

**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 Executive Order 9397.

PURPOSE: Used to coordinate transfers of Army National Guard Soldiers between States. This addendum becomes a part of the DD Form 4.
The original will be maintained in the soldiers Official Military Personnel File (OMPF) or electronically filed in a DoD approved system.
A copy will be maintained by the MILPO for state records. For organizational use only.

ROUTINE USES: None.

DISCLOSURE: Voluntary; However, if SSN is not provided, you will not be accepted for enlistment in the Army National Guard.

NAME (Last, First, MI) _____

SSN: _____

I do hereby acknowledge to have voluntarily transferred interstate this _____ day of _____
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) of _____ under conditions prescribed by law, unless sooner discharged
by proper authority. The original period of enlistment will not change on an interstate transfer.

I, (Recite Name) _____ do solemnly swear (or affirm)
that I will support and defend the Constitution of the United States and the State* of _____ against all enemies
foreign and domestic; that I will bear true faith and allegiance to the same; and that I will 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 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 OF INDIVIDUAL

DATE

*(Commonwealth, District, Territory)

I acknowledge that the above oath, as filled in, was administered, subscribed, and duly sworn or affirmed

before me on _____

NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER

SIGNATURE OF ENLISTING OFFICER

PART I - SOLDIER DATA

| | | |
|---|---|---|
| 1. NAME: <i>(Last, First, MI)</i> <input style="width: 60%;" type="text"/> | | SSN: <input style="width: 20%;" type="text"/> |
| 3. RANK: <input style="width: 20%;" type="text"/> | 4. PMOS: <input style="width: 20%;" type="text"/> | 5. CRITICAL SKILL: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. BONUS TYPE: <input style="width: 20%;" type="text"/> | 7. ETS: <input style="width: 20%;" type="text"/> | 8. MGIB: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9a. HOME ADDRESS: <input style="width: 80%;" type="text"/> | | 9b. HOME PHONE: <input style="width: 20%;" type="text"/> |
| 10a. CURRENT UNIT OF ASSIGNMENT: <input style="width: 80%;" type="text"/> | | 10b. UNIT PHONE : <input style="width: 20%;" type="text"/> |
| 10c. UNIT ADDRESS: <input style="width: 100%;" type="text"/> | | |
| 11a. STATE REPRESENTATIVE WHO COORDINATED TRANSFER: <i>(Name, Grade, Title)</i> <input style="width: 90%;" type="text"/> | | 11b. REPRESENTATIVE PHONE: <input style="width: 20%;" type="text"/> |

PART II - TRANSFER DATA

| | | | |
|--|---|--|---|
| 12a. NEW UNIT OF ASSIGNMENT: <input style="width: 60%;" type="text"/> | 12b. UNIT PHONE: <input style="width: 20%;" type="text"/> | | |
| 12c. UNIT ADDRESS: <input style="width: 100%;" type="text"/> | | | |
| 13a. UIC: <input style="width: 15%;" type="text"/> | 13b. PRN: <input style="width: 15%;" type="text"/> | 13c. PARA/LINE: <input style="width: 15%;" type="text"/> | 13d. DMOS: <input style="width: 15%;" type="text"/> |
| 14a. UNIT POC: <i>(Name, Grade, Title)</i> <input style="width: 80%;" type="text"/> | | 14b. POC PHONE : <input style="width: 20%;" type="text"/> | |
| 15a. STATE REPRESENTATIVE WHO RECEIVED TRANSFER: <i>(Name, Grade, Title)</i> <input style="width: 90%;" type="text"/> | | 15b. REPRESENTATIVE PHONE: <input style="width: 20%;" type="text"/> | |
| 16. EFFECTIVE DATE OF TRANSFER: <i>(Date of enlistment)</i> <input style="width: 40%;" type="text"/> | | | |

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.

| | |
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| 17. SIGNATURE OF SOLDIER: <input style="width: 60%;" type="text"/> | DATE: <input style="width: 20%;" type="text"/> |
| 18. SIGNATURE OF UNIT REPRESENTATIVE: <input style="width: 60%;" type="text"/> | DATE: <input style="width: 20%;" type="text"/> |

PART IV - ATTACHMENTS

DA FORM 2-1, PERSONNEL QUALIFICATION RECORD; (SIDPERS) GPFR-1790

SF 88, MEDICAL RECORD - REPORT OF MEDICAL EXAMINATION

OTHER/REMARKS: