WARRANT OFFICER
INITIAL APPOINTMENT WITH <12m BREAK IN SERVICE

Figure 2-6
1 October 2025

Section A: Administrative Data					
NAME:	**DOD:**	**GRADE:** -Select-	**DOR:**	**MOS:** -Select-	
UIC:	**POSN TITLE:**	**PARA/LIN:**	**POSITION #:**	**POSCO:** -Select-	
DUTY STATUS: ☐ MDAY ☐ AGR ☐ TECH		**PACKET COMPLETED BY:**			
FRB DATE		**PACKET SUBMITTED TO OPM BY:**		**DATE**	

Section B: These items will be reviewed in the system of record and verified by WOSM for accuracy and eligibility.		
REVIEWED ITEMS	**COMMENTS/NOTES**	**INITIALS**
NONE		

Section C: These documents will be provided to G1 OPM after review at WOSM.			
REQUIRED ITEMS	**DOC:**	**COMMENTS/NOTES**	**INITIALS**
Birth Certificate or Naturalization Documents	BC	Name matches SSN Y/N: -Select-	
Copy of SSN Card	SSN	Name matches Birth Certificate Y/N: -Select-	
NGB Form 62E	NGB62E	Name matches Birth Certificate Y/N: -Select- Name matches SSN Y/N: -Select- Name matches DA 71 Y/N: -Select- Name matches NGB 337 Y/N: -Select- Remarks (pg 3): -Select- Signature (pg 4): -Select- Signature (pg 5): -Select-	
NGB Form 337	NGB337	Name matches Birth Certificate Y/N: -Select- Name matches SSN Y/N: -Select- Date matches DA Form 71: -Select-	
DA Form 71	DA71	Name matches Birth Certificate Y/N: -Select- Name matches SSN Y/N: -Select- Date matches NGB Form 337 -Select-	

Section C: These documents will be provided to G1 OPM after review at WOSM.			
REQUIRED ITEMS	**DOC:**	**COMMENTS/NOTES**	**INITIALS**
Periodic Health Assessment (Validation Memo Required)	PHA	PHA Date: [ ] MRC: -Select- *PHA Date must be within 1 year. MRC must be 1/2/3.*	[ ]
	PHAMemo	Validation memo signed by State/Deputy Surgeon IAW PPOM 23-044 -Select-	[ ]
Flight Physical (if applicable)	AERO	Fort Novosel Stamp: -Select-	[ ]
Security Clearance Memo	Security	Statement of Understanding if clearance has not been awarded. CE date must be within 5 years. -Select-	[ ]
Proponent Pre-Determination Memo (Aviators require only SAAO memo)	PDP	Proponent Pre-Determination Memo (Aviators require only SAAO memo) -Select-	[ ]
Highest Military Education	MILED	LEVEL: -Select- IPERMS: -Select-	[ ]
Last FEDREC Order	0122E	-Select-	[ ]
Approved Waiver(s)	WAIVER	Must be approved by HRH prior to packet submission. -Select-	[ ]
Age Waiver (if applicable)	AGE	Current Age: Waiver Required: -Select- Age Waiver Approved: -Select-	[ ]
Prior Service Records	PRSVC	Appointments/promotions/orders/ DD 214s, NGB 22s or other component service records of service. -Select-	[ ]
All required documents will be labeled as Last Name_DOC and added to a PDF Portfolio for submission to OPM.			

RESET