

REQUEST FOR TRANSFER TO MOBILIZATION DESIGNATION (MOBDES) STATUS

The proponent agency of this form is ACSPER.

NAME (Last, first, MI)	SSN	GRADE	BRANCH / MOSC
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ORGANIZATION	LOCATION (Street, city, state, ZIP Code)
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IT IS REQUESTED THAT THE ABOVE LISTED PERSON BE TRANSFERRED TO MOBDES EFFECTIVE _____, FOR THE FOLLOWING REASON(S):

STATEMENT OF UNIT COMMANDER

A. INDIVIDUAL ON LIST PREVIOUSLY: NO YES IF SO, WHEN: _____

B. I CERTIFY THAT ALL STATE PROPERTY (CLOTHING AND EQUIPMENT) HAS BEEN TURNED IN.

C. RECOMMEND TRANSFER: NO YES

D: REMARKS:

NAME (TYPED)	GRADE	_____ SIGNATURE
UNIT	BRANCH	

1st ENDORSEMENT (BATTALION OR UNIT COMMANDER)

C. RECOMMEND TRANSFER: NO YES

D: REMARKS:

NAME (TYPED)	GRADE	_____ SIGNATURE
UNIT	BRANCH	

2d ENDORSEMENT (BRIGADE COMMANDER)

C. RECOMMEND TRANSFER: NO YES

D: REMARKS:

NAME (TYPED)	GRADE	_____ SIGNATURE
UNIT	BRANCH	

AUTHORIZATION

THE ABOVE PERSON IS TRANSFERRED TO MOBDES STATUS, EFFECTIVE _____ DAY OF _____, 20 _____.

HQOHMR ORDER NUMBER _____

SIGNATURE OF TRANSFER AUTHORITY

DATE