

AFROTC DETACHMENT 085—UC BERKELEY  
Cadet Application Record Form Description and Index  
**DO NOT SIGN OR DATE ANY FORM**

- 01 Establishment of AFROTC Records Memorandum
- 02 Cadet Application Record Form Description and Index
- 03 AFROTC Form 20, *Application for AFROTC Membership*

This is a general information sheet and for the most part is self-explanatory. Ensure you complete all blocks with all required information (i.e. full address, complete academic major, etc.) Be sure to enter an accurate date of graduation, including your academic major. NOTE: Non-U.S. Citizen's cannot complete the 'Oath of Allegiance' until citizenship is obtained.
- 04 AFROTC Form 35, *Certification of Involvements with Civil, Military or School Authorities/Law Enforcement Officials*

Read paragraphs 'A', 'B' and 'C' on the form carefully. Print your full name on the blank line immediately below paragraph 'C'. Then complete the four columns in Section II with all required information. DO NOT COMPLETE THE "ACTION" BLOCK or any other part of this form.
- 04A *Category 1 and 2 Violations*
- 05 AFROTC Form 48, *Planned Academic Program*

COMPLETE IN PENCIL. Detailed instructions are included with the AFROTC Form 48. It is imperative this form be completed accurately as it has a direct impact on the cadet's AS Year and AFROTC goals.
- 05A *AFROTC Form 48 Preparation Instructions*
- 05B *AFROTC Form 48 Example*
- 06 DD Form 93, *Record of Emergency Data (Worksheet)*

COMPLETE IN PENCIL. Detailed instructions are on the back of the form.
- 06A *DD Form 93 Example*
- 07 AFROTC Form 500, *Restriction on Personal Conduct in the Armed Forces*
- 08 AF IMT 883, *Privacy Act Statement*
- 09 DD Form 2005, *Privacy Act Statement, Health Care Records*
- 10 AF IMT 2030, *USAF Drug and Alcohol Abuse Certificate*

Read Section I and II carefully. Then answer each question by placing your initials in the appropriate box. (If you initialed 'Yes' to any question other than the statement "I have read and understand..." in Section II, you must provide additional information in the 'REMARKS' section located on the back of the form. Please provide complete and honest answers. For Section III, read each statement and initial in the box at the end of each statement.
- 11 AF IMT 3010, *USAF Statement of Understanding for Dependent Care Responsibility*

Indicate marital status in Section I. Initial each "square block" at the end of each paragraph in Section II. In Section III, if you have no dependents, write the word 'None' and sign your initials next to the word. Complete Section IV.
- 12 Statement of Understanding Air Force Dependency Policy
- 13 AFROTC Form 16, *Officer Candidate Counseling Record "Program Entry"*

Read each mandatory counseling item marked "YES" and read sections III, VI, and VII.
- 14 DD Form 2058, *State of Legal Residence Certificate*
- 15 SF Form 1199A, *Direct Deposit Sign-Up Form*

In the event you qualify for stipend/textbook money, this form will facilitate payment. Please complete Section 1 and have your banking facility complete Section 3. NOTE: Your claim or payroll ID number is your SSAN.
- 16 AFROTC Form 28, *AFROTC Pre-Participatory Sports Physical*

This document needs to be taken to your medical provider at which time he/she will complete a sports physical, evaluating your health status. You will not be able to participate in any ROTC physical activity until this form is completed and provided to AFROTC DET 085.
- 17 AFROTC Form 29, *AFROTC Pre-Participatory Health Screening Questionnaire*
- 18 Release of Liability Statement
- 19 HSSP Freshman Review Statement of Understanding
- 20 Statement of Authorization to Review Leave and Earnings Statement
- 21 Written Consent for Release of Student Educational Records
- 22 AFROTC Form 16, *Foreign Language Skill Proficiency Bonus (FL SPB)*

Read each mandatory counseling item marked "YES" and read sections III, VI, and VII.
- 23 AFROTC Form 16, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT)*

Read each mandatory counseling item marked "YES" and read sections III, VI, and VII.
- 24 AFROTC Form 16, *Servicemembers' Group Life Insurance (SGLI) and Traumatic Injury Protection (TSGLI) Coverage*

Read each mandatory counseling item marked "YES" and read sections III, VI, and VII.

