

Orders to Ranger School


APPLICATION FOR HOMEOWNERS ASSISTANCE <small>(Read Privacy Act Statement and Instructions before completing form.)</small>		OMB No. 0704-0463 <small>OMB approval expires Nov 30, 2013</small>	REPORT CONTROL SYMBOL DD-A&T(AR)1154
<p>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1195 Defense Pentagon, Washington, DC 20301-1195 (0704-0463). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ARMY CORPS OF ENGINEERS OFFICE.</p>			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: Public Law 89-754, Section 1013 and Executive Order 9067.</p> <p>PRINCIPAL PURPOSE(S): To determine eligibility for benefits and process requests for the Homeowners Assistance Program.</p> <p>ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b)(3) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) including the Department of Housing and Urban Development when assuming custody of acquired homes, to manage and dispose of such properties on behalf of the Secretary of Defense; Department of Veterans Affairs in accepting subsequent purchaser in private sales when property is encumbered by a mortgage loan guaranteed or insured by them; Department of Justice to review final title and deeds of conveyance to the Government for properties acquired under the program, pursuant to their responsibilities under Public Law 91-350, and the Internal Revenue Service to determine tax liability for sale of property to the Government.</p> <p>DISCLOSURE: Voluntary; however, failure to provide requested information will hinder verification of employment and homeowne information and may result in delay or denial of benefits provided under this law.</p>			
<p>Please type or print, limiting each entry to the space provided. If there is not enough space for an answer, use the "Remarks" section on Page 4 of this form. Repeat the form number and give the additional information. If a date is required, enter year, month and day (for example, June 1, 2008 would be 20080601). Complete all sections of the form as indicated.</p>			
SECTION I - QUALIFICATION (To be completed by Applicant)			
1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. GRADE/RANK
4. PRESENT MAILING ADDRESS			
a. STREET (Include apartment number)		b. CITY	c. STATE d. ZIP CODE
5. EMAIL ADDRESS			
6. HOME TELEPHONE NUMBER (Include area code)		7. WORK TELEPHONE NUMBER (Include area code)	
a. HOME	b. CELL	a. COMMERCIAL	b. OSH
8. INSTALLATION ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE (BRAC applicants only)			9. DATE OF CLOSURE OR REDUCTION ANNOUNCEMENT (BRAC) (YYYYMMDD)
a. NAME OF INSTALLATION ACTIVITY	b. CITY	c. STATE	
10. EMPLOYMENT OR SERVICE AT INSTALLATION (Military and Federal Employee Applicants only)			
a. ELIGIBILITY CATEGORY (X)	b. (X one)	c. BRANCH OF SERVICE, (X one)	
<input type="checkbox"/> WOUNDED	<input type="checkbox"/> CSRS	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS
<input type="checkbox"/> BRAC	<input type="checkbox"/> FERS	<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD
<input type="checkbox"/> PCS	<input type="checkbox"/> NAFI	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER (Specify)
d. STARTING DATE (YYYYMMDD)	e. TYPE OF APPOINTMENT	f. ENDING DATE (YYYYMMDD)	g. NATURE OF SEPARATION
11. REASON FOR DESIRING ASSISTANCE (Complete 11.a. if Civilian Employee, 11.b. if Military Service Member)			
a. CIVILIAN EMPLOYEE (X and complete as applicable)			
<input type="checkbox"/> (1) ACCEPTED FEDERAL TRANSFER		<input type="checkbox"/> (2) WOUNDED, INJURED OR ILL (WBI)	<input type="checkbox"/> (3) SURVIVING SPOUSE
(a) FOR BRAC OR WBI (Name of Installation or Hospital)	(b) DATE (YYYYMMDD)	(c) LOCATION OF INSTALLATION (City, State, Country)	
<input type="checkbox"/> (4) ACCEPTED OTHER EMPLOYMENT (BRAC applicants only)			
(a) AT (Name of Subsequent Employer)	(b) DATE (YYYYMMDD)	(c) LOCATION OF EMPLOYMENT (City, State, Country)	
<input type="checkbox"/> (5) UNEMPLOYED (Furnish unemployment dates only when application is based on financial hardship due to your inability to be employed in the area of the closed/reduced installation. Attach statement on why employment is not available or has not been accepted; also state amount and frequency of all income, nature and amount of debts, number and amount of installment payments (including mortgage) in arrears, and any other information providing evidence of financial hardship.)			(a) UNEMPLOYED FROM (YYYYMMDD)
			(b) TO (YYYYMMDD)
b. MILITARY SERVICE MEMBER (X and complete as applicable)			
<input type="checkbox"/> (1) TRANSFERRED TO: (a) NAME OF INSTALLATION			(b) DATE (YYYYMMDD)
<input type="checkbox"/> (2) ORDERED INTO ON-POST QUARTERS ON (YYYYMMDD)			
<input type="checkbox"/> (3) PCS ORDERS (YYYYMMDD)			
<input type="checkbox"/> (4) RETIRED OR SEPARATED ON (YYYYMMDD)			

Note: Approved ATTRS reservation with
Approved DD 1610 or approved WALK ON from
R7

DD-93/SGLV

RECORD OF EMERGENCY DATA			
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 5 USC 552, 10 USC 855, 1475 to 1480 and 2771, 38 USC 1979, 44 USC 3101, and EO 9397 (SSN).</p> <p>PRINCIPAL PURPOSE: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the persons the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.</p>			
<p>INSTRUCTIONS TO SERVICE MEMBER</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other persons to whom you would like notified if you become a casualty (other family members or fiancé) and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up-to-date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</p>		<p>INSTRUCTIONS TO CIVILIANS</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other persons to whom you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</p>	
<p>IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.</p>			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3A. SERVICE/CIVILIAN CATEGORY		3. REPORTING UNIT CODE/DUTY STATION	
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			
4A. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		5. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
5. CHILDREN	6. RELATIONSHIP	7. DATE OF BIRTH (YYYYMMDD)	8. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
A. NAME (Last, First, Middle Initial)			
9A. FATHER NAME (Last, First, Middle Initial)	9. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7A. MOTHER NAME (Last, First, Middle Initial)	8. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8A. DO NOT NOTIFY DUE TO ILL HEALTH	9. NOTIFY INSTEAD		
9A. DESIGNATED PERSON(S) (Military only)	9. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

DD FORM 93, JAN 2008 PREVIOUS EDITION IS OBSOLETE. FORM 10750990A01



Prudential

Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

1. About You

First Name (First, Middle, Last) Rank, title or grade Social Security Number

Duty Location Branch of Service

2. About Your Coverage

I am completing this form to: (Check all that apply)

Name or update my SGLI beneficiary. You must complete sections 3 & 5.

Increase or restore my SGLI coverage to \$ or must complete sections 3, 4, & 5.

Reduce my SGLI coverage to \$ or must complete sections 3 & 5.

Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries Complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (if available)	Relationship to you	Share to each (% or \$ amount)	Payment Option (Lump sum * or 36 equal monthly payments)
1.				Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum
Secondary				
1.				Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8296S if you do not name beneficiaries above, your insurance will be paid by law (see page 3).

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

Note: Must have been signed within 180 days of class report date

RANGER SCHOOL PACKING LIST - Critical Items

STP



RANGER, JOE EMPL ID: 0001234567 Printed 10/04/23 SOLDIER TALENT PROFILE AR 600.8-104 IPPS-A

PV1 PV2 PFC SPC CPL SGT SSG SFC MSG SOW

Basic Data

AC

PFC

MWC2

Job Code(P/S):
SQ(P/S):
AS(P/S):

Date of Birth:
Birth Country:
Country of Citizenship:
Gender:
Race:
Ethnic Group:
Height:
Weight:
Religion:
Marital Status:
of Dependents (Adult/Children):
Home of Record A...

Career Mapping

2024 2025 2026 2027 2028 2029 2030

PZ

Experience

0 Self-Professed

DEPLOYMENTS

MILITARY EXPERIENCE: DEPLOYMENTS / ASSIGNMENTS

Angt	From	# Months	UC	Organization	Station	Location	Cond	Duty Title	WOS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

CIVILIAN WORK EXPERIENCE (SELF-PROFESSED)

Employment	Job Title	Start Date	End Date	Duration

ADDITIONAL DUTIES (SELF-PROFESSED)

Duty Title	Start Date	End Date

Skills

0 Self-Professed

PROFESSIONAL LICENSES PROFESSIONAL CERTIFICATIONS DEFENSE LANGUAGE PROFICIENCY TEST (DLPT)

LANGUAGES (SELF-PROFESSED)

Language	Listening	Reading	Speaking	Attribute	Rating	Date

ATTRIBUTES (SELF-PROFESSED)

Attribute	Rating	Date

Knowledge

0 Self-Professed

CIVILIAN EDUCATION THESIS & CAPSTONE (SELF-PROFESSED) MILITARY EDUCATION

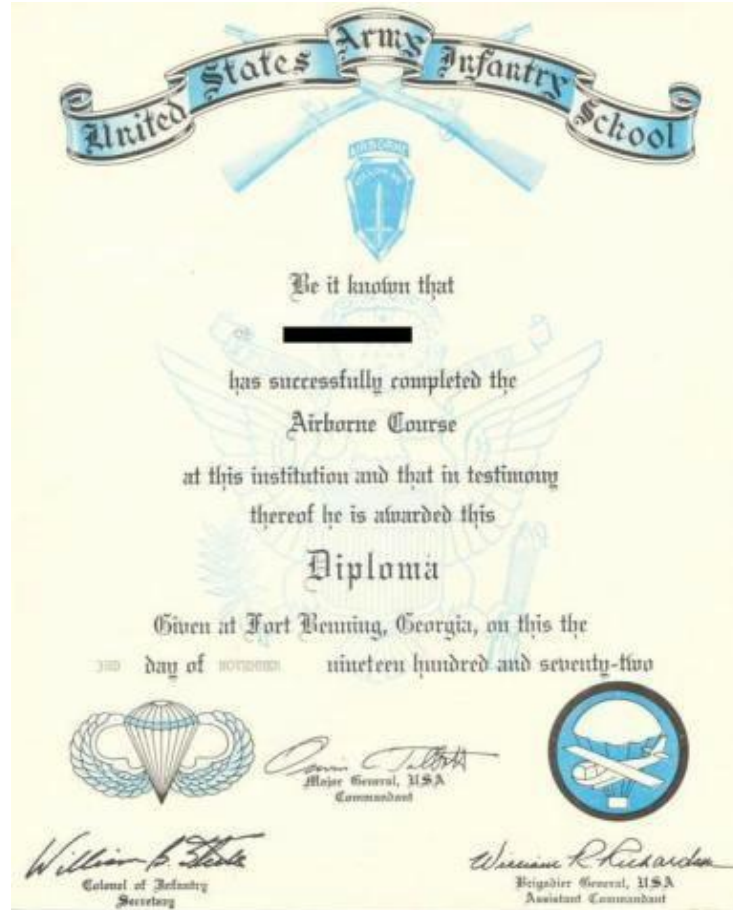
Degree	School	Location	Level	Graduation Date	Title	Year	Course Title	Code	Start	End	Duration	CRDT/List

HOBBIES / INTERESTS (SELF-PROFESSED) SELF STUDY (SELF-PROFESSED)

Hobby / Interest	Genre	Proficiency	Date	Self Study	Genre	Proficiency	Date

Note: Within 180 days of report date. Add your IPPS-A Employee ID to the top of the page

Airborne Certificate/Orders (if applicable)




Note: Must be from the U.S. Army Airborne School
on FBGA

Ranger Physical Complete (DA 2808 & 2807-1)

(females require pregnancy test)

Note: Within 18 months from the class report date

		ARTB Schools Physical Examination Checklist IAW AR 40-501 chap 8-12			
PASS YOUR PHYSICAL! Check your physical exam. Do not assume it was done correctly. It is your responsibility to make sure all necessary blocks are checked & labs and studies are completed. ANY DEFICIENCY BELOW WILL PROHIBIT YOUR ENTRANCE INTO SCHOOL ON DAY ZERO.		Ranger 34 or younger 35 or older		Airborne Schools (Basic AB/JMPF) 34 or younger 35 or older	
REPORT OF MEDICAL HISTORY DD FORM 2807-1 (3 Pages) Name and SSN completed on the top of every page by service member Blocks 1-29 completed by service member Block 30 a, b & c completed by examiner		X	X	X	X
REPORT OF MEDICAL EXAMINATION DD FORM 2808 (3 Pages) Name and SSN completed on the top of every page by service member Block 1 must be dated within 18 months (Ranger) or 5 yrs (Airborne/JMPF) of start date Blocks 2-15 completed by service member Blocks 16-42, 44, 45-58, 72b, 73, 74 a & b, 77, 78, & 81 a & b completed by examiner Blocks 43, 83 a & b completed by dentist (Must be Category 1 or 2) Blocks 59, 61, & 63 completed by optometry (per AR 40-501, Chap 5-3) Block 71 completed by audiology (attach DD Form 2216E - H2 or H3 Require Waiver) Block 74a Physical Exam is qualified for "Airborne/Ranger Training/School" Block 76 list any Disqualifying Conditions/Diagnoses requiring waiver & date waiver granted Blocks 81 or 84 a & b MD/DO Signature Note: Exams performed by PA/NP must be co-signed by MD/DO		X	X	X	X
ARTB schools physical examination lab requirements (documented on DD Form 2808)					
Urinalysis (block 45 a & b)		X	X	X	X
Urine HCG (females only) (block 46)		X	X	X	X
HIV with results and test date (within 2 years) (block 49)		X	X	X	X
Urine Microscopy (block 73)		X	X	X	X
Sickledex (Sickle Cell screen) (block 73)		X	X	X	X
Basic Metabolic Panel (BMP) or Fasting Blood Sugar (FBS) (block 73)		X	X	X	X
Complete Blood Count (CBC) or Hemoglobin & Hematocrit (H&H) (block 73)		X	X	X	X
Electrocardiogram (ECG) (block 73)		X	X	X	X
Fasting Lipid Panel (block 73)		X	X	X	X
Rectal Exam with Occult Blood (block 73)		X	X	X	X
Additional Requirements					
Printed copy of ECG report reviewed and signed by a physician		X	X	X	X
Printed copy of Hearing Examination (DD Form 2216E) (H2 or H3 Require Waiver)		X	X	X	X
Printed copy of approved waiver signed by appropriate waiver authority (if applicable)		X	X	X	X
COMMENTS: 1. It is highly recommended you take this checklist to your TMC when you report for your physical examination. 2. Ensure your provider checks Army Regulation 40-501, CHAPTERS 5-3, 5-4 and 2 for conditions that require a waiver. 3. If you are deemed "NOT QUALIFIED" (DD2808 block 74) for any reason, you must submit a waiver request for each condition/diagnosis listed on DD2808 blocks 76, 77. Guidance can be found at: http://www.benning.army.mil/infantry/ARTB/ (Click on individual school page for waiver instructions) 4. Bring a complete copy of your DD2807-1 & DD2808 (6 pages) and all applicable documents listed in Additional Requirements. 5. Leave a copy of everything with someone who can e-mail it for you on a weekend. 6. If you have any questions send an email to usarmy.benning.infantry.schl.mbx.artb-medical-waiver-section@mail.mil .					
DO NOT BRING ORIGINALS DATED 01DEC2016					

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 1371, 1361, 1306, and 45 USC 1607. PURPOSE: To obtain medical data for occupational medical fitness for enlistment, induction, appointment and retention for active and reserve of the Armed Forces. The information was to be used for medical events and operations at Service members for the Armed Forces. RIGHTS: You have the right to refuse to provide information, to request a copy of the information, to request a correction of the information, to request a copy of the information, to request a copy of the information, to request a copy of the information. DISCLOSURE: Your information may be disclosed to other personnel for medical events and operations at Service members for the Armed Forces. COLLECTION: The information is collected from you or from a third party. STORAGE: The information is stored in a secure database. RETENTION: The information is retained for a period of 10 years. DESTRUCTION: The information is destroyed in accordance with the DoD Records Management Policy.			
1. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		2. HOME TELEPHONE NUMBER (include Area Code)	
3. GRADE		4. SERVICE CATEGORY	
5. DATE OF BIRTH (YYYYMMDD)		6. ETHNIC CATEGORY	
7. SEX		8. RACE	
9. A. SOCIAL SECURITY NUMBER		10. B. SOCIAL SECURITY NUMBER	
11. A. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		12. B. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	
13. A. HOME TELEPHONE NUMBER (include Area Code)		14. B. HOME TELEPHONE NUMBER (include Area Code)	
15. A. POSITION (Title, Grade, Component)		16. B. POSITION (Title, Grade, Component)	
17. A. SERVICE		18. B. SERVICE	
19. A. COMPONENT		20. B. COMPONENT	
21. A. PURPOSE OF EXAMINATION		22. B. PURPOSE OF EXAMINATION	
23. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		24. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
17. Height, last, inch, and centimeters 18. Weight, last, pound, and kilograms 19. Blood Pressure 20. Heart and Lung 21. Eyes, General, Distance and Near Vision, and Color Vision 22. Ears, Nose, Throat, and Hearing 23. Skin, General, and Lesions 24. Dental 25. Head, Neck, and Thyroid 26. Lungs, Heart, and Circulation 27. Abdomen, Pelvis, and Genitals 28. Musculoskeletal System 29. Neurological 30. Psychological 31. Vision 32. Hearing 33. Hearing Aid 34. Hearing Aid 35. Hearing Aid 36. Hearing Aid 37. Hearing Aid 38. Hearing Aid 39. Hearing Aid 40. Hearing Aid 41. Hearing Aid 42. Hearing Aid 43. Hearing Aid 44. Hearing Aid 45. Hearing Aid 46. Hearing Aid 47. Hearing Aid 48. Hearing Aid 49. Hearing Aid 50. Hearing Aid 51. Hearing Aid 52. Hearing Aid 53. Hearing Aid 54. Hearing Aid 55. Hearing Aid 56. Hearing Aid 57. Hearing Aid 58. Hearing Aid 59. Hearing Aid 60. Hearing Aid 61. Hearing Aid 62. Hearing Aid 63. Hearing Aid 64. Hearing Aid 65. Hearing Aid 66. Hearing Aid 67. Hearing Aid 68. Hearing Aid 69. Hearing Aid 70. Hearing Aid 71. Hearing Aid 72. Hearing Aid 73. Hearing Aid 74. Hearing Aid 75. Hearing Aid 76. Hearing Aid 77. Hearing Aid 78. Hearing Aid 79. Hearing Aid 80. Hearing Aid 81. Hearing Aid 82. Hearing Aid 83. Hearing Aid 84. Hearing Aid 85. Hearing Aid 86. Hearing Aid 87. Hearing Aid 88. Hearing Aid 89. Hearing Aid 90. Hearing Aid 91. Hearing Aid 92. Hearing Aid 93. Hearing Aid 94. Hearing Aid 95. Hearing Aid 96. Hearing Aid 97. Hearing Aid 98. Hearing Aid 99. Hearing Aid 100. Hearing Aid			
11. A. SERVICE		12. B. SERVICE	
13. A. COMPONENT		14. B. COMPONENT	
15. A. PURPOSE OF EXAMINATION		16. B. PURPOSE OF EXAMINATION	
17. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		18. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
19. A. POSITION (Title, Grade, Component)		20. B. POSITION (Title, Grade, Component)	
21. A. SERVICE		22. B. SERVICE	
23. A. COMPONENT		24. B. COMPONENT	
25. A. PURPOSE OF EXAMINATION		26. B. PURPOSE OF EXAMINATION	
27. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		28. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
29. A. POSITION (Title, Grade, Component)		30. B. POSITION (Title, Grade, Component)	
31. A. SERVICE		32. B. SERVICE	
33. A. COMPONENT		34. B. COMPONENT	
35. A. PURPOSE OF EXAMINATION		36. B. PURPOSE OF EXAMINATION	
37. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		38. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
39. A. POSITION (Title, Grade, Component)		40. B. POSITION (Title, Grade, Component)	
41. A. SERVICE		42. B. SERVICE	
43. A. COMPONENT		44. B. COMPONENT	
45. A. PURPOSE OF EXAMINATION		46. B. PURPOSE OF EXAMINATION	
47. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		48. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
49. A. POSITION (Title, Grade, Component)		50. B. POSITION (Title, Grade, Component)	
51. A. SERVICE		52. B. SERVICE	
53. A. COMPONENT		54. B. COMPONENT	
55. A. PURPOSE OF EXAMINATION		56. B. PURPOSE OF EXAMINATION	
57. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		58. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
59. A. POSITION (Title, Grade, Component)		60. B. POSITION (Title, Grade, Component)	
61. A. SERVICE		62. B. SERVICE	
63. A. COMPONENT		64. B. COMPONENT	
65. A. PURPOSE OF EXAMINATION		66. B. PURPOSE OF EXAMINATION	
67. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		68. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
69. A. POSITION (Title, Grade, Component)		70. B. POSITION (Title, Grade, Component)	
71. A. SERVICE		72. B. SERVICE	
73. A. COMPONENT		74. B. COMPONENT	
75. A. PURPOSE OF EXAMINATION		76. B. PURPOSE OF EXAMINATION	
77. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		78. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
79. A. POSITION (Title, Grade, Component)		80. B. POSITION (Title, Grade, Component)	
81. A. SERVICE		82. B. SERVICE	
83. A. COMPONENT		84. B. COMPONENT	
85. A. PURPOSE OF EXAMINATION		86. B. PURPOSE OF EXAMINATION	
87. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		88. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
89. A. POSITION (Title, Grade, Component)		90. B. POSITION (Title, Grade, Component)	
91. A. SERVICE		92. B. SERVICE	
93. A. COMPONENT		94. B. COMPONENT	
95. A. PURPOSE OF EXAMINATION		96. B. PURPOSE OF EXAMINATION	
97. A. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)		98. B. NAME OF EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
99. A. POSITION (Title, Grade, Component)		100. B. POSITION (Title, Grade, Component)	

REPORT OF MEDICAL HISTORY		OASD (DA) 2807-1, AUG 2011	
(This information is for official and medically confidential use only and will not be released to unauthorized persons.)			
The public reporting burden for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Paperwork Project Manager, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Manager, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.			
PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 1371, 1361, 1306, and 45 USC 1607. PURPOSE: To obtain medical data for occupational medical fitness for enlistment, induction, appointment and retention for active and reserve of the Armed Forces. The information was to be used for medical events and operations at Service members for the Armed Forces. RIGHTS: You have the right to refuse to provide information, to request a copy of the information, to request a correction of the information, to request a copy of the information, to request a copy of the information. DISCLOSURE: Your information may be disclosed to other personnel for medical events and operations at Service members for the Armed Forces. COLLECTION: The information is collected from you or from a third party. STORAGE: The information is stored in a secure database. RETENTION: The information is retained for a period of 10 years. DESTRUCTION: The information is destroyed in accordance with the DoD Records Management Policy.		PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 1371, 1361, 1306, and 45 USC 1607. PURPOSE: To obtain medical data for occupational medical fitness for enlistment, induction, appointment and retention for active and reserve of the Armed Forces. The information was to be used for medical events and operations at Service members for the Armed Forces. RIGHTS: You have the right to refuse to provide information, to request a copy of the information, to request a correction of the information, to request a copy of the information, to request a copy of the information. DISCLOSURE: Your information may be disclosed to other personnel for medical events and operations at Service members for the Armed Forces. COLLECTION: The information is collected from you or from a third party. STORAGE: The information is stored in a secure database. RETENTION: The information is retained for a period of 10 years. DESTRUCTION: The information is destroyed in accordance with the DoD Records Management Policy.	
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER	
3. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		4. EXAMINING LOCATION AND ADDRESS (include ZIP Code)	
5. HOME TELEPHONE NUMBER (include Area Code)		6. POSITION (Title, Grade, Component)	
7. SERVICE		8. COMPONENT	
9. PURPOSE OF EXAMINATION		10. US SERVICE ACADEMY	
11. CURRENT MEDICATIONS (Prescription and Over-the-counter)		12. ALLERGIES (including insect, penicillin, foods, medicine or other substances)	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 on Page 2.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		13. (Continued)	
a. Tuberculosis		f. Foot trouble (e.g., pain, sores, blisters, etc.)	
b. Lead with someone who had tuberculosis		g. Impaired use of arm, leg, hand, or foot	
c. Coughed up blood		h. Swollen or painful joints	
d. Anyone at any working process exposed to asbestos, vermin		i. Knee trouble (e.g., locking, giving out, pain or swelling, etc.)	
e. Shortness of breath		j. Any type of back injury, including herniation or disc of a spine	
f. Brucellosis		k. Any type of ear, nose, or throat trouble	
g. Whooping or pertussis, with or without		l. Bone, joint, or other deformity	
h. Been prescribed or used an inhaler		m. Neck(s), arm(s), neck(s) or joint(s) in any limb	
i. A chronic cough or cough at night		n. Broken bones (fracture or dislocation)	
j. Swallow		o. Frequent indigestion or heartburn	
k. Hoarse		p. Stomach, liver, intestinal trouble, or ulcer	
l. Chronic or frequent colds		q. Good bladder trouble or gallbladder	
m. Swollen tooth or gum trouble		r. Jaundice or hepatitis (ever diagnosed)	
n. Thyroid trouble or goiter		s. Rash(es) or skin	
o. Eye trouble or trouble		t. Facial disease, hemorrhoids or blood from the rectum	
p. Ear, nose, or throat trouble		u. Skin diseases (e.g., acne, eczema, psoriasis, etc.)	
q. Loss of vision in either eye		v. Frequent or painful urination	
r. Worn contact lenses or glasses		w. High or low blood sugar	
s. A hearing loss or wear a hearing aid		x. Kidney stone or blood in urine	
t. Surgery to correct vision (LASIK, PRK, LASIK, etc.)		y. Sugar or protein in urine	
u. Painful shoulder, elbow or wrist (e.g., pain, dislocation, etc.)		z. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital herpes, etc.)	
v. Arthritis, rheumatism, or bursitis		aa. Adverse reaction to serum, food, insect stings or medicine	
w. Recurrent back pain or any back problem		ab. Recurrent unexplained pain or loss of weight	
x. Numbness or tingling		ac. Currently on good health (if no, explain in item 29 on Page 2)	
y. Loss of finger or toe		ad. Tuberc, gonorr, syph, or cancer	
14. GENERAL DEFECTS AND DEFERMENTS		15. FEET (Corrected) (Other reported)	
a. None		a. Normal A/V	
b. None		b. Flat	
c. None		c. None	
d. None		d. None	
e. None		e. None	
f. None		f. None	
g. None		g. None	
h. None		h. None	
i. None		i. None	
j. None		j. None	
k. None		k. None	
l. None		l. None	
m. None		m. None	
n. None		n. None	
o. None		o. None	
p. None		p. None	
q. None		q. None	
r. None		r. None	
s. None		s. None	
t. None		t. None	
u. None		u. None	
v. None		v. None	
w. None		w. None	
x. None		x. None	
y. None		y. None	
z. None		z. None	
aa. None		aa. None	
ab. None		ab. None	
ac. None		ac. None	
ad. None		ad. None	

Commanders Letter (Signed)

Enclosure 1 (Validation Memorandum) to Commander's Validation of Ranger Course Prerequisites



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, AIRBORNE & RANGER TRAINING BRIGADE
10850 SCHNEIDER ROAD, BLDG 5024
FORT BENNING, GEORGIA 31905-4166

ATSH-RB

EXAMPLE

30 October 2019

MEMORANDUM FOR RECORD

SUBJECT: Company Commander Validation of Ranger Course Prerequisites

1. The below listed individual(s) have been tested and found proficient in the attached Ranger Tasks:

Doe, John	SGT	xxx-xx-6789
Buck, Joe	SGT	xxx-xx-9876

2. These Soldiers have also passed the following physical qualification tests within 90 days of reporting to Ranger School:

a. Pushups (minimum 49 repetitions in two minutes), Sit-ups (minimum 59 repetitions in two minutes), Chin-ups (palms facing the body; minimum six repetitions), Five mile run in 40 minutes or less, and a 12 mile foot march in 3hrs or less.

b. Combat Water Survival Assessment consisting of equipment removal and 15-meter swim in ACUs and boots.

3. Myself or appointed representative has inspected and confirmed that the above listed Soldiers departed with all items and equipment on the Ranger School Packing list, complete health records (original or copy), or a completed Medical Screening Form Ranger Qualified Physical Exam dated within 18 months of day one of Ranger School, and current Panorex or statement of Panorex availability and currency.

4. (Inspector must be SGT or above) SFC Pyle, Gomer, Platoon Sergeant, A Co, 1-24 Infantry inspected and confirmed the above Soldier had all required documents and equipment listed above.

5. The POC for this memorandum is the undersigned at (xxx) xxx-xxxx, or company.commander.mil@mail.mil.

COMPANY COMMANDER
CPT, IN
Commanding

RANGER SCHOOL PACKING LIST - Critical Items

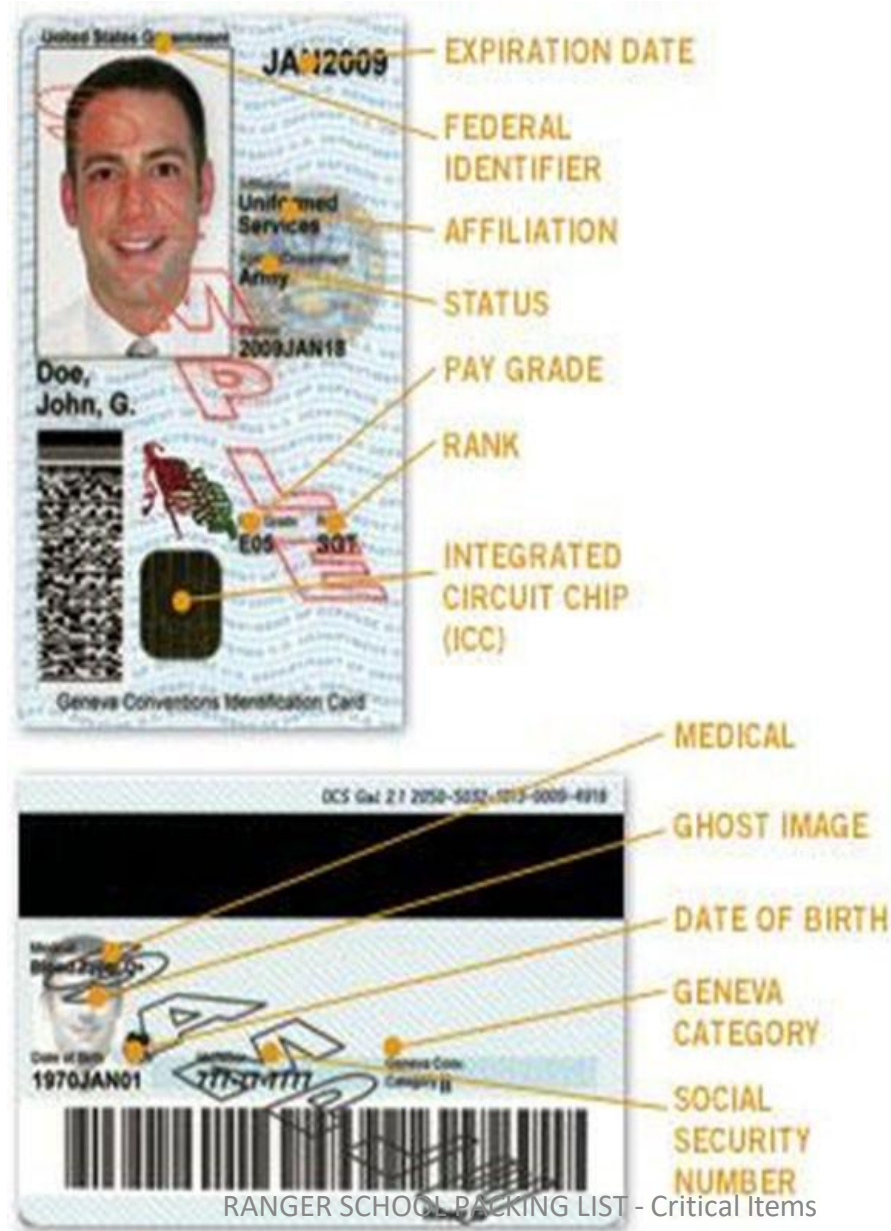
Note: Verifying that the Ranger has passed a RTTs, RPA, and CWSA at home station

Packing List (Signed)

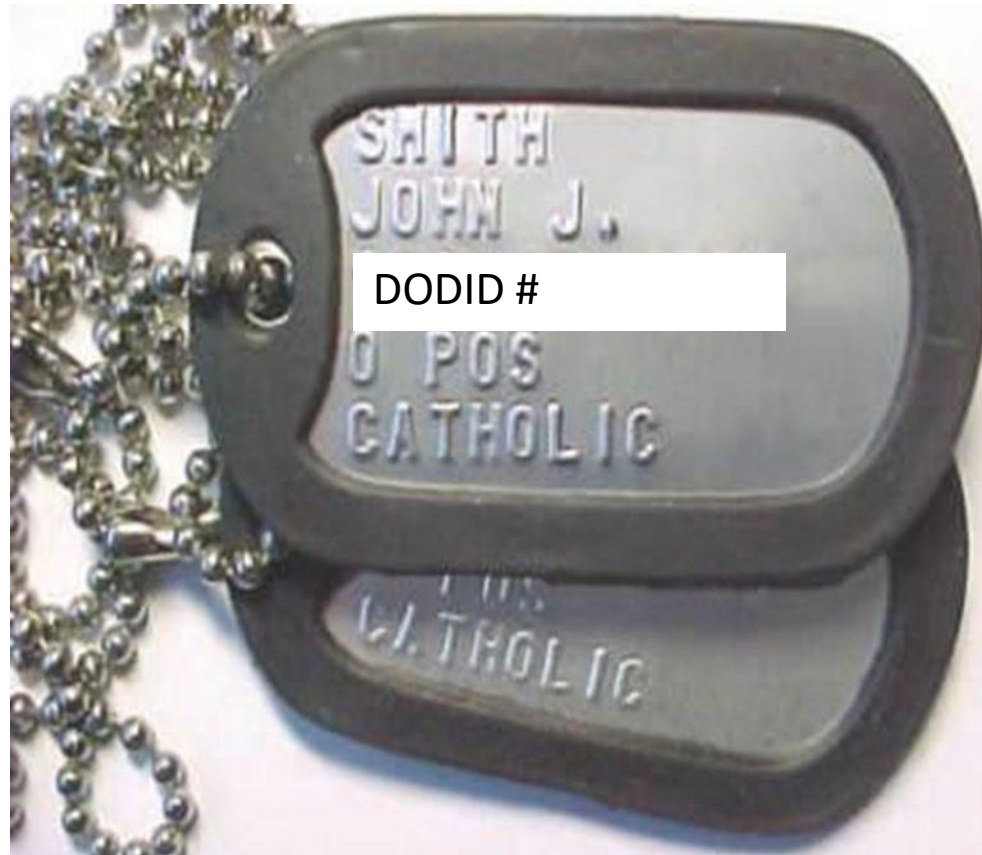
- Signed by Sergeant or Above

ID Card

Must not expire within 180 days



ID Tags with Breakaway Chain with Medical Alert Tags or Bracelet (if required)



Note: DoD ID Number/ **not SSN**

Item #1: RUCKSACK LARGE FIELD PACK MOLLE

Note: Bring Large MOLLE Ruck if on your OCIE hand receipt to Ranger school on in-processing day

Cat eyes and name tape sewn on Rucksack

UCP or OCP is authorized

Do not bring the Molle 4K Rucksack

Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA654J	RUCKSACK LARGE FIEL-(4180)
------	--------	----------------------------



RUCKSACK LARGE FIELD PACK MOLLE

RUCKSACK, LARGE FIELD PACK,
MOLLE, STYLE NUMBER 4180
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$82.86
WOODLAND: \$137.74
DESERT: \$81.86
MULTICAM: \$96.23

RANGER SCHOOL PACKING LIST - Critical Items



Cat eyes will be sewn 1 inch above the name tape and 1 inch apart. Name tape will be centered and sewn above the bottom seam of the MOLLE flap.
Entrenching tool centered on the front of the MOLLE pack.

Item #2: PACK FRAME MOLLE

LIN:	DA650F	FRAME-(STYLE 1603)
------	--------	--------------------

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one



PACK FRAME MOLLE

FRAME,MOLLE, STYLE NUMBER
1603
FOLIAGE GREEN
WOODLAND
DESERT



Unit price: \$28.94
WOODLAND: \$25.71
DESERT: \$25.50

Item #3: SUSTAINMENT POUCH

LIN:	DA655V	POUCH,SUSTAINMENT-(4280)
------	--------	--------------------------

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

SUSTAINMENT POUCH



SUSTAINMENT POUCH, STYLE
NUMBER 4280
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO

Unit price: \$15.44
WOODLAND: \$9.89
MULTICAM: \$15.44

Item #4: MOLDED WAIST BELT

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA6517	MOLDED WAIST BELT (4225)
------	--------	--------------------------



MOLDED WAIST BELT

MOLLE WAIST BELT, UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price:	\$28.38
WOODLAND:	\$20.06
DESERT:	\$28.98
MULTICAM:	\$29.23

Item #5: ENHANCED FRAME SHOULDER STRAPS MOLLE

LIN:

DA652Z

ENHANCED FRAME SHO

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one



ENHANCED FRAME SHOULDER STRAPS MOLLE

ENHANCED FRAME SHOULDER
STRAPS, MOLLE, STYLE
NUMBER 4219
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO

Unit price: \$47.12

WOODLAND: \$48.04

MULTICAM : \$59.92

Item #6: BUCKLE, MALE SHOULDER SUSPENSION

LIN:

DA657S

BUCKLE, MALE SHOULDE

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one



BUCKLE, MALE SHOULDER SUSPENSION

SHOULDER SUSPENSION

LOWER MALE BUCKLE

ASSEMBLY, GREEN CG 483,

COMPONENT OF MODULAR

LIGHTWEIGHT LOAD-CARRYING
EQUIPMENT (MOLLE)

Unit price: \$3.00

WOODLAND: \$3.88

MULTICAM: \$3.00

Item #7: LOAD LIFTER ATTACHMENT STRAP

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA657W	LOAD LIFTER ATTACHM
------	--------	---------------------



LOAD LIFTER ATTACHMENT STRAP

LOAD LIFTER ATTACHMENT STRAP, MOLLE, FOLIAGE GREEN 504, STYLE NUMBER 4222

Unit price: \$1.09
WOODLAND: \$1.02
MULTICAM: \$1.11

Item #8 & 8a: HELMET, ADVANCED COMBAT

LIN: H53175 HLMT ADVNCD CMBT SM

HELMET, ADVANCED COMBAT

ADVANCED COMBAT HELMET (ACH), FOLIAGE GREEN 504, ONE NVG HOLE, 4-POINT CHIN STRAP AND PAD SUSPENSION SYSTEM, WITH PAD SUSPENSION

Unit price: \$246.98

Note: Army COMPO 1 must bring from home station. Sister services, SF, 75th, Compo 2 and 3 bring if issued (must have full Suspension Pad Set). if not, CIF will issue ACH with Pads on day 3

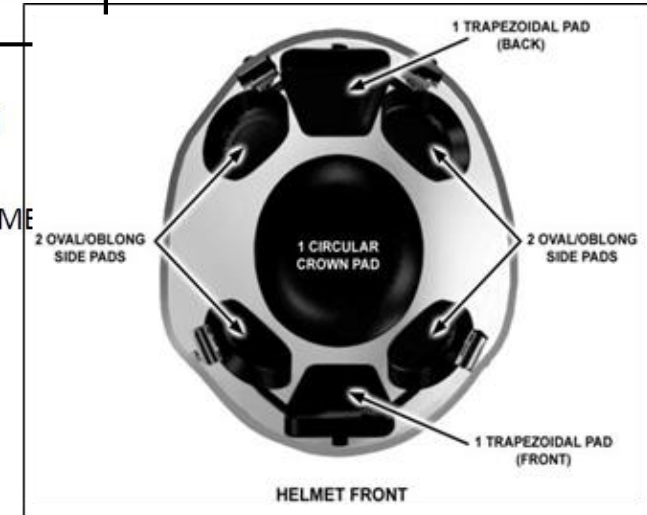


LIN: DA707G PAD SET,SUSPENSION

PAD SET,SUSPENSION SYSTEM

PAD SET, ADVANCED COMBAT HELMET (ACH),

Unit price: \$63.28



All seven pads are worn with the helmet. The placement of the oval pads must cover the four bolt ends of the four adjustable buckles in the helmet shell. The oval pads must be placed vertically inside the helmet shell to maximum impact protection. The crown pad may not be replaced by two oval pads.

- Must have all 7 Suspension Pads, not having all 7 pads during the layout will result in being dismissed
- Students must maintain all 7 suspension Pads throughout the course, or it could result in a SPOT or SOR

Item #9: ACH BRACKET

LIN:	PA4042	BRACKET,LEVER-(A3297307)
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ACH BRACKET

FOR NIGHT VISION GOGGLES,
W/POST NUT & SCREW, BLACK



Unit price: \$29.52

Note: Army COMPO 1,2,3 must bring from home station.

Sister services, SF, 75th bring if issued, CIF will issue on day 3

Item #10: CAT-EYES BAND PASGT

LIN:	YY1832	BAND,HELMET,CAMOUFL
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CAT-EYES BAND PASGT

MILDEW RESISTANT AND
WATER REPELLENT, ELASTIQUE
OVERALL AND WEBBING
OVERALL, COTTON OVERALL,
OLIVE DRAB, US ARMY, 7
OVERALL



Unit price: \$0.93

Note: Per Ranger SOP

Item #11: Helmet Cover

LIN:	C28175	COVER,COMBAT
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**COVER HELMET ACH
MULTICAM**
COVER, ADVANCED COMBAT
HELMET, MULTICAM



Unit price: \$18.64

LIN:	C28472	CVR HLMT CMFLG
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**COVER,HELMET,CAMO
PATTERN**
UNIVERSAL CAMOUFLAGE
PATTERN, WITH A
COMMUNICATIONS FLAP IN
THE BACK OF THE COVER, USED
ON THE ADVANCED COMBAT
HELMET (ACH)



Unit price: \$17.54










Note: Army COMPO 1,2,3 must bring from home station. Sister services, SF, 75th bring if issued, CIF will issue on day 3

Item #12: Eye Protection APEL






The Authorized Protective Eyewear List (APEL) allows PEO Soldier to offer more choices in protective eyewear, which improves Soldier acceptance and use of protective eyewear. The APEL for Ballistics Protective Eyewear can be found at <https://peosoldier.army.mil/pmseq/eyewear.asp>.

SPECTACLES

AUTHORIZED PROTECTIVE EYEWEAR LIST (APEL) APPROVED

 ESS CROSSBOW NOM: 4240-01-563-07-02 NO CANALE	 DARLEY S1 BALLISTIC M FRAME 2.0 NOM: 4240-01-625-0005 NO CANALE	 REVISION SAWFLY NOM: 4240-01-027-4051 PFD NOM: 4240-01-027-4019 L.D NO CANALE	 SMITH OPTICS AEGIS NOM: 4240-01-563-020A NO CANALE	
 UNEX GENESIS NOM: 4240-01-002-4131 NO CANALE	 UNEX XC NOM: 4240-01-516-0201 NO CANALE	 WILEY X PT-1 NOM: 4240-01-510-7802	 WILEY X SG-1 NOM: 4240-01-564-0004	 WILEY X TALON NOM: 4240-01-003-0100 NO CANALE

GOGGLES



 AREMA FLAKJAK NOM: 4240-01-540-7306	 ESS LAND OPS NOM: 4240-01-540-0576 MAY BE WORN OVER GLASSES	 ESS PROFILE NVG NOM: 4240-01-540-0505 NO CANALE
 REVISION DESERT LOCUST NOM: 4240-01-547-0210 NO CANALE	 SMITH OPTICS OUTSIDE THE WIRE (OTW) NOM: 4240-01-563-4805 NO CANALE	

AUTHORIZED PROTECTIVE EYEWEAR LIST (APEL) APPROVED

Disclaimer: Any use of the APEL list for publicly advertising an order shall not state or imply that the product on the advertisement is the only one of that type available, or that the U.S. Army is only one manufacturer or vendor. The APEL list is provided for reference to other qualified products on the APEL.

NOTE: The 10 Star 2014 APEL removed the 894 K2 Spectacles, the 855 K2 NVG Eye Bars and the 855 Helio-Glo Goggles. Only the 894 Eye Bars are still authorized to use from now on. If they are still approved (01 0210 or 0210) and still they are no longer permissible. Check always before use with a Specialist or through the approved list of products approved released on the website at <https://peosoldier.army.mil>.

Program Executive Office Soldier
SP42-026
3901 Patuxent Road, Bldg 309
Fort Belvoir, WA 22060-3402
Phone: 703-756-2822
<https://www.peosoldier.army.mil>

Students are encouraged to bring 1 pair for each phase, not having eye protection may result in SPOT report or SOR for Safety for not having proper PPE.

Item #13: MOLLE TACTICAL ASSAULT PANEL (TAP)

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the inspection

LIN:	DA659Q	TACTICAL ASSAULT PA MULTICAM
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MOLLE TACTICAL ASSAULT PANEL (TAP)

MOLLE (MODULAR LIGHTWEIGHT LOAD-CARRYING EQUIPMENT), CAMOUFLAGE PATTERN 1



Unit price: \$43.29



Name tape will be sewn to the carrying back strap of the TAP

Item #14: POUCH, 1 QT CANTEEN-GENERAL

LIN:	DA6588	POUCH,CANTEEN-GENER
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POUCH, 1QT CANTEEN- GENERAL

CANTEEN/GENERAL
PURPOSE,MOLLE,UNIVERSAL
CAMOUFLAGE, STYLE NUMBER
4015

Unit price: \$11.05
WOODLAND: \$10.48
DESERT: \$12.30
MULTICAM: \$11.05

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #15: POUCH,HAND GRENADE

LIN:	DA6593	POUCH,GRENADE,HAND
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POUCH,HAND GRENADE



HAND GRENADE POUCH,
MOLLE, STYLE NUMBER 4130

UNIVERSAL CAMO
WOODLAND CAMO
DESERT CAMO

Unit price: \$5.05
WOODLAND: \$4.61
DESERT: \$5.56
MULTICAM: \$5.05

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #16: POUCH, M4 TWO MAGAZINE

LIN:	DA6562	POUCH,M4 TWO MAG-(STYLE 4060)
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POUCH, M4 TWO MAGAZINE

M4 TWO MAGAZINE SIDE BY
SIDE POUCH, MOLLE, STYLE
NUMBER 4060
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$5.39
WOODLAND: \$10.81
DESERT: \$6.95
MULTICAM: \$5.39

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #17: POUCH, M4 THREE MAG

LIN:	DA658H	POUCH,M4 THREE MAG-(4070)
------	--------	---------------------------

POUCH, M4 THREE MAG



M4 THREE MAGAZINE SIDE BY
SIDE POUCH, MOLLE, STYLE
NUMBER 4070

UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$18.34

WOODLAND: \$17.86

DESERT: \$17.86

MULTICAM: \$15.38

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #18: FLASH BANG GRENADE POUCH

LIN:	DA6563	FLASH BANG GRENADEP-(4105)
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FLASH BANG GRENADE POUCH

FLASH BANG GRENADE POUCH,
MOLLE, STYLE NUMBER 4105
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$5.23
WOODLAND: \$9.18
DESERT: \$9.18
MULTICAM: \$5.23

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #19: COMPASS NSN 6605-01-196-6971



Note: Military issue

Item #20: Magazine, M4



Note: 30 round Magazine

Item #21: Adapter, Firing, (M4 yellow, not M16 red)

Note: M4 yellow, not M16 red



Item #22: CANTEEN 1QT

LIN:	C96536	CANTEEN 1QT W/M1 CAP
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CANTEEN 1QT



RIGID,SINGLE WALL
CONSTRUCTION,W/STRAP ON
MI CHEMICAL PROTECTIVE
SCREW CAP,W/O CUP AND
COVER
OLIVE DRAB,FED STD 595,34087
PLASTIC

Unit price: \$5.08

Note: may be in the TAP system

Item #23: CANTEEN, WATER 2QT

LIN:	C96399	CANTEEN WATER PLASTIC
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CANTEEN, WATER 2QT



2.0 QUART
SLUSTERLESS; COLLAPSIBLE;
WITH M1 CAP
OLIVE DRAB, FED STD 34087
PLASTIC

Note: may be on the ruck

Unit price: \$9.40

Item #24: COVER CANTEEN 2QT

LIN:	F30117	COVER CANTEEN NYLDUCK
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COVER CANTEEN 2QT

DUCK, NYLON, GREEN, W/SLIDE
KEEPERS



Unit price: \$9.76

Note: may be on the ruck, Green or Tan

Item# 25: CARRIER, HYDRATION SYSTEM W/BLADDER, HYDRATION S

LIN:	DA651E	BLADDER, HYDRATION S
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BLADDER, HYDRATION S

REPLACEMENT BLADDER FOR HYDRATION SYSTEM, INCLUDES 100ML RESERVOIR, DRINK TUBE AND BITE VALVE, COMPONENT OF MODULAR LIGHTWEIGHT LOAD-CARRYING EQUIPMENT (MOLLE).

Unit price: \$16.12

Note: Students must report on day zero with camelback full of water and will wear during in-processing

Item #26: GEN III – LEVEL 1 LIGHTWEIGHT CW DRAWERS

LIN:	D74128	DRWRS CLD WTHR
------	--------	----------------



GEN III - LEVEL1

Lighweight CW DRAWERS

ECWCS GEN III LV1

DESERT SAND MAIN BODY

Unit price: \$15.25

Note: Sister services and foreign students are authorized to wear equivalent

Item #27: GEN III - LEVEL2 MID-WEIGHT CW DRAWERS

LIN:	D74812	DRWR CLD WTHR
------	--------	---------------



GEN III - LEVEL2
Mid-weight CW DRAWERS
ECWCS GEN III LV2
DESERT SAND MAIN BODY

Unit price: \$25.88

Note: Sister services and foreign students are authorized to wear equivalent

Item#28: GEN III - LEVEL1 LW CW UNDERSHIRT

LIN:	U31387	UNDRSHRT CD WR
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**GEN III - LEVEL1 LW CW
UNDERSHIRT**

ECWCS GEN III LV1
UNDERSHIRT, DESERT SAND
MAIN BODY

Unit price: \$20.11

Note: Sister services and foreign students are authorized to wear equivalent

Item #29: GEN III - LEVEL2 MIDWEIGHT CW UNDERSHIRT

LIN:	S08535	SHIRT CLD WTH
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**GEN III - LEVEL2 MID-
WEIGHT CW UNDERSHIRT**

ECWCS GEN III LV2
DESERT SAND MAIN BODY

Unit price: \$36.09

Note: Sister services and foreign students are authorized to wear equivalent

Item #30: GAITER NECK

LIN:	G39744	GAITER NECK DK BRN
------	--------	--------------------



GAITER NECK

MATERIAL PLAIN JERSEY KNIT FABRIC CONSISTING OF POLYPROPYLENE AND LYCRA YARN; DARK BROWN/TAN AND CAMO COMPATIBLE; SIZE; TUBE DESIGN; 10 3/4 IN. WIDE, 15 IN. LONG

Unit price: \$2.32

Note: subdued color

Item #31: MITTEN INSERTS, COLD WEATHER

LIN:	M52555	MITTEN INSERT WL/NY
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MITTEN INSERTS, COLD WEATHER

WOOL OVERALL AND NYLON OVERALL, USE WITH MITTEN SHELL, TRIGGER, GREEN, US ARMY, 208 OVERALL

Unit price: \$4.83

Note: students are authorized to wear issued equivalent or Civilian equivalent (**See item # 130**)

Item #32: MITTEN SHELLS, COLD WEATHER

LIN:	M53240	MITTEN SHELL CTN-NY
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MITTEN SHELLS, COLD WEATHER

BROWN, US ARMY, 214 PALM;
BROWN, US ARMY, 214
THUMB; GREEN, US ARMY, 107
OVERALL; LEATHER PALM;
LEATHER THUMB



Unit price: \$11.75



Note: students are authorized to wear issued equivalent or Civilian equivalent (See item # 130)

Item #33: GLOVES COMBAT

LIN:	DA154H	GLOVES COMBAT
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GLOVES COMBAT

HATCH HCG 752
KEVLAR COMBAT GLOVES
SHORT/LONG
CAMELBAK COMBAT GLOVES
MXC SAGE GREEN
US ARMY RFI ITEMS



Unit price: \$71.51
LONG: \$30.00
CGMXC: \$88.70

Note: students are authorized to wear equivalent, subdued or OCP color

Item #34: Gloves LTHR MN WORK

LIN:	J68064	GLOVES LTHR MN WORK
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**WORK GLOVES, HEAVY
DUTY**

CREAM OVERALL, LEATHER
CATTLEHIDE OVERALL OR
LEATHER HORSEHIDE OVERALL,
ONE PIECE FRONT AND BACK
OR A PIECED BACK

Unit price: \$15.24

Item #35: GLOVES, MEN'S AND WOMEN'S or GLOVES Flyers or Gloves Intermediate Cold Weather

LIN:	DA153A	GLOVES,MEN'S AND WO-(ACU)
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LIN:	G06171	GLOVES FLYERS
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GLOVES, MEN'S AND WOMEN'S
 INTERMEDIATE COLD/WEATHER
 FOILAGE GREEN OVERALL

Unit price: \$44.15



GLOVES FLYERS
 INTERMEDIATE COLD, GREEN,
 US AIR FORCE, 1565 OVERALL

Unit price: \$37.84



GLOVE, INTERMEDIATE COLD WEATHER

M67854-14-D-1028
 8415-01-640-8191

SHELL: 91% NYLON, 9% SPANDEX; PALM: GOATSKIN LEATHER; PALM LINING: 52% POLYESTER, 38% NYLON, 10% SPANDEX

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OUTDOOR RESEARCH

Note: Students must bring 1 set of cold weather gloves minimum and can bring as many as needed

Item #36: OVERSHOES VINYL (must fit over Boots, Cold Weather)

LIN:	N39848	OVERSHOES VINYL
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OVERSHOES MENS



OIL RESISTANT OVERALL AND
CHEMICAL RESISTANT OVERALL
AND FUEL RESISTANT OVERALL,
BUTTON AND LOOP, PLASTIC
VINYL UPPER

Unit price: \$20.71

Note: must fit over Boots, Cold Weather (Sister services and foreign students will receive from CIF)

Item #37: BOOTS, COLD WEATHER (IAW AR 670-1 NO BUCKLES) MUST SPECIFY 200G THINSULATE

LIN:	B09054	BOOTS COLD WET
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BOOTS: INTERMEDIATE C

WATERPROOF OVERALL AND
MILDEW RESISTANT OVERALL,
BLACK OVERALL

BOOTS,INTERMEDIATE COLD
WEATHER TAN OVERALL



Unit price: \$83.77
TAN: \$117.26

Note: Boot tag must specify 200g of thinsulate or greater or boot must have Liner.
Sister services and foreign students are authorized to wear equivalent

Item #38: PONCHO WET WEATHER or TARPAULIN

LIN:	P17415	PONCHO WET WEATHER
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PONCHO WET WEATHER

WATER REPELLENT, PRINTED CAMOUFLAGE-WOVEN RIPSTOP PATTERN OUTSIDE, PLASTIC, POLYURETHANE OUTSIDE

UNIVERSAL CAMOUFLAGE

Unit price: \$59.87



US ARMY ACU
REVERSIBLE FIELD
TARPAULIN NSN 8340-
01-600-4807 GROUND
COVER TARP

ORC INDUSTRIES

\$59.99

Old stock

Note: Sister services and foreign students will receive from CIF

Item #39: LINER WET WEATHER PONCHO

LIN:	L70789	LINER W/W PONCHO
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**LINER WET WEATHER
PONCHO**

NYLON OUTER LAYER,
POLYESTER INTERMEDIATE
LAYER

UNIVERSAL CAMOUFLAGE
MAIN BODY
WOODLAND CAMOUFLAGE
MAIN BODY



Unit price: \$36.88

WOODLAND: \$36.84

Note: Sister services and foreign students will receive from CIF

Item #40: EXTREME WET/COLD WEATHER JACKET LEVEL VI

LIN:	E42924	JACKET,WET WEATHER
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EXTREME WET/COLD WEATHER JACKET LEVEL VI

LAYER 6 JACKET ECWCS GEN III,
EXTREME COLD/WEATHER,
MULTI-CAM

Unit price: \$72.18

Note: Sister services and foreign students are authorized equivalent

Item #41: Trousers Wet Weather or ECWCS Level VI Trousers

LIN:	E43367	TROUSERS,WET WEATHE MULTICAM
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**EXTREME WW/CW
TROUSERS LEVEL VI**
LAYER 6 TROUSERS ECWCS GEN
III, EXTREME COLD/WET
WEATHER, MULTI-CAM

Unit price: \$58.22

Note: Sister services and foreign students are authorized equivalent

Item #42: STUFF SACK,LRG

LIN:	DA659E	STUFF,SACK
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STUFF SACK LRG

FOLIAGE GREEN, MODULAR
SLEEPING BAG SYSTEM

Unit price: \$19.73

Note: Sister services and foreign students will receive from CIF

Item # 43: Stuff Sack, Small

LIN:	DA653U	STUFF,SACK
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STUFF SACK SMALL

MODULAR SLEEPING BAG
SYSTEM, FOLIAGE GREEN
SIZE-SMALL



Unit price: \$15.32

Note: Sister services and foreign students will receive from CIF

Item #44: Bivy Cover, Modular System

LIN:	DA658R	COVER,BIVY-(REGULAR)
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BIVY COVER UCP

UNIVERSAL CAMOUFLAGE
PATTERN, MODULAR SLEEPING
BAG SYSTEM

Unit price: \$144.96

Note: Sister services and foreign students will receive from CIF

Item #45: SLEEPING BAG ICW (Winter-Gray)

LIN:	DA654N	SLEEPING BAG-(REGULAR)
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**SLEEPING BAG ICW,
MODULAR SLEEPING SYS**
INTERMEDIATE C/W BAG,
URBAN GRAY

Unit price: \$111.51

Note: Sister services and foreign students will receive from CIF

Item #46: SLEEPING BAG-(Patrol-Green)

LIN:	DA658Z	SLEEPING BAG-(REGULAR)
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SLEEPING BAG-(PATROL)

MODULAR SLEEPING BAG SYSTEM, FOILAGE GREEN

PATROL; WATER RESISTANT, RIPSTOP NYLON; OUTER OR SINGLE UNIT; ADJUSTABLE HOOD; 90 TO 92 INCHES LONG; 36 TO 37 INCHES WIDE; CAMOUFLAGE GREEN 483

Unit price: \$47.02
FOLIAGE: \$69.18

Note: Sister services and foreign students will receive from CIF

Item #47: Cap, ACU OCP

LIN:	C02082	CAP,PATROL-(MULTICAM)
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**CAP, PATROL, ARMY
COMBAT UNIFORM**

FIBER MATERIAL, COTTON AND
NYLON MAIN BODY, CLOTH
NAME IS WIND RESISTANT
POPLIN MAIN BODY, FABRIC
DESIGN IS WOVEN RIPSTOP,
HEADWEAR TYPE IS SOFT
CROWN, BRIM TYPE IS VISOR,
ENVIRONMENTAL PROTECTION
IS WATER REPELLENT

Unit price: \$6.92

Note: Cat eyes sewn on and name tape, (Velcro or sewn on; see note #1) Sister services and foreign students are authorized to wear equivalent uniform

Item #48: Coat, ACU OCP

LIN:	C68926	COAT,COMBAT-(MULTI-CAM)
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**COAT ARMY COMBAT
UNIFORM FLAMERESISTANT**

WOVEN RIPSTOP, WIND
RESISTANT POPLIN, FLAME
RESISTANT, WRINKLE-FREE
FINISH, ELBOW PATCHES;
ADJUSTABLE SLEEVE CUFF WITH
HOOK AND LOOP TAPE
CLOSURE, STAND UP COLLAR
WITH HOOK AND LOOP TAPE
CLOSURE, FRONT CLOSURE
WITH SLIDE FASTENER AND
HOOK AND LOOP TAPE

Unit price: \$84.24

Note: Velcro or sewn-on Name tape and US Army. Sister services and foreign students are authorized to wear equivalent uniform

Item #49: Trousers, ACU OCP



Note: Sister services and foreign students are authorized to wear equivalent uniform

Item # 50: T-Shirts, S/S; Tan 499; loose fitting



Note: Cotton or polyester anti-micro bacterial authorized (T-shirt Service Specific, no logo's)

Sister services and foreign students are authorized to wear equivalent uniform

Item #51: Belt, brown non-elastic (rigger style)



Note: Sister services and foreign students are authorized equivalent

Item #52: Socks, cushion sole wool blend (military black, tan or green - non waterproof)

7pr. are the minimum required

Students are encouraged to bring
as many as they need.

12 pr. are the preferred quantity
by students.



Note: black, tan or green - non waterproof

Item #53: Boots, Hot Weather Desert (IAW DA PAM 670-1 with no buckles)



The pictures on this page are examples of authorized Boots

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20-5. Boots a. Boots, combat, coyote, leather. The Army combat boots (hot weather) are clothing bag issue items.

(1) Description. The issue Army combat boots (hot weather) are made of coyote-colored, flesh-side out cattlehide leather and nylon duck upper, removable cushioned insert, a closed-loop speed lace system, and drainage eyelets. Soldiers are required to possess two pairs of Army combat boots. (2) How worn. (a) The boots are laced diagonally. The color of the bootlaces will match the color of the boot, with the excess lace tucked into the top of the boot under the bloused trousers or slacks or wrapped around the top of the boot. Metal or plastic cleats and side tabs are not authorized for wear. Sewn-in or laced-in zipper or hook-and-loop inserts are not authorized. (b) Rubber or pure polyether polyurethane soles are the only outsole material that currently meets the need for durability and traction on surfaces in multiple environments and temperature ranges. Other materials that may be of a lighter weight may have significant problems in these areas. b. Optional boots. As an option, Soldiers may wear jungle combat boots, commercial boots of a design similar to that of the Army combat boot (coyote), and the combat leather boot (black with ASU and brown with AGSU), as authorized by the commander. Soldiers may wear optional boots in lieu of Army combat boots (coyote), as authorized by the commander. However, they do not replace issue boots as a mandatory possession item. (1) Description. (a) The boots must be between 8 to 10 inches in height and made of coyote-colored, flesh-side out cattlehide leather with a plain toe and a soling system matching the color of the coyote upper materials. Rubber and polyether polyurethane are the only outsole materials that are authorized. The soling materials will not exceed 2 inches in height when measured from the bottom of the outsole and will not extend up the back of the heel or boot or over the top of the toe. The exterior of the boot upper will not contain mesh, but will be constructed of all leather or a combination of leather and nonmesh fabric. (b) The combat leather boot is made of leather with a deep lug tread sole made of vulcanized rubber, a removable cushioned insert, a closed-loop speed lace system, and a leather padded collar. A vulcanized rubber sole is the only outsole material that currently meets the need for durability and traction on surfaces. Other materials that may be of a lighter weight may have significant problems in these areas. (2) How worn. (a) The black leather combat boots are worn with the ASU. (b) The brown leather combat boots are worn with the AGSU. (c) Only Soldiers authorized to wear the tan, green, or maroon berets; MP personnel performing MP duties; and those assigned to air assault coded positions may wear combat boots. When worn, the trousers or slacks are bloused (tucked-in or by the use of blousing rubbers or bands). When trousers or slacks are bloused, personnel will not wrap them around the leg so tightly so as to present a pegged appearance. When the trousers or slacks are bloused properly, the bloused portion of the trousers or slacks will not extend below the third eyelet from the top of the boot. Soldiers will not blouse boots so that the bloused portion extends down to the ankle area of the boot. (d) The boots are laced diagonally with the excess lace tucked into the top of the boot under the bloused trousers or slacks or wrapped around the top of the boot. Metal cleats and side tabs are not authorized for wear, except by honor guards and ceremonial units in the performance of ceremonial duties. When metal cleats and side tabs are authorized for wear, commanders will furnish them to Soldiers at no cost. Sewn-in or laced-in zipper inserts are not authorized. (e) Optional boots are not authorized for wear when the commander issues and prescribes standard organizational footwear for safety or environmental reasons, such as insulated boots or safety shoes. Personnel may wear specialty boots authorized for wear by specific groups of Soldiers, such as the tanker boot, only if the commander authorizes such wear. Soldiers may not wear optional boots in formation when uniformity in appearance is required. c. Organizational boots. When prescribed and issued by the commander according to CTA 50-900, personnel may wear organizational boots, such as temperate boots or safety boots, with field and utility uniforms.



Note: Sister services and foreign students are authorized to wear equivalent

Item #54: PT Uniform: Jacket, Pants, Long Sleeve Shirt, Short Sleeve Shirt, Shorts



Note: Sister services and foreign students are authorized to wear equivalent

Item #55: Socks white/black (Calf or above ankle only)



Note: white/black calf or above ankle only

Item #56: WATCH CAP; BLACK MICRO FLEECE

LIN:	C03291	CAP SYNTHETIC FLEEC
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**CAP, SYNTHETIC,
MICROFLEECE**
BLACK, FOLIAGE GREEN



Unit price: \$4.61
FOLIAGE GREEN: \$4.90

Note: black micro fleece

Item #57: Belt reflective (high vis. yellow)



Note: high vis. Yellow

Item # 58: PT shoes



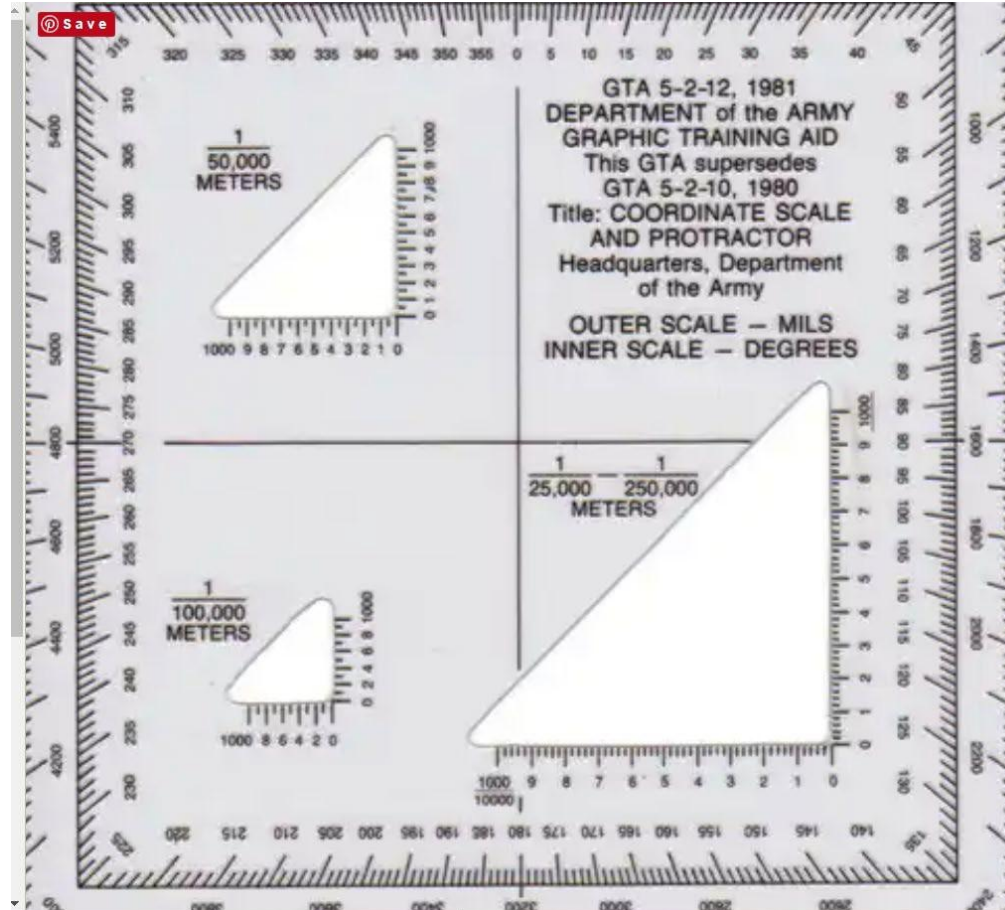
Note: IAW service regulations

Item #59: EAR PLUGS



Note: Triple Flange minimum

Item #60: PROTRACTOR



Note: GTA 5-2-12

Item #61: RAZOR SHAVING (non electric)



Note: Minimum of 1 (as needed authorized)

Item #62: Razor Blades (x12)



Note: Minimum of 12 (as needed authorized)

Item #63: ALCHOHOL MARKER, PERMANANT



Note: Minimum of 1 (as needed authorized)

Item #64: CAMOFLAGE STICK



Note: Green and loam camo colors only,
Students will not be allowed to use other colors of camo (white, Brown, black, Etc.)

CRITICAL items for females

- All items below are CRITICAL items for females that will be grounds for dismissal from the course if missing

Item #100: Feminine Wipes/Additional Baby Wipes (not to exceed 124)



Note: unscented, counts against total baby wipes

Item #101/102: Bras/Underwear white, black, or neutral color, per AR 670-1 20-28a(2)



Note: white, black, or neutral color, per AR 670-1 20-28a(2)

Item #103: Pads/Tampons



Note: unscented, recommend w/applicator, addition zip lock bags authorized for storage of unused/used products

Item #104: Female Urinary Diversion Device (FUDD)



Note: neutral color if purchasing non-Army issued model

Item #105-108: Birth Control

Intrauterine Devices (IUD)- Mirena, Para Gard Only
Birth Control Pills
Patch- Ortho-Evra (not recommended)
Implant- Nexplanon



****Recommended ALL birth control methods be implemented at LEAST 90 days prior to training****