drugs referred to are again those listed on the attachment, or any other mind-altering substances. If "Yes," you must indicate on the NAQ the activity (or activities) in which you were involved by circling "purchase," "manufacture," "trafficking," "production," or "sale," and provide, in Item 14, the following details:

- Drug(s) involved.
- Date(s) of Activity.
- Number of times you participated in activity.
- Current activity.
- Intentions regarding future activity.
- City and state (or country if not in U.S.) where activity took place.
- Circumstances surrounding activity.

AGAIN, IF MORE THAN ONE DRUG HAS BEEN USED / POSSESSED, PROVIDE THE INFORMATION ABOVE FOR EACH DRUG SEPARATELY.

c. **Abuse of Prescribed Drugs.** The drugs referred to are any medication prescribed either for you or for someone else by a licensed physician, which you abused by taking other than as prescribed. If "Yes," please provide, in Item 14, the following details:

- Drug(s) involved.
- Date(s) of use, specifying last date used.
- Frequency of use.
- Intentions regarding future use.
- City and state (or country if not in U.S.)
- Circumstances surrounding use and/or any other involvement such as illegal sale or distribution.

AGAIN, IF MORE THAN ONE DRUG IS INVOLVED, PROVIDE SPECIFIC INFORMATION FOR EACH DRUG SEPARATELY.

d. **Alcohol Abuse.** If "Yes," you must indicate on the NAQ the activity (or activities) in which you were involved by circling "loss of a job," "disciplinary action," "arrest by police," or "any alcohol-related treatment or counseling." Explain, in Item 14, the circumstances of each incident as follows:

- If loss of a job, provide name and address of employer, and dates of employment.

ITEM 20 - DRUG / ALCOHOL USE AND MENTAL HEALTH. (Continued)

- If disciplinary action, provide dates, locations and final disposition of each incident.
- If arrested by police, provide information as in Item 18.b. If already explained, state, "Refer to Item 18.b."
- If you received treatment or counseling for alcoholism or alcohol abuse, provide name and address of treatment/counseling facility, dates of treatment/counseling, name and office address of physician/ counselor/or other individual who provided treatment/counseling.

e and f. **Mental Health.** If "Yes" is answered to either e or f, provide, in Item 14, the following information:

- Exact problem (including name of disorder, if known).
- Name and address of primary physician, therapist, counselor, or other mental health professional who treated you or from whom you received counseling.
- Date(s) of treatment/counseling.
- If treatment/counseling is still continuing, so indicate and provide frequency of visits.
- Name and address of any hospital, clinic, and/or agency where treated/counseled as an in-patient.
- Date(s) of hospitalization and/or in-patient treatment/counseling.

ITEM 21 - ORGANIZATIONS.

a and b. If "Yes" is answered, provide the full name of the organization and the circumstances of your membership or affiliation. Include in your statement the dates, places, offices, positions, or credentials now or formerly held. If associations have been with individuals who are members of the described organizations, then list the individuals and the organization with which they were or are affiliated.

c. List all organizations in which you hold or have held membership since age 16. You may omit labor unions, political parties, religious organizations, and those referred to in a and b above. Provide the following information:

- (1) **Name.** Provide the full name(s) of the organization(s) (do not use initials or abbreviations).
- (2) **Address.** List number and street, city, and state (or country if other than the U.S.).
- (3) **Type.** Identify the type of organization (e.g. social, fraternal, etc.).
- (4) and (5) **From - To.** Provide the inclusive dates for membership in terms of year and month using the last two digits for the month (e.g. October 1979 would be entered as 7910).

DETAILED INSTRUCTIONS
All items must be completed in their entirety.

ITEM 22 - SECURITY CLEARANCE.

a. Have you ever held a security clearance? Mark appropriate block. If you have held a contractor-granted CONFIDENTIAL security clearance, mark "Yes."

(1) Level. List TOP SECRET, SECRET, or CONFIDENTIAL.

(2) Date Granted. Enter the date the security clearance was granted.

(3) Granted By. Enter the name of the organization or activity that granted the security clearance.

(4) Name of Employer. Enter the name of the organization or contractor who was your employer at that time.

ITEM 22 - SECURITY CLEARANCE. (Continued)

b. Have you ever had a security clearance denied, suspended, or revoked? Mark appropriate block. If "Yes," provide full details of the suspension, denial, or revocation in Item 14, to include level of security clearance, date of suspension, denial or revocation, as well as the name and address of the organization/ employer who took the action. NOTE: An administrative downgrade or termination of a security clearance is not a revocation.

ITEM 23 - CERTIFICATION BY PERSON COMPLETING FORM.

You should carefully review the form to ensure that you have answered all items and that the form is accurate in all details. You should fully understand the implication of certifying to a false statement. When you are satisfied that the form is complete, sign the original NAQ along with any attachments. Return the completed and signed form to the office that gave it to you.

DRUGS TO BE REPORTED WHEN COMPLETING DD FORM 398-2

NARCOTICS

<u>DRUG NAME</u>	<u>OFTEN PRESCRIBED BRAND NAMES</u>
Opium	Dover's Powder, Paregoric
Morphine	Morphine
Codeine	Codeine
Heroin	None
Meperidine (Pethidine)	Demerol, Pethadol
Methadone	Dolophine, Methadone, Methadose
Other Narcotics	Dilaudid, Leritine, Numorphan, Percodan

STIMULANTS

<u>DRUG NAME</u>	<u>OFTEN PRESCRIBED BRAND NAMES</u>
Cocaine	Cocaine
Amphetamines	Benzedrine, Biphedamine, Desoxyn, Dexedrine
Phenmetrazine	Preludin
Methylphenidate	Ritalin
Other Stimulants	Bacarate, Cylert, Didrex, Ionamin, Plegine, Pondimin, Pre-State, Sanorex, Voranil

HALLUCINOGENS

<u>DRUG NAME</u>	<u>OFTEN PRESCRIBED BRAND NAMES</u>
LSD	None
Mescaline	None
Psilocybin-Psilocyn	None
MDA	None
PCP	Sernylan
Other Hallucinogens	None

DEPRESSANTS

<u>DRUG NAME</u>	<u>OFTEN PRESCRIBED BRAND NAMES</u>
Chloral Hydrate	Noctec, Somnos
Barbiturates	Amytal, Butisol, Nembutal, Phenobarbital, Seconal, Tuinal
Glutethimide	Doriden
Methaqualone	Optimil, Parest, Quaalude, Somnafac, Sopor
Tranquilizers	Equanil, Librium, Miltown, Serax, Tranxene, Valium
Other Depressants	Clonopin, Dalmane, Dormate, Noludar, Placydil, Valmid

CANNABIS

<u>DRUG NAME</u>	<u>OFTEN PRESCRIBED BRAND NAMES</u>
Marijuana	None
Hashish	None
Hashish Oil	None

APPENDIX VII

Memo from Lt. Col. Don Reynolds

MAINE AIR NATIONAL GUARD
HEADQUARTERS, 101ST AIR REFUELING WING
BANGOR, MAINE 04401

FROM: UPT Selection Board

7 October 1993

SUBJ: Prospective Pilot Trainee Selection Criteria

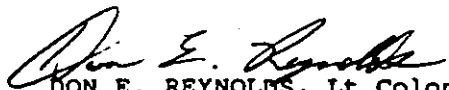
TO: 101st OPG/CC ^{DW}
101st Recruiting

1. The Undergraduate Pilot Training (UPT) Selection Board has established the following minimum acceptable criteria for the 10 semi-finalists that will be interviewed:

- a. A 4 year Baccalaureate Degree
- b. Class 1 Flying Physical
- c. 60-99 Flying Hours
- d. Minimum AFOQT Scores - P 70, N 70, A 50, V 50, Q 50
- e. Minimum BAT Score - 40

2. We will no longer spend time interviewing prospective UPT candidates that do not meet the above criteria.

3. We will refuse to interview anyone sent to us that does not have the above information available for the selection board to review.


DON E. REYNOLDS, Lt Colonel, MeANG
132nd Operations Officer



WORKS CITED

- 101st Air Refueling Wing. (1994). Pilot orientation pamphlet.
- Apple, P & Gurney G. (1975). The air force museum. New York. Crown.
- Burns & McDonnell. (1993). Aircraft characteristics. Catalog for prospective buyers.
- Dudley, P. (1994). KC-135 pilot selection and training process for MeANG pilots. Personal interview.
- Full partners in america's defense. (1993). Pamphlet issued by U.S. Air Force and Air National Guard.
- Gleason, M. (1994). KC-135 pilot selection and training process for MeANG pilots. Personal interview.
- Gordon, S. (1993) National Guard Almanac. (19th ed.). Falls Church. Uniformed Services.
- Hagerty, M. (1993). A vision for the future. Air Force Magazine. pp. 23.
- Jane's all the worlds aircraft. (1984). New York. Jane's Publishing Company.
- Jolly, R. (1994). The big slurp. Flying. pp. 58.
- U.S. Air Force. (1990). KC-135 stratotanker facts sheet.



Weiner, S. (1990). Officer candidate tests. New York.
Prentice.