

3. CORRESPONDENCE COURSES: (Attach Technician Training Record or Certificate / Diploma)

NAME OF SCHOOL	COURSE TITLE	DATE COMPLETED	NUMBER OF CREDIT HOURS

I certify that I am registered with th Selective Service System.

I certify that I am NOT required to registered with the Selective Servive System.

(APPLICANT'S Legal Signature) & (Date) (MUST USE INK)