MOARNG VOLUNTARY PERMANENT TRANSFER FOR DEPLOYMENT FORM

NAME (Last, First,	MI):		
RANK:	UNIT/UIC:		
LIST ALL MOS/A	OC'S THAT YOU CURRE	NTLY HAVE:	
will not be transferr	tand that this will be a PER ed back to my previous uni	t. Yes: No:	(this could terminate an Incentive)
(Leave blank if you have no p Would you be willing (All mobilizing Soldiers are e) Are you willing to r	ng to waive your 30 day not ntitled to a minimum 30-day notification	ification period fo period. Answering yes doe	or deployment? Yes: No: es not take place of the 30-day notification waiver)
Comments:			
	s no existing/pending flags urinalysis and no known m		
Name: Unit Clerk or Train	ing NCO	Signature	Date:
Name: Unit Approval, Con	npany Commander	Signature	Date:
Name: Battalion Approval,	Battalion Commander	Signature	Date:
Name: Brigade Commande	r, Brigade Commander	Signature	Date:

Volunteers will be placed on deployments as needed and notified through the proper command channels. Please do not contact the G1 Mobilization section about your volunteer request, unless it is to remove the request. Completed forms should be emailed to: SSG Kenneth Falter at kenneth.l.falter.mil@mail.mil