

## MAARNG FTNGD APPLICATION CHECKLIST (dtd 18 May 2022)

*Applicable to applications for FTNGD orders greater than 29 consecutive days, other than AGR*

Applicant Name: \_\_\_\_\_ Bulletin # : \_\_\_\_\_  
Applicant Email: \_\_\_\_\_ Unit of military assignment: \_\_\_\_\_  
Applicant phone number: \_\_\_\_\_ Duty Location: \_\_\_\_\_  
Is Service Member a Permanent Technician or Title 5 employee: \_\_\_\_\_

***Soldier's unit of military assignment must **verify** the below criteria and **initial** if accurate. If the Soldier does not meet any of the below, **explain** the circumstances on a continuation page.***

- Will not attain or exceed 17 years of Active Federal Service as a result of this FTNGD tour.
- Will not exceed 1,095 cumulative days (3 years) on orders within the preceding 4 year window.
- Is not currently serving on FTNGD with a waiver to exceed 1,095 days or serving on AGR.
- Is not within 6 months of MRD/ETS on the report day of the tour, unless waived.

The following documents must be submitted with the FTNGDOS bulletin:

G:\AGR Submission Folder\1. Application Documents

1. This **FTNGD Checklist**, complete, accurate, and signed.
2. **DA Form 1058**, completed by the Soldier and verified/signed by unit commander or AO.
3. **NGB Form 1058-1R**. Enclose GO Letter of Acknowledgment, if applicable, for service beyond 1,095 days.
4. **NGB Form 23B**, Retirement Points Accounting Statement (RPAS).
5. **MEDPROS IMR** with current PHA date, PULHES, and HIV (current within 2 years).
6. **DTMS (ITR) Height / Weight** history, current within the last six months of bulletin closure (redact gender from any format being submitted).
7. **DAMPS Order Query** for cumulative service on FTNGD.
8. **Commander's FTNG approval memorandum**.
9. **TAG Acknowledgement form** (required for all Permanent Technician and Title 5 employees). Complete the Soldier and Supervisor sections and leave the TAG decision blank. AGR Branch will process the request if selected.
10. **ERB/ORB** Selection Board Version dated within the last 12 months.
11. **BAH Statement** identifying any Family members receiving BAH. Per 37 USC §421, only one Service Member may receive BAH at the with dependents rate. Refer to Joint Travel Regulation for exceptions.
12. **Completed CORI** request form with front/back color copy of driver's license.
13. **Completed Pre-Employment reference sheet** (emails for each are mandatory).
14. **Provide proof of full COVID-19 Vaccination status**

By signing below, the applicant acknowledges the following:

**I understand** that the position for which I am applying is **temporary in nature** and that it is against policy for anyone to offer or promise an extension to my orders or full-time employment as a result of this temporary tour. Furthermore, I understand that funding is not available for PCS or TDY travel, that **I must reside within commuting distance** of my assigned duty station and that **orders can be terminated IAW applicable guidance and policy**.

Applicant: \_\_\_\_\_  
(Name) (Signature and Date)

**Reviewed by:**

Unit Representative: \_\_\_\_\_