Prescribed by: DoDI 1304.02

REQUEST FOR REFERENCE

OMB No. 0704-0167
OMB approval expires: 09/30/2026

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Please DO NOT return your form to the above address. Return completed form to the recruiting representative listed in Section I.

THIS FORM CONTAINS PERSONALLY IDENTIFIABLE INFORMATION PROTECTED BY THE PRIVACY ACT OF 1974

SECTION I - RECRUITING REPRESENTATIVE IDENTIFICATION

1. NAME *(Last, First, Middle Initial, Rank)*
UNIT/COMMAND NAME
MAILING ADDRESS *(Street, City, State, and ZIP Code)*

2. SIGNATURE OF RECRUITING REPRESENTATIVE

3. DATE SIGNED *(YYYYMMDD)*

4. E-MAIL

5. PHONE NUMBER

SECTION II - INSTRUCTIONS

The below-named person has made application for enlistment in the Armed Service and has given your name as a reference. The information you provide will be appreciated since it will assist in determining whether or not the applicant meets the eligibility standards to become a member of the Armed Forces of the United States.

Service standards require that applicants be mature, intelligent, and possess high moral qualifications. Those applicants who are selected will have an opportunity to receive schooling and training in technical fields to improve and advance their knowledge and skills in subjects essential to national defense. Additionally, college opportunities will be available.

Enlistees who cannot adjust satisfactorily to military life must be discharged, causing emotional distress to the individual, as well as loss to the taxpayers. Therefore, by giving your frank opinion of the applicant, you can render a genuine service to the applicant as well as to the United States.

Your statements will be held in strict confidence, and you will not be considered personally responsible in any way for the applicant's conduct if enlisted or not enlisted.

Your answers to the questions listed on the back of this form are of particular interest in reaching a conclusion concerning the qualifications of the applicant. Any information you can provide will be appreciated.

6. NAME *(Last, First, Middle Initial)*

7. MAILING ADDRESS *(Street, Apartment Number, City, State, and ZIP Code)*

8. DATES OF SCHOOL ATTENDANCE OR EMPLOYMENT

a. FROM *(YYYYMMDD)*

b. TO *(YYYYMMDD)*

SECTION III - REFERENCE *(To be filled out by person referring applicant)*

9. APPLICANT'S NAME *(Last, First, Middle Initial)*

10. WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? *(Indicate with an "X")*

☐ **a. EMPLOYER** ☐ **b. SCHOOL OFFICIAL** ☐ **c. OTHER** *(Specify)*

11. HOW LONG HAVE YOU KNOWN THE APPLICANT?

a. FROM *(YYYYMMDD)*

b. TO *(YYYYMMDD)*

12. APPLICANT'S HIGHEST SCHOOL GRADE COMPLETED OR JOB TITLE

13. INCLUSIVE DATES OF SCHOOL ATTENDANCE/EMPLOYMENT IN YOUR SCHOOL OR FIRM		14. IF APPLICANT LEFT SCHOOL OR JOB, OR WAS EXPELLED, DISMISSED, OR TERMINATED, GIVE SPECIFIC REASON IF KNOWN
a. FROM *(YYYYMMDD)*	b. TO *(YYYYMMDD)*	

15. HOW DO YOU RATE THE APPLICANT'S:	*(Indicate with an "X")*			
	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
a. TRUSTWORTHINESS	☐	☐	☐	☐
b. ADAPTABILITY	☐	☐	☐	☐
c. ABILITY TO WORK WELL WITH OTHERS	☐	☐	☐	☐
d. INITIATIVE	☐	☐	☐	☐
e. JUDGMENT	☐	☐	☐	☐
f. PHYSICAL FITNESS	☐	☐	☐	☐
g. LEADERSHIP	☐	☐	☐	☐
h. MATURITY	☐	☐	☐	☐
i. DEPENDABILITY	☐	☐	☐	☐

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FOR "YES" ANSWERS, PROVIDE DETAILS IN REMARKS.	*(Indicate with an "X")*		
	YES	NO	UNKNOWN
16. IF APPLICANT IS KNOWN TO USE ALCOHOL OR DRUGS, HAS IT AFFECTED HIS OR HER PERFORMANCE? *(If Yes, explain below)*	☐	☐	☐
17. IS THERE ANY REASON WHY YOU WOULD NOT RECOMMEND THIS PERSON FOR THE ARMED FORCES? *(If Yes, explain below)*	☐	☐	☐

18. PLEASE WRITE A PERSONAL NARRATIVE EVALUATION OF THE APPLICANT BELOW, OR ON A PLAIN PIECE OF PAPER, AND ATTACH TO THIS FORM. SPECIFICALLY ADDRESS THE ABOVE ITEMS. IF ITEMS 16~17 ARE MARKED "YES," PLEASE EXPLAIN IN DETAIL.

19. PERSON COMPLETING SECTION III

a. TYPED OR PRINTED NAME *(Last, First, Middle Initial)*	b. TITLE/SCHOOL/COMPANY	
c. PHONE NUMBER	d. SIGNATURE	e. DATE SIGNED *(YYYYMMDD)*