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| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** | | |
| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. | | |
| Entry Type: Assignment and Transfer (AT-06)  Reference: Section 1-H, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)  Responsible Level: Unit  Entry: OVERSEAS SCREENING  DDMMMYYYY: I, [Rate FirstName MI LastName, USCG or USCGR], am aware that failure to divulge disqualifying information, or amplifying information (medical, dental, psychological, physical, or educational problem(s)) pertaining to the questions on the checklist for overseas screening, may ultimately result in disciplinary action punishable under the UCMJ.  FIRST MI LAST (Member's Signature)  FIRST MI LAST (Spouse's Signature)  DDMMYYYY: On the basis of all available information, I [endorse] or [do not endorse] the member's orders to the overseas assignment. (A copy of the completed checklist will be forwarded to the receiving command.)  A. B. SEA, CAPT, USCG  Commanding Officer | | |
| 1. NAME OF PERMANENT UNIT | 1. NAME OF UNIT PREPARING THIS FORM | |
| 1. NAME OF MEMBER (Last, First, MI) | 1. EMPLOYEE ID NUMBER | 1. GRADE/RATE |

Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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