

APPLICATION FOR TRANSFER TO THE INDIVIDUAL READY RESERVE

PRIVACY ACT STATEMENT: Authority to request this information is contained in 10 U.S.C. Chapter 1005. Purpose of the information is to identify enlisted personnel who desire to remain in the Navy Reserve and to screen members for immediate recall potential. Information is used in the continuous screening of units and members of the Ready Reserve to ensure a proper balance of military skills in the Navy Reserve. Completion of this form is mandatory; failure to provide requested information may result in transfer to Standby Reserve, Retired Reserve, or discharge from the Navy Reserve, as appropriate.

1. MEMBER'S INFORMATION

Name:	Rank/Rate:	SSN (last 4):	
Unit Name:	RUIC:	AUIC:	EOS:

2. INDICATE PROGRAM(S) WHICH ARE AFFECTED:

- Member has obligated drilling requirements based on initial date of affiliation with the Selected Reserve.
- Bonus (If applicable, submit bonus termination letter with this request)
- NAT NCS RESCORE/PRISE ECTP Other

3. NAVY OPERATIONAL SUPPORT CENTER (NAVOPSPTCEN)/NAVY RESERVE ACTIVITY (NRA) INFORMATION

NAVOPSPTCEN/NRA Name:	NAVOPSPTCEN/NRA CO:
-----------------------	---------------------

4. UNIT INFORMATION

Unit CO:	Phone Number:
E-Mail Address:	

5. MEMBER'S PERSONAL STATEMENT FOR REQUEST:

Member's Signature/Date:

6. *MEMBERS IRR COUNSELING PAGE 13 IS REQUIRED TO BE ATTACHED WITH THIS REQUEST*

- 1. Has the member failed three or more PFA cycles in the most recent 4-year period? Yes No
(If Yes, stop and refer to OPNAVINST 6110.1 for required administrative actions)
- 2. Has member been counseled concerning the 6-months AA option? Yes No
- 3. Member requests one-time period of non-availability of 1 year? Yes No
(Reference: RESPERSMAN)
- 4. Is member identified on the Ready Mobilization Pool (RMP) List? Yes No
(Verify current RMP listing via COMNAVRESFORCOM (N3) Homeport)

	RECOMMENDED		SIGNATURE	DATE
CCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CFL	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CMC/SEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
XO	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

7. UNIT CO REMARKS/RECOMMENDATION

Recommendation: Yes No

Signature/Date:

8. NAVOPSPTCEN/NRA CO REMARKS/RECOMMENDATION

Recommendation: Yes No

Signature/Date:

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N 0106-LF-132-8700

SHIP OR STATION:

SUBJECT: TRANSFER FROM SELECTED RESERVE
 (SELRES) STATUS COUNSELING

PERMANENT

TEMPORARY

AUTHORITY (if permanent): Refer to listed references

_____: I have been counseled on, and understand, that transfer from a SELRES status
 (Date) will affect the following incentives and benefits:

<u>Member's Initials</u>	<u>Subject</u>	<u>Reference(s)</u>
_____	Incentives/Bonus	RESPERSMAN 1100-010
_____	Montgomery GI Bill-Selected Reserve Eligibility	COMNAVRESFORINST 1780.1
_____	Post 9/11 Transferability	NAVADMIN 203/09
_____	Servicemembers' Group Life Insurance/ Family Servicemembers' Group Life Insurance	BUPERSINST 1001.39
_____	Satisfactory Retirement Points	BUPERSINST 1001.39
_____	TRICARE Dental Program (TDP)	www.tricare.osd.mil
_____	TRICARE Reserve Select (TRS)	www.tricare.osd.mil

Witnessed:

 (Name, Rank, Title)

 (Member's Signature)

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N 0106-LF-132-8700

SHIP OR STATION:

SUBJECT: MANDATORY DRILLERS INDIVIDUAL READY
 RESERVE (ASP/VTU) COUNSELING

PERMANENT

TEMPORARY

AUTHORITY (if permanent): Refer to listed references

_____: I understand that failure to complete my mandatory drilling obligation will
 (Date) result in removal of recommendation for future affiliation into the Navy
 Reserve. Additionally, I have been counseled on, and understand, that
 transfer to the ASP/VTU will affect the following incentives and benefits:

<u>Member's Initials</u>	<u>Subject</u>	<u>Reference(s)</u>
_____	Incentives/Bonus	RESPERSMAN 1100-010
_____	Montgomery GI Bill-Selected Reserve Eligibility	COMNAVRESFORINST 1780.1
_____	Post 9/11 Transferability	NAVADMIN 203/09
_____	Servicemembers' Group Life Insurance/ Family Servicemembers' Group Life Insurance	BUPERSINST 1001.39
_____	Satisfactory Retirement Points	BUPERSINST 1001.39
_____	TRICARE Dental Program (TDP)	www.tricare.osd.mil
_____	TRICARE Reserve Select (TRS)	www.tricare.osd.mil

Witnessed: _____
 (Name, Rank, Title)

 (Member's Signature)

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE