

# APPENDIX H

## SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, USC Section 301; Title 5, USC Section 2951; E.O.9397 Social Security Number (SSN).  
**PRINCIPAL PURPOSE:** To document potential Criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.  
**ROUTINE USES:** Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.  
**DISCLOSURE:** Disclosure of your SSN and other information is voluntary.

1. LOCATION <b>Fort Benning, GA</b>	2. DATE (YYYYMMDD) <b>2016/01/04</b>	3. TIME <b>1300 HRS</b>	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME <b>Doe, John A.</b>	6. SSN <b>123-45-6789</b>	7. GRADE/STATUS <b>0-5</b>	
8. ORGANIZATION OR ADDRESS			

9. I, **LTC John A. Doe**, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On **4 January 2016**, I certify that all assigned Soldiers have met all of the below requirements IAW USAIS PAM 350-6 dated 11 August 2016, to participate in the Expert Infantryman Badge Testing during the period of the **7th through 11th December 2016**.

- a. Must be an active member of the U.S. Army, ARNG, or USAR. South Korean Soldiers assigned by paragraph and line number to U.S. Army Infantry units are eligible to test for the EIB. **This requirement can't be waived**
- b. Enlisted personnel must possess a CMF 11 or CMF 18 MOS as their primary MOS. Personnel holding the 18D MOS are not eligible to test for the EIB. Secondary and additional Military Occupational Skills will not be considered in meeting this requirement. **This requirement can't be waived**
- c. Officers must be branch qualified as Infantry or Special Forces. Officers who are branch detailed to the Infantry may test for the EIB as long as they have completed the Infantry Officer Basic Course and are still assigned to the Infantry from the donor branch in accordance with AR 614-100. **This requirement can't be waived**
- d. Must meet all height and weight requirements outlined in AR 600-9. **This requirement can't be waived**
- e. Must have qualified expert with the M4 Carbine or M16 Rifle on a 300 meter Automated Record Fire (ARF) range within six months of testing for the EIB in accordance with FM 3-22.9 ARNG and USAR personnel must have qualified within one year of testing for the EIB. This prerequisite cannot be used to offset any testing requirements which occur within the EIB process. In instances where a 300 meter ARF range is not accessible to the unit, qualification on the ALT-C course is acceptable; however, **the unit will need to justify their inability to access a 300 meter ARF range via memorandum to the EIB Test Manager. This memorandum must be approved.** ALT-C is not permitted in order to provide an additional attempt for weapons qualification for personnel who have been afforded an opportunity to qualify on a 300 meter ARF range prior to EIB testing. **This requirement can't be waived**
- f. Must have received the recommendation of their current commander to participate in testing.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT <b>JAD</b>	PAGE 1 of <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF LTC John A. Doe TAKEN AT Fort Benning DATED 2015/12/01

9. STATEMENT (CONTINUED)

JAD  
JAD JAD  
JAD

**AFFIDAVIT**

I, LTC JOHN A. DOE, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4<sup>th</sup> Day of January 2016 at 1300

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Authority Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

JAD

PAGE 2 OF 2 PAGES