

NAVY JUNIOR RESERVE OFFICERS TRAINING CORPS (NJROTC) &  
NAVY NATIONAL DEFENSE CADET CORPS (NNDCC)  
INSTRUCTOR CERTIFICATION APPLICATION

OMB CONTROL NUMBER: XXX-XXXX  
OMB EXPIRATION DATE: XX/XX/XXXX

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, OMB-XXX-XXXX, is estimated to average X hours and XX minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person should be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.**

**AUTHORITY:** The authority to request this information is contained in 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations), and Executive Order 9397 (Use of Social Security Numbers), as amended.

**PRINCIPAL PURPOSE(S):** The information provided will be used to evaluate whether the applicant qualifies for certification as an NJROTC or NNDCC Instructor. If certified, the information will be used by the Navy in its management of the NJROTC program. The following systems of records notices cover the collection of this information: N01533-1, located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570325/n01533-1/>, and N01533-2, located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570326/n01533-2/>.

**ROUTINE USE(S):** Information provided on this application will be used to screen and select individuals to be certified as NJROTC or NNDCC Instructors, to maintain data on the NJROTC program, and by officials, employees and contractors within the Department of Defense (DOD) and the Department of the Navy who are involved with the administration of the NJROTC Program and by other such personnel within the Navy and other DOD components who have a need to know the information in the performance of their official duties. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp> and the routine uses set forth here.

**DISCLOSURE:** Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NJROTC program. The social security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times when applicants have the same name(s); therefore, the SSN is required to ensure proper identification.

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**APPLICANT MUST COMPLETE ALL PARTS****PART 1 –BASIC INFORMATION**

NAME: (LAST, FIRST, MIDDLE INITIAL)			
SSN:		GENDER:	
RANK/RATE:		BRANCH: (USN, USNR, ETC.)	
DESIG/PNEC:		RETIREMENT DATE:	
YEARS ACTIVE DUTY:		BIRTH DATE: (MM/DD/YYYY)	
PRIOR ENLISTED		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PAY ENTRY BASE DATE:			
TELEPHONE	(HOME):		
	(WORK):	(CELL):	
CURRENT HOME ADDRESS	STREET:		
	CITY:	STATE:	ZIP+4:
DESIRED GEOGRAPHICAL AREA OF EMPLOYMENT:			

**RETIREMENT/POST RETIREMENT CONTACT INFORMATION**

PERMANENT ADDRESS	NAME:			
	STREET:			
	CITY:	STATE:	ZIP:	
PERSONAL E-MAIL ADDRESS:				

**PART 2 - EDUCATION**

HIGH SCHOOL LAST ATTENDED (name, city, state):

GRADUATED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	GED	<input type="checkbox"/>	DATE COMPLETED	
COLLEGES ATTENDED (name, city, state):	MAJOR:		YEARS ATTENDED:	DEGREE:	DATE COMPLETED:			

**PART 3 – ACTIVE DUTY INSTRUCTOR EXPERIENCE**

INSTRUCTOR DUTY OR EXPERIENCE (TYPE):	LOCATION:	FROM(mm/yy):	TO(mm/yy):

**PART 4 - MISCONDUCT**

<b>DURING THE PAST TEN YEARS FROM THE DATE OF THIS APPLICATION HAVE YOU:</b>			
HAD NONJUDICIAL PUNISHMENT (NJP) IMPOSED UPON YOU?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BEEN CONVICTED OF A CRIMINAL CHARGE IN ANY CIVILIAN COURT?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

BEEN CONVICTED OF A CRIMINAL CHARGE UNDER THE UNIFORM CODE OF MILITARY JUSTICE (UCMJ)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAD A CIVIL JUDGEMENT AGAINST YOU IN A CIVILIAN COURT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**HAVE YOU EVER:**

BEEN CONVICTED OR PLED GUILTY TO AN OFFENSE INVOLVING SEXUAL MISCONDUCT, DOMESTIC VIOLENCE, OR LEWD BEHAVIOR OR CHARGED WITH ANY CRIME INVOLVING A CHILD IN ANY COURT OR TRIBUNAL?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**IF YOU HAVE ANSWERED YES TO ANY PART OF THE QUESTIONS IN PART 4, PLEASE PROVIDE THE NATURE AND DISPOSITION OF THE CHARGE AND OTHER RELEVANT INFORMATION IN PART 7 (REMARKS).**

**PART 5 – CIVILIAN EMPLOYMENT**

**EMPLOYMENT SINCE RETIREMENT**

EMPLOYER NAME & ADDRESS:	JOB DESCRIPTION:	FROM(mm/yy):	TO(mm/yy):
PRESENT SUPERVISOR’S NAME & TITLE:	E-MAIL:	PHONE:	

**PART 6 - PERSONAL DATA**

Why do you want to become an NJROTC/NNDCC Instructor?

**This section must be signed & stamped by a healthcare professional or Command Fitness Leader.**

Height: \_\_\_\_\_ inches  
 Weight: \_\_\_\_\_ pounds  
 Neck measurement: \_\_\_\_\_ inches  
 Waist measurement: \_\_\_\_\_ inches  
 Hips (females only): \_\_\_\_\_ inches  
 Body Fat Percentage: \_\_\_\_\_ %

Signature & stamp of healthcare professional/CFL: \_\_\_\_\_ Date: \_\_\_\_\_

**Coast Guard Applicants:**

- Provide the date you requested your service record: \_\_\_\_\_
- Remember - your service record must be mailed directly to the Naval Service Training Command address at the bottom of this form to meet the application deadline.
- Submitted photograph should be 4" by 6" and taken in Tropical Blue Service uniform.

**Marine Corps Applicants:**

- Provide a copy of your Marine Corps Certification letter.
- If you were teaching at a MCJROTC Unit, submit copies of your last three (3) years of instructor evaluations or letter of recommendation from the School Principal.
- Submitted photograph should be 4" by 6" and taken in Service Bravo or Service Charlie uniform.

**Navy Reserve Applicants:**

- Provide a Statement of Service and Retirement Orders for Gray Area Reservists or DD-214 for Full Time Support (FTS) Reservists to NSTC address at the bottom of this form.
- Submitted photograph should be the same as Navy Applicants.

**Navy Applicants:**

Photographs for all Navy Applicants are 4" by 6" and submitted as follows:

- E-7 to O-6 in Khaki Service uniform.
- E-6 in Navy Service uniform.

**ALL APPLICANTS:**

Copies of college degree certificates are highly encouraged if they can be obtained and submitted to meet the Certification Board Application deadline.

Further information can be found on the NJROTC website at:

<https://www.netc.navy.mil/Commands/Naval-Service-Training-Command/NJROTC/Inst-App-Process>

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**NOTE: This application is signed under penalty of perjury, as permitted by United States Code (18 U.S. Code § 1621). Any individual found to have committed perjury by false statement or any false written testimony, declaration, or certification on this application is subject to fine or imprisonment for not more than five years, or both. This section is applicable whether such statement is executed within or without the United States.**

I authorize the release of my military personnel file on microfiche or compact disc (CD) to NSTC (NJROTC/NNDC) to review for certification consideration.

I understand that I am responsible for contacting an NJROTC Area Manager to schedule the required Navy interview. This interview must be completed prior to the NJROTC/NNDC Instructor Certification Board's convening date.

Name of Area Manager: \_\_\_\_\_ Interview Date: \_\_\_\_\_

I declare (certify, verify, or state) under penalty of perjury that the foregoing information is true and correct.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed application and attachments to:**

**NAVAL SERVICE TRAINING COMMAND  
NJROTC INSTRUCTOR ADMIN  
320A DEWEY AVE BLDG 3 RM 106  
GREAT LAKES, IL 60088-2912**

**PART 7 – REMARKS**