Clear Form

DEPARTMENT OF THE ARMY
UNITED STATES ARMY SPECIAL OPERATIONS RECRUITING BATTALION (AIRBORNE)
FORT LIBERTY, NC 28310-9610

RCMRB-SORB-EOD DATE: _____

MEMORANDUM FOR Commander, SORB, Attn: RCMRB-SORB-EOD, Fort Liberty, NC 28310-9610

SUBJECT: Explosive Ordnance Disposal Letter of Intent (Enlisted)

1. I hereby request entry into the Explosive Ordnance Disposal (EOD) Career Program for training under the provisions of AR 614-200, Chapter 6.

2. Upon successful completion of the Explosive Ordnance Disposal Interview, completed EOD Volunteer Statement, issuance of a Letter of Acceptance from a qualified EOD Officer or Senior Enlisted EOD NCO, and prior to my departure from my losing command, I agree to reenlist or extend my enlistment to meet the 36 month remaining service obligation after EOD School as listed in AR 614-200, Table 4-1.

3. Are you a U.S. citizen? Yes ☐ No ☐ **Non U.S. citizens** or personnel that hold **dual citizenship** are **ineligible** for a Top Secret security clearance and **may not** attend EOD Training.

4. Are you currently on assignment or have you received notification of assignment? Yes ☐ No ☐
If yes, location and date of PCS move? _____ Soldiers who volunteer for EOD training prior to receiving assignment notification will be deferred to allow EOD attendance. Stabilization of current Drill Sergeants and detailed Recruiters **will not** be broken.

5. Have you been convicted by a court martial or had disciplinary action under UCMJ in your military personnel file? Yes ☐ No ☐ If yes, why and when did you receive discipline under UCMJ?

6. I am aware that, if so determined by a qualified EOD Officer or Senior Enlisted EOD NCO, I may be declared unsuitable for EOD training. _____ (Initial)

7. Have you ever applied for EOD School? Yes ☐ No ☐ If yes, when? _____

8. Have you ever attended EOD School? Yes ☐ No ☐ If yes, when? _____

9. Do you possess a valid U.S. driver's license? Yes ☐ No ☐

10. Are you colorblind or red/green deficient? Yes ☐ No ☐
GT Score: _____ GM (MAINT) Score: _____ AFT Score:_____ PUHLES:

My BASD is: _____ My ETS is: _____ DEROS:_____ Time on Station:

Rank: _____ Last Name: _____ First Name: _____ MI: ____

SSN: _____ Unit, Post, Zip Code: _____

DODID _____ Cell Phone: ( ) _____-_____ MOS:_____ DOR:_____

Military/Civilian Email: _____

Career Counselor Name/Email: _____

How did you hear about EOD? Friend or Relative

Other_____

Signature: