MARINE CORPS DETACHMENT FORT LEONARD WOOD, MO
MOTOR TRANSPORT INSTRUCTION COMPANY
INSTRUCTOR DATA SHEET

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579). This notice informs you of the purpose for collection of information on this form. Please read before completing the form.

A. Personal Information

_____ _____ _____ _____
Name (Last Name, First, MI) Rank MOS Age

Current unit: _____ Current Billet: _____

PEBD: _____ EAS: _____ TIS: _____ TIG: _____

Special Duty Assignment:_____ Promotion zone: _____

Security Clearance eligibility date:_____ Security clearance: ☐ Yes ☐ No

Last Three Units, Billet description and dates:

1. _____ _____ _____
Unit Billet Date

2. _____ _____ _____
Unit Billet Date

3. _____ _____ _____
Unit Billet Date

B. Training & Education

PFT Date: _____CFT Date:_____ HT: _____ HT/WT Date:_____

PFT Score: _____CFT Score: _____ WT: _____ Body Fat% _____

PFT Class:_____CFT Class: _____

Are you or have you been on weight control/personal appearance? ☐ Yes ☐ No

If yes, provide with inclusive dates: _____

PME Complete for the current grade: ☐ Yes ☐ No Completion Date:

Education Level: _____ Degree obtained: _____

Remarks:

_____

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PRIVACY SENSITIVE – Any misuse or unauthorized disclosure can result in both civil and criminal penalties

Do you have the following credentials?

State Driver's License: ☐ Yes ☐ No State issued: _____ Exp. Date: _____

OF-346: Yes No Exp. Date: _____

Additional MOS (3536, FFI, MAI, and etc.):

_____

_____

C. Financial & Marital Status

Marital Status: _____ No. of dependents and age (including spouse): _____

Exceptional Family Member: ☐ Yes ☐ No

Are you married to an active duty service member? ☐ Yes ☐ No

If yes, provide spouse information (branch, grade, active or reserves): _____

Financially Stable: ☐ Yes ☐ No ** See NAVMC 11711 (Financial Worksheet) **

Housing preference: ☐ On-base Housing ☐ Off-Base Housing

D. Firearms

All firearms/weapons, belonging to any persons living on the installation and kept on the installation by any Service member or Civilian and any personally owned firearms/weapons, brought onto the installation for the purpose of engaging in authorized activities temporarily must be registered with the Provost Marshal in accordance with FLW Reg 190 11 and MSCoE Standards Book (Page 11).

Do you currently own firearms (to include crossbows and hunting equipment): ☐ Yes ☐ No

Quantity of firearms: _____

Intended location to store firearms: ☐ On-base Housing ☐ Off-Base

**** Weapons must be registered within 24-Hours upon arrival to Fort Leonard Wood****

****See Enclosure 3/ Firearms registration form****

E. Marine Comments

List your goals and expectations as an instructor in MTIC. Include additional remarks that will illustrate your qualifications as an instructor.

I certify that all information provided are true and valid.

Signature : _____ Date: _____

F. Leadership Recommendation

Motor Transport Chief **Must be a MGySgt within MSE or equivalent supervisor on if currently on SDA)

☐ Recommended ☐ Not Recommended

Rank	Name	Date	Signature

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