ECP APPLICATION CHECKLIST

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice MMN00010 (Personnel Services Working Files), published February 22, 1993, 58 FR 10630. **AUTHORITY:** 10 U.S.C. 1071-1087, 1441-1455, 1475-1488, 2771 6148a, b, and d; 31, U.S.C. 240-243; 37 U.S.C. 401 and 551,et. seq.; 38 U.S.C. 765-770, 2021-2026; 50 U.S.C. 1436, and E.O. 11016; 5 U.S.C. 301, Departmental Regulations. **PRINCIPLE**: Members and former members of the Marine Corps and Marine Corps Reserve; permanently and temporarily retired members of the Marine Corps and Marine Corps Reserve; members of the Fleet Marine Corps Reserve; Federal civil service employees of the Marines Corps; and dependents, survivors or appointed agents of the foregoing. **PURPOSE: This** information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as **pursuant** to 5 U.S.C. 552a(b)(3).

| NAME: | RANK: | | MOS: | |
|---|--|-------------------------------|------------------------|--|
| COMMAND: | | | | |
| | WEIGHT: | | | |
| PFT SCORE: | DATE OF PFT : | CFT SCORE: | DATE OF CFT: | |
| | O SAT (MATH & VERBAL - 1000): | ACT (MATH & ENGLISH 45): | AFCT (EL 115): | |
| PACKAGE MUST CONTAIN THE FOLLOWING | | | | |
| |) ECP APPLICATION FORM (PER MARADMIN | N AND MCO 1040.43A) WITNESSED | BY CO | |
| |) DATA SHEET | | | |
| |) ACADEMIC CERTIFICATION FORM) OFFICIAL TRANSCRIPT WITH EVIDENCE (| OF DECREE COMPLETION (ECD) | | |
| |) OFFICIAL TRANSCRIPT WITH EVIDENCE C) MEDICAL/DENTAL DOCUMENTS (DD FORM | | HALIEIED | |
| | (IN APPLICATION OR ENCRYPTED TO MCRON@MARINES.USMC.MIL) | | | |
| |) REPORT OF INTERVIEW BOARD REPORT | | | |
| |) HANDWRITTEN STATEMENT IN CURSIVE (| (MUST BE SIGNED) | | |
| |) SERVICE AGREEMENT | | | |
| |) PHOTOGRAPH (FULL LENGTH COLOR) | | | |
| | 0) CERTIFIED TRUE COPIES - SRB, PAGE 3, | | | |
| • | 1) CERTIFIED TRUE COPIES - MCTFS SCRE | | 1 | |
| | 2) TATTOO STATEMENT OF UNDERSTANDI | | | |
| | 3) CERTIFIED TRUE COPY OF EVIDENCE OF | | | |
| , | 4) LIST ANY ADDITIONAL ENCLOSURES TH | , | • | |
| · · | JUSTIFIED IN ALL ENDORSEMENTS & APP | · | JUSTIFY IN ENDORSEMENT | |
| AGE | ☐ YES ☐ NO ☐ N/A (GROUNI | D 35, AVIATION 29) | | |
| DRUGS MORAL | ☐ YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A | | | |
| MEDICAL | ☐ YES ☐ NO ☐ N/A | | | |
| | | EAR AND AT LEAST 12 MONTHS RE | =MAIN) | |
| INTERVIEW | | | _IVI) (II 4) | |
| | /ED BY COMMANDING OFFICER RECO | DMMENDED WITH: | | |
| SECURITY CLEARANCE ELIG | | WINIERDED WITT. | | |
| TYES NO SECURITY (| | JPAS (PRINT SCREEN): | PAGE 11: □ | |
| CITIZENSHIP | SEEMINIOE NEC (NOT ENTINO). | JEAS (FRINT SCREEN). | PAGE 11. | |
| | | | | |
| VERIFY CITIZENSHIP FORM DD538: CORRECT IN MCTFS? YES NO | | | | |
| TATTOOS OR CHECK N/A (PROVIDE TATTOO SCREENING FORM/SOU IN ACCORDANCE WITH MARADMIN 027/10) | | | | |
| | RES IN COLOR | | SIZE | |
| YES NO RIGHTS | SIDE VIEW IN GREEN SHIRT AND SHORTS | YES NO | LOCATION | |
| YES NO LEFT SI | SIDE VIEW IN GREEN SHIRT AND SHORTS | ☐ YES ☐ NO | DATE | |
| YES NO FRONT | VIEW IN GREEN SHIRT AND SHORTS | ☐ YES ☐ NO | MEANING | |
| ☐ YES ☐ NO BACK VIEW IN GREEN SHIRT AND SHORTS | | | | |
| TATTOO IN PRIVATE AREA YES NO (WRITTEN DESCRIPTION REQUIRED) | | | | |
| ADDITIONAL REMARKS: | | | | |
| | | | | |
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