

**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/EDIPI) _____ 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: Note any Previous NJP or 6105

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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: _____

OF346: Yes No Exp Date: _____ Medical Certificate Exp: _____

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

Cell:

Personal Email:

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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 or MSgt within MSE or equivalent supervisor on if currently on SDA)

☐

Recommended

☐

Not Recommended

Rank

Name

Date

Signature

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G. OIC Recommendation:

Comments on Marine that will describe them to proficiently fill a Instructor billet.

Recommended

Not Recommended

I certify that all information provided are true and valid.

Signature : _____

Date: _____

H. Commanding Officer
☐

Recommended

☐

Not Recommended

Rank

Name

Date

Signature

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**Motor Transportation Instruction Company
Points of Contact**

Rank Name	Billet	Office #	Email Address
MGySgt Haase, Benjamin	Academics Chief	573-596-8001	<u>benjamin.g.haase.mil@army.mil</u>
MSgt Revier, Dalton	Asst. Academics Chief	573-596-7312	<u>dalton.l.revier.mil@army.mil</u>
SSgt Lek, Seyha	Chief Instructor	573-596-5659	<u>seyha.k.lek.mil@army.mil</u>
SSgt Fierro, Equer	Licensing SNCOIC	573-596-2282	<u>Equer.a.Fierrohermosillomil@army.mil</u>