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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-14), Member’s Acknowledgement of Receipt of Personnel Data Record  Reference: (a) Coast Guard Military Human Resource Record (CGMHRR) System, COMDTINST 1080.10(Series)  (b) E-Mail ALSPO B/22, PDR Scan Into iPERMS – Discontinue Mailing PDRs    Responsible Level: Unit P&A Office  Entry:  DDMMMYYYY: I certify that I have converted 100% of the member’s paper SPO and Unit Personnel Data Records (PDRs) into the Interactive Personnel Electronic Records Management System, (iPERMS). I hereby transfer the physical SPO and Unit PDRs to the member.    First MI. LastName, PDR Custodian  Title (e. g. YN2, USCG) and Unit)  DDMMMYYYY: I certify that I have reviewed my iPERMS record and found it to be 100% complete. I hereby acknowledge receipt of my physical SPO and Unit Personnel Data Records. I understand the importance of retaining these paper records indefinitely.  First MI. LastName | | |
| 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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