ADDENDUM TO DD FORM 4 APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE FOR INTERSTATE TRANSFER IN THE ARMY NATIONAL GUARD

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 USC 301 and Exec	cutive Order 9397.							
· · · · · · · · · · · · · · · · · · ·	rs of Army National Guard Soldi ned in the soldiers Official Milita by the MILPO for state records. I	ary Personnel File (OM	MPF) or electronically fi	-				
ROUTINE USES: None.								
DISCLOUSRE: Voluntary; However, if S	SSN is not provided, you will not	t be accepted for enlis	stment in the Army Nat	ional Guard.				
NAME: (Last, First, MI)					SSN:			
I do hereby acknowledge to have volu	untarily transferred interstate this	s day of	(Month, YYYY	′)				
to the State* of Army National Guard with continued membership in the								
Army National Guard of the United States and as a Reserve of the Army for the period remaining on my current enlistment,								
with expiration term of service (ETS)								
by proper authority. The original period of enlistment will not change on an interstate transfer.								
I, (Recite Name)			do	solemnly swe	ear (or affirm)			
					all enemies			
foreign and domestic; that I will bear	true faith and allegiance to the	same; and that I will o	obey the orders of					
the President of the United States and the Governor of and the orders of the officers appointed over me,								
according to law and regulations.								
I further agree to fulfill all prior contract	ctual agreements on an Interstat	te Transfer. So help n	ne God.					
I further agree to fulfill all prior contractual agreements on an Interstate Transfer. So help me God. I acknowledge that the above oath has been administered to me and that I have sworn or affirmed to the same.								
SIGNATURE O	F INDIVIDUAL	_		DATE				
*(Commonwealth, 1	District, Territory)							
•	oove oath, as filled in, was admir	nistered, subscribed,	and duly sworn or affiri	med				
before me on								
	NAME, GRADE, AND OR	GANIZATION OF ENLIS	STING OFFICER					
	SIGNATURI	E OF ENLISTING OFFIC	CER					

PART I - SOLDIER DATA								
1. NAME: (Last, First, MI)				SSN:				
3. RANK:	4. PMOS:		5. CRITICAL SKILL:	YES NO				
6. BONUS TYPE:	7. ETS:		8. MGIB:	YES NO				
9a. HOME ADDRESS:	9b. HOME PHONE:							
10a. CURRENT UNIT OF ASSIGNMENT:	10b. UNIT PHONE :							
10c. UNIT ADDRESS:								
11a. STATE REPRESENTATIVE WHO COORDINATED	11b. REPRESENTATIVE PHONE:							
PART II - TRANSFER DATA								
12a. NEW UNIT OF ASSIGNMENT:	12b. UNIT PHONE:							
12c. UNIT ADDRESS:								
13a. UIC: 13b. PRN:	Ba. UIC: 13b. PRN: 13c. PARA/LINE:							
14a. UNIT POC: (Name, Grade, Title)	14b. POC PHONE :							
15a. STATE REPRESENTATIVE WHO RECEIVED TRAN	15b. REPRESENTATIVE PHONE:							
16a. EFFECTIVE DATE OF TRANSFER: (Date of enlis	E: (From losing state)							
PART III - SOLDIER ACKNOWLEDGMENT								
I do hereby acknowledge that I have been accepted for an interstate transfer by the State of I understand that I must report to my new unit of assignment within 60 days of enlistment; Not later than: It is my responsibility to contact my new unit if I will be delayed. I further understand that if I fail to report, I will be discharged with a reentry eligibility code of 3, which will disqualify me for enlistment unless a waiver is approved. I understand that my failure to report also subjects me to possible administrative and judicial action. I understand that I am not authorized to enter into a service agreement with another military unit/component during the period of transfer.								
17. SIGNATURE OF SOLDIER:	DATE:							
18. SIGNATURE OF UNIT REPRESENTATIVE:	DATE:							
PART IV - ATTACHMENTS								
DA FORM 2-1, PERSONNEL QUALIFICATION RECOR SF 88, MEDICAL RECORD - REPORT OF MEDICAL EX OTHER/REMARKS:								