

**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**

<b>Rank Name</b>	<b>Billet</b>	<b>Office #</b>	<b>Email Address</b>
<b>MGySgt Haase, Benjamin</b>	<b>Academics Chief</b>	<b>573-596-8001</b>	<a href="mailto:benjamin.g.haase.mil@army.mil"><u>benjamin.g.haase.mil@army.mil</u></a>
<b>MSgt Revier, Dalton</b>	<b>Asst. Academics Chief</b>	<b>573-596-7312</b>	<a href="mailto:dalton.l.revier.mil@army.mil"><u>dalton.l.revier.mil@army.mil</u></a>
<b>SSgt Lek, Seyha</b>	<b>Chief Instructor</b>	<b>573-596-5659</b>	<a href="mailto:seyha.k.lek.mil@army.mil"><u>seyha.k.lek.mil@army.mil</u></a>
<b>SSgt Coleman, Kevin</b>	<b>Licensing SNCOIC</b>	<b>573-596-2282</b>	<a href="mailto:kevin.f.coleman4.mil@army.mil"><u>kevin.f.coleman4.mil@army.mil</u></a>