SIU/NMU GOVERNMENT SERVICES DIVISION

BOOK APPLICATION

AGENCY: MSC	NOAA	ACOE
NAME: (Print)		
S.S. Number:	D.O.B	
Height: Weight:	Hair:	Eyes:
Address:		City:
State:		Zipcode:
Phone:	Ema	il:
Next of Kin:	Relationship:	
Dependents:		
How long have you worked for MSC?_		
What rating do you sail as?		Department:
Are you a Veteran?		Wounded?
I do solemnly swear that the statements swear that I do not believe in, and am n that believes in or advocates the overthe illegal or unconstitutional methods.	ot a member of, n	or do I support an organization
Further, I do solemnly swear that I will States against all enemies, foreign or do the same; and that I take this obligation evasion: SO HELP ME GOD.	omestic; that I wil	l bear true faith and allegiance to
SIGNED:	WITNESS:	
DATE:		
PORT JOINED / OR APPLICATION I	FROM SIU WEB	SITE:
For Official Use Only: BOOK#:		