

**EXTENSION OF ENLISTMENT IN THE AIR NATIONAL GUARD
AND AS A RESERVE OF THE AIR FORCE**

(The proponent is ANG/DPP)

(Instructions on page 2)

PRIVACY ACT STATEMENT

1. Authority: 275 USC 10, Executive Order 939.7.
2. Purpose: To extend the term of enlistment of an ANG enlisted member in the ANG and as a Reserve of the Air Force.
3. Routine Use: Used by commander to authorize retention of ANG member for specific periods of time.
4. Disclosure: Mandatory - extension of enlistment will not be approved.

ORGANIZATION AND LOCATION (1)

DATE

NAME (Last, First, Middle Initial)

GRADE

SSN

TO: (2)

FROM:

REQUESTED ACTION AUTHORITY: ANGI 36-2002

REQUEST MY ENLISTMENT OF (3) _____ FOR A PERIOD OF (4) _____ YEARS BE EXTENDED FOR A PERIOD OF (5) _____ MONTHS _____ DAYS. THIS ACTION REPRESENTS THE (6) _____ TIME THAT I HAVE EXTENDED THIS ENLISTMENT. THE TOTAL EXTENSION PERIOD OF ALL EXTENSIONS TO THIS ENLISTMENT IS (7) _____ MONTHS. I AGREE TO REMAIN A MEMBER OF THE READY RESERVE DURING THE PERIOD OF THIS ENLISTMENT UNLESS SOONER RELEASED BY PROPER AUTHORITY.

TYPE FULL NAME AND GRADE

SIGNATURE

ABOVE INFORMATION HAS BEEN VERIFIED FROM PERSONNEL RECORDS

NAME AND GRADE (8)

SIGNATURE

UNIT COMMANDER ACTION

TO:

CBPO/DPM

FROM: (9)

DATE: (10)

APPROVED

DISAPPROVED (Include reasons in Remarks Section)

NAME AND GRADE (Unit Commander or designated representative)

SIGNATURE

CBPO ACTION

DATE OF SEPARATION (11) _____ EXTENDED TO (12) _____ DATE (14) _____

NAME AND GRADE

SIGNATURE

REMARKS (Continue on page 2 if necessary)

INSTRUCTIONS FOR THE COMPLETION OF NGB FORM 66

(To be initialed by CBPO. After action is completed, forward one (1) copy to HQARPC/DS, Denver, CO for placement in MPerRGp).

1. Include PAS code.
2. Address to airman's unit of assignment.
3. Enter first day of current enlistment.
4. Enter period of current enlistment as reflected on DD Form 4.
5. Enter period of extension requested. Do not combine with any previous extensions.
6. Self-explanatory. Example: Enter "2d" if one extension to the enlistment has been approved previously.
7. Enter the total number of months of all extensions, INCLUDING THIS EXTENSION.
8. Only individuals assigned CBPO serving in grade of MSgt, GS-7, or higher are authorized to sign.
9. Show the same address as in Instruction 2.
10. This is the effective date the extension is approved or disapproved.
11. Enter ETS in effect prior to requested extension.
12. Enter new ETS.
13. This is the date CBPO takes action.