

## 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS			

I, \_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

**I swear that all Soldiers who are participating in the Expert Infantryman Badge training, testing and are assigned to \_\_\_\_\_ have met all the requirements of USAIS PAM 350-6 07 February 2020 to participate in EIB training and testing during the period of \_\_\_\_\_.**

**I understand that allowing any Candidates, Graders, or other personnel who have not met all the requirements to participate, train, grade, or test could result in the revocation of the Test Control Number, rendering the entire test invalid and resulting in no Soldiers earning an EIB.**

**Candidates meet the following requirements:**

- **Must be an active member of the U.S. Army, ARNG, or USAR.**
- **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.**
- **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.**
- **Must meet all height and weight requirements outlined in AR 600-9.**
- **Must have passed an Army Physical Fitness Test within six months.**
- **Must not be flagged.**
- **Qualified Expert on an ARF range within six months (one year for National Guard and Reserve), unless a specific waiver has been approved.**
- **Recommended by their Commander and have a reasonable expectation of passing all events.**
- **Candidates have volunteered to participate in the training and testing process.**

**Graders and Board Members:**

- **Infantry or Special Forces (not 18D).**
- **Meet height and weight requirements in AR 600-9.**
- **Earned the EIB and have a copy of their orders/certificates with orders number.**
- **Not flagged.**
- **Appointed by orders.**

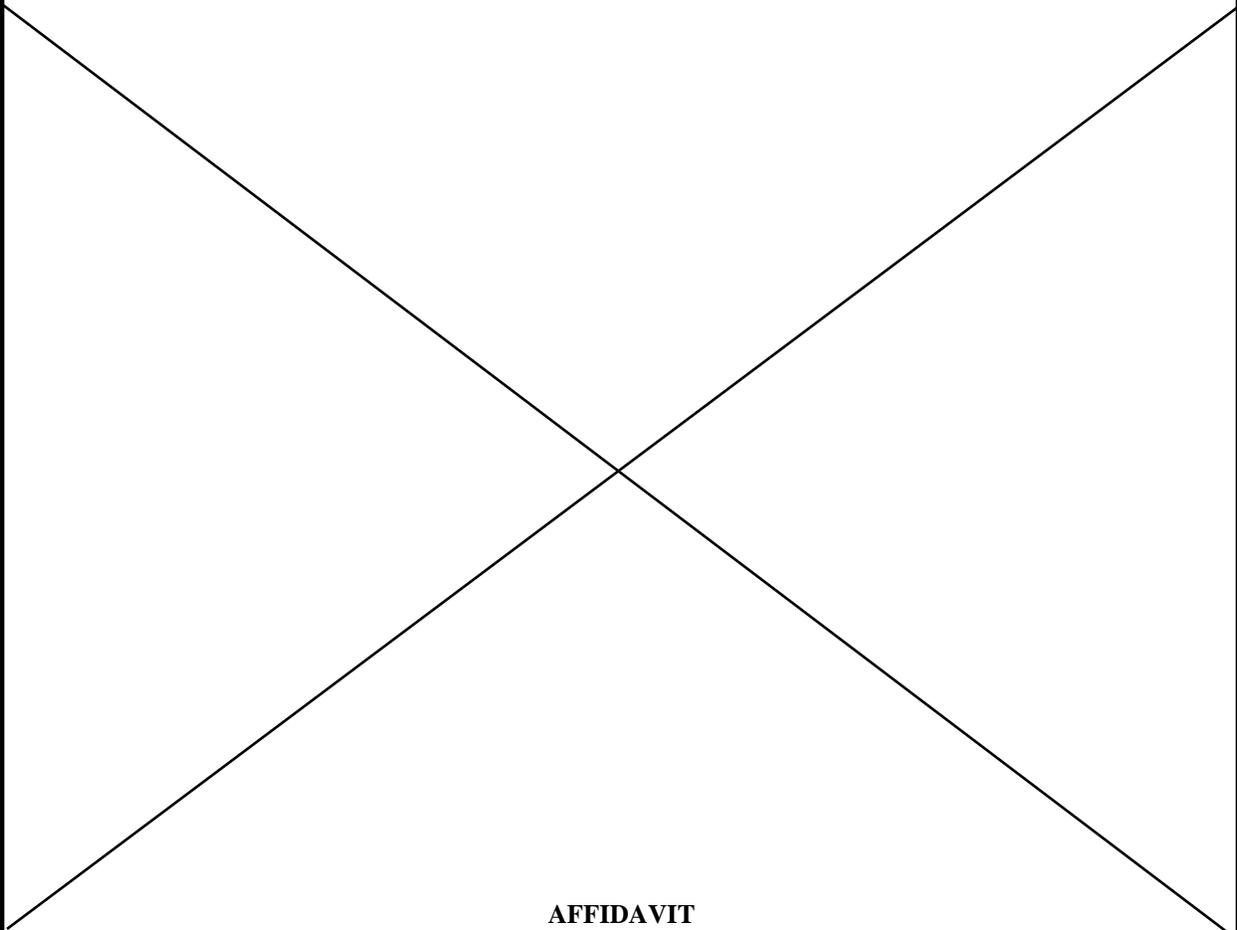
PAGE 1 of 2 PAGES

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 \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (CONTINUED)



**AFFIDAVIT**

I, \_\_\_\_\_, 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)

\_\_\_\_\_  
Subscribed and sworn to before me, a person authorized by law  
to administer oaths, this

WITNESSES:

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

INITIALS OF PERSON MAKING STATEMENT

