

**PROCEDURES FOR COMPLETING**  
**USMEPCOM FORM 680-3A-E, REQUEST FOR EXAMINATION (OCT 05)**

**1. General.** The USMEPCOM Form 680-3A-E is the first and most important document completed on each applicant processing for application of enlistment into the Armed Forces. The form containing the applicant's personally identifiable information (PII) is considered the authoritative source document establishing their personal data in USMIRS. It is essential that each data block on the UMF 680-3A-E is accurately completed in its entirety using blue, black or blue/black ink only; inclusive of the applicant's legible and legal signature (comparable to how a check is signed or is displayed on an Identification Document (ID); for example: *John H. Smith*). USMEPCOM Regulation 680-3, paragraphs 3-2a and 3-6b contain general filing guidance. These completion procedures can be found on [680-3-A-E Instructions SPEAR](#) and on the public website at [http://www.mepcom.army.mil/docs/680-3a-e\\_instructions\\_Feb\\_15.pdf](http://www.mepcom.army.mil/docs/680-3a-e_instructions_Feb_15.pdf).

NOTE: Recruiting Service automated versions of UMF 680-3A-E will be reviewed by J-3/MEOP-AD before use to ensure compliance with Department of Defense (DoD) standards.

**2. Procedures:** MEPS are responsible to verify the data presented on UMF 680-3A-E is completed in accordance with (IAW) the instructions below. Additionally, MEPS are responsible to verify or enter the information provided by the sponsoring Service from UMF 680-3A-E into USMIRS.

**a. Item A - SERVICE PROCESSING FOR: Services** - Enter the specific Service/component code for which the applicant is processing (i.e., Regular Army, Army National Guard, Regular Air Force, Air Force Reserve, Air National Guard, etc.) IAW [USMEPCOM Data Dictionary](#), Service Processing For (SPF) (attached)

**b. Item B - PRIOR SERVICE**

(1) **Yes / No: Services** - Enter an "X" in either the "YES" or "NO" block, based on input from the applicant and the respective recruiting Service definition of "Prior Military Service (PMS)" IAW with their Service directives.

(2) **Number of Days: Services** - Enter number of active duty days if item B is "YES"; must enter at least 1 day of prior service IAW appropriate Service directives.

**c. Item C - SELECTIVE SERVICE CLASSIFICATION.** Leave blank, unless directed by HQ USMEPCOM. Information will be entered by the MEPS in this item only during mobilization or induction.

**d. Item D – SELECTIVE SERVICE REGISTRATION NUMBER.** Leave blank, unless directed by HQ USMEPCOM. Information will be entered by the MEPS in this item only during mobilization or induction.

**e. Item 1 - SOCIAL SECURITY NUMBER: Services** - Enter the applicant's Social Security Number (SSN) (nine numeric characters) as assigned by the Social Security Administration.

**f. Item 2 – NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc): Services** -Enter the complete full legal name of the applicant (maximum of 62 letters; last name must be a minimum of 2 characters, but no more than 26; first name must be a minimum of 1 character and no more than 15; middle name up to 15 characters, and suffix up to 6 characters) in capital letters, allowing one space between each segment of last, first, and middle names; and suffix. A middle

initial may not be used in lieu of the middle name, nor will nicknames be used (i.e., Jeff versus Jeffrey, Bill for William, etc.). If the applicant's name has an apostrophe, that will not be recorded in USMIRS.

**g. Item 3 - CURRENT ADDRESS: Services** - Enter the street, city, county, state, country, and ZIP-code+4 claimed as "CURRENT ADDRESS" as of the date of application. If the address is a foreign country, enter the ZIP-code+4, if applicable, or all zeros and enter the two-digit alphabetic country code. The state, county, and country codes will be recorded IAW [USMEPCOM Data Dictionary](#) (attached).

**h. Item 4 - HOME OF RECORD ADDRESS: Services** - If different from item 3 (current address), enter the street, city, county, state, country, and ZIP-code+4 claimed as the "HOME OF RECORD (HOR)." If the applicant's HOR address is the same as the current address, then enter in item 4 "Same as item 3" or enter the same address.

**i. Item 5 - CITIZENSHIP: Services** - Enter an "X" in the appropriate item which best represents the citizenship status of the applicant.

**(1) US Citizenship Status: Services** - Enter the appropriate code to determine the applicant's U.S. citizenship status in the first block IAW [USMEPCOM Data Dictionary](#), US Citizenship Status (attached).

**(2) US Citizenship Source: Services** - Enter the appropriate code to determine the applicant's U.S. citizenship (statutory) origin in the second block IAW [USMEPCOM Data Dictionary](#), US Citizenship Source (attached).

**(3) Country of Citizenship (block 5d): Services** - Enter the applicant's two-digit Country of Citizenship (CoC) code IAW [USMEPCOM Data Dictionary](#), Appendix A (attached).

**(4) Alien Registration Number (block 5f).**

**Services** - Enter the applicant's Alien Registration Number (ARN) as assigned by U.S. Citizenship and Immigration Services. For a Military Accessions Vital to the National Interest (MAVNI) applicant, enter all 5s for the ARN.

**MEPS** - Enter the temporary ARN of all 9s for Armed Services Vocational Aptitude Battery (ASVAB) testing only when the ARN is not available.

**j. Item 6 - SEX: Services** - Enter an "X" in the appropriate block representing the applicant's gender.

**k. Item 7a – RACIAL CATEGORY: Services** - Enter an "X" in each applicable Item 7a(1) through 7a(5). If applicant declines to respond, enter "Declined" in Item 7a.

**l. Item 7b - ETHNIC CATEGORY: Services** - Enter an "X" in 7b(1) HISPANIC OR LATINO or Item 7b(2) NOT HISPANIC OR LATINO. If applicant declines to respond, enter "Declined" in Item 7b.

**m. Item 8 - MARITAL STATUS: Services** - Enter the legal status of the applicant as it relates to marriage IAW [USMEPCOM Data Dictionary](#), Marital Status ("N" – *Never Married is no longer in use*)(attached).

**n. Item 9 - NUMBER OF DEPENDENTS: Services** - Enter the number of each

individual who is totally or partially dependent on the applicant for support with a maximum allowable of 10.

**o. Item 10 - DATE OF BIRTH**

**(1) Services** - Enter the applicant's Date of Birth (DOB) in YYYYMMDD (year-month-day) format (e.g., 19760323). An applicant below the age of 17 is not eligible for enlistment processing; therefore, will not be given an ASVAB enlistment test and/or a medical examination. Test scores will be invalidated for an applicant who had taken the enlistment ASVAB test and were under the age of 17; normal retest policy applies. This age policy does not affect student ASVAB testing. Students can be tested at the age of 16 and later, at age 17 or greater, and use these test scores for enlistment processing when eligible; up to 2 years. An applicant that is both 16 years of age and a sophomore at the time of the ASVAB test cannot use the test for enlistment purposes.

**(2) MEPS** - Verify the applicant is eligible for enlistment processing.

**p. Item 11 - RELIGIOUS PREFERENCE: Services** - Enter the applicant's 2-digit religious preference code IAW [USMEPCOM Data Dictionary](#), Religious Preference (attached).

**q. Item 12 – EDUCATION.** This data item contains the Education Level that is the amount of years of education that an individual has received and the certificate that was granted for that education. The first 2-digit years identifies the number of formal academic years of education an applicant has successfully completed. The third position (Highest Grade Completed) identifies the recognition given as a result of those years of formal education completed; the highest educational level or status attained by an applicant.

**Services** - Enter the number of years of formal education successfully completed and the highest grade of formal education completed. Codes for educational certification level are listed below.

<b><u>EDUCATION LEVEL</u></b>	<b><u>ED CODE</u></b>	<b><u>EXPLANATION</u></b>
<b><u>Tier 1</u></b>		
Currently in High School	9	An individual currently in high school who is not yet a high school senior.
High School Senior	S	An individual attending high school as a senior.
Currently Enrolled, Other than a High School Diploma	M	An individual who is currently enrolled and attending a secondary or post-secondary program.
High School Diploma	L	A diploma issued to a graduate of a public or private 12-year, "traditional," credit-based day program of classroom instruction. Includes individuals who met all requirements for graduation, but failed to pass mandated exit exams (formerly Code F).

Completed one Semester of College	8	A non-high school diploma graduate who completed 15 semester hours/22 quarter hours of college credit or 675 clock hours from an accredited traditional or online post-secondary institution.
Associate Degree	D	An associate degree from an accredited traditional or online post-secondary institution.
Professional Nursing	G	A diploma from an accredited 3-year hospital school of nursing program.
Baccalaureate	K	A baccalaureate degree from an accredited traditional or online post-secondary institution.
Master's Degree	N	A master's degree from an accredited traditional or online post-secondary institution.
Post Master's Degree	R	A degree conferred from an accredited institution that is beyond the master's level but below doctorate level.
Doctorate	U	A doctorate degree from an accredited degree granting institution.
First Professional Degree	W	A degree/certificate awarded upon completion of the academic requirements in selected professions: Dentistry (D.D.S. or D.M.D.), Law (L.L.B. or J.D.), Medicine (M.D.), Theology (B.D.) and so forth.

**“Covered Graduates” Possessing:**

Adult/Alternative Diploma	B	A diploma issued to a graduate of a public or private non-traditional school using alternative methods of instruction to complete graduation credit requirements based on state law (i.e., all alternative, accelerated, or high school completion programs to include the General Educational Development (GED) Test Option).
Virtual/Distance School Diploma	7	A diploma awarded upon completion of an accredited Home Study, Distance Learning, Independent Study, Self- Study, Correspondence School, Cyber School or Virtual Learning Program.
Home School Diploma	H	A diploma issued to a graduate of a home school program in accordance with State requirements, administered by a parent, teacher/school district, or umbrella association.

**Tier 2**

<b><u>EDUCATION LEVEL</u></b>	<b><u>ED CODE</u></b>	<b><u>EXPLANATION</u></b>
Test-based Equivalency Diploma	E	A certificate of GED or other test-based credential obtained solely by testing.
National Guard Youth Challenge Program	X	A GED Certificate or other test-based credential obtained by completing a 22- week National Guard Youth Challenge Program (NGYCP) and passing the GED tests.
Occupational Program	C	Certificate received for completing a 6- month vocational-technical program and a minimum of 11 years of secondary education.
High School Certificate of Attendance, Completion, or Special Education	J	An attendance-based high school certificate issued to students based on an Individualized Education Program (IEP) that involves community experiences, employment, training, daily living skills and post-school transition skills which differ from the traditional high school graduation requirements.

**Tier 3****EDUCATION LEVEL****ED CODE****EXPLANATION**

Less than High  
High School Diploma  
or Credential

1

An individual who is not currently  
in a secondary education program  
and has no diploma/credential.

**r. Item 13 – PROFICIENT IN FOREIGN LANGUAGE: Services** - Enter an "X" in either the "YES" or "NO" block, based on self-disclosure from the applicant. If "Yes", write the specified language code(s) in the space available IAW [USMEPCOM Data Dictionary](#), Foreign Language (attached).

**s. Item 14 – VALID DRIVER’S LICENSE: Services** - If yes, enter applicant’s valid driver’s license number (list state, number, and expiration date) as assigned by the Driver’s License Bureau. Leave blank, if applicant does not possess a valid driver’s license.

**t. Item 15 – PLACE OF BIRTH: Services** – Enter the applicant’s place of birth (city, state, country). The state and country codes will be recorded IAW [USMEPCOM Data Dictionary](#) (attached).

**u. Item 16 – APTITUDE.** This information is only required when a UMF 680-3A-E is submitted for initial and/or subsequent aptitude tests.

**Services** - Indicate whether a qualifying ASVAB test score is/is not required for enlistment and the type of aptitude processing required for the applicant to enlist/process.

**(1) Item 16a (ASVAB Required to Enlist?): Services** - Enter an "X" in the "YES" or "NO" data block based upon whether a qualifying ASVAB test score is/is not required for enlistment. NOTE: "YES" must be selected if a qualifying ASVAB test score is required for the applicant to enlist.

**(2) Item 16b (Enlist Under Student Test): Services** - Enter "X" in the "YES" data block if the applicant will be enlisting on his/her student ASVAB test score.

**(3) Item 16c (Test Type).** If "YES" is selected in item 16a: **Services** - Enter an "X" in the appropriate data block to specify the type of aptitude processing the applicant requires for enlistment/processing.

a. **Initial: Services** - Enter an "X" if the applicant is required to take an initial enlistment ASVAB test.

b. **Special: Services** - Enter an "X" if the applicant is required to take a special purpose test.

c. **Confirmation: Services** - Enter an "X" if the applicant is required to take a confirmation ASVAB test.

**(4) Item 16d (Retest): Services** - Enter an "X" in the appropriate data block to select the type of aptitude retest processing if the applicant is going to take an ASVAB retest (Ref USMEPCOM Regulation 611-1 providing specific date eligible guidance).

**1<sup>st</sup> Retest: Services** - Enter an "X" if the applicant is taking a 1-month retest (retest 1 month after initial test (based on calendar days)).

**2<sup>nd</sup> Retest: Services** - Enter an "X" if the applicant is taking a retest 1- month (retest 1 month after 1<sup>st</sup> retest (based on calendar days)).

**Immed Retest Authorized: Services** - Enter an "X" if the MEPS Commander has authorized an immediate retest using a different ASVAB version.

**6 Month Test: Services** - Enter an "X" if the applicant is taking a 6-month retest (retesting 6 months after the 2<sup>nd</sup> retest (based on calendar days)).

**(5) Item 16e (Previous Test Versions): Services** - Enter the ASVAB test version(s) of the applicant's previous test(s) taken.

**(6) Item 16f (Previous Test Dates (YYYYMMDD)): Services** - Enter the date(s) the applicant took the previous ASVAB test version. The date must be valid and in YYYYMMDD format.

v. **Item 17a - RECRUITER ID/SSN: Services** - Enter recruiter ID/SSN (nine numeric characters; only Air Force can use alphanumeric characters. The recruiter ID/SSN in this item does not have to match the certification.

**NOTE:** An Army National Guard recruiter will use a special ID/SSN code for processing, which is broken down as follows: First two digits equate to the state numeric code (AL = "01," SD = "46," etc.); next three digits equate to the recruiter's station ID code; and the last four digits equate to the last four digits of the recruiter's SSN.

w. **Item 17b – STATION ID: Services** – Enter recruiting station ID (five alphanumeric characters).

x. **Item 18 - TEST ADMINISTRATOR SSN/ID: MEPS** - Enter five zeros and the last four of the SSN of the Test Administrator (TA) administering the enlistment test. TA pulling high school test will enter nine '0s.

y. **Item 19 - TEST ADMINISTRATOR SIGNATURE: MEPS** - TA conducting the test will sign his or her name; a High school pull does not require a TA signature.

z. **Item 20 – MEDICAL.** This information is only required when a UMF 680-3A-E is submitted for initial and or subsequent medical examination tests.

**Services** - Indicate whether a medical examination is/is not required for enlistment and the type of medical processing required for the applicant to enlist/process.

**(a) Item 20a (MEPS Medical Exam Required to Enlist?): Services** - Enter an "X" in the "YES" or "NO" data block based upon whether a medical examination is/is not required for enlistment.

**NOTE:** “YES” must be selected if a medical examination is required for the applicant to enlist.

**(b) Item 20b (Exam Type).** If “YES” is selected.

**Services** - Enter an “X” in the appropriate data block to specify the type of medical processing the applicant requires for enlistment/processing.

- **FULL: Services** - Enter an “X” if the applicant is required to undergo a full medical examination.

- **INSPECT: Services** - Enter an “X” if the applicant is required to undergo a medical inspection.

- **SPECIAL: Services** - Enter an “X” if the applicant is required to undergo a full physical medical examination and included in that examination is special medical processing (i.e., quadrennial over 40 physical, individual ready reserve (IRR), health care professional, electrocardiogram (EKG), etc.).

- **CONSULT: Services** - Enter an “X” if the applicant is required to undergo a consult examination (i.e., orthopedic, psychiatric, ear lavage, etc.).

- **RE-EXAM: Services** - Enter an “X” if the applicant is required to undergo a medical re-examination.

- **OTHER: Services** - Enter an “X” if the applicant is required to undergo some other form of medical processing (i.e., drug and alcohol (DAT) only, Human Immunodeficiency Virus (HIV) only, etc.).

**(c) Item 20c (Date Last Full Medical Exam (YYYYMMDD)):** **Services** - Enter the date the applicant took the last MEPS full medical examination. The date must be valid and in YYYYMMDD format.

**aa. Item 21 – APPLICANT’S SIGNATURE: MEPS** - Perform a signature and/or biometric positive identification (PI) verification as follows:

(1) When e-Security application is available and the applicant is not enrolled, conduct a full biometric enrollment. Have the applicant sign their legal signature; reference paragraph 1 General above.

(2) When e-Security application is available and the applicant is previously fully or partially enrolled, perform a biometric verification; an applicant’s manual/wet signature is not required.

(3) When e-Security application is not available, have the applicant sign their legal signature for signature verification; reference paragraph 1 General above.

**bb. Item 22 – MIRS CODING: MEPS** – Optional. When USMIRS is unavailable, annotate the data block with the initial exam workload identification (WKID) transaction; e.g. B010, B030, B100, or B200, etc., date the test or examination was administered, initials and date of individual who conducted the files check.

**cc. Item 23 - APPLICANT CERTIFICATION IN PRESENCE OF TA: MEPS** – Have the applicant sign their legal signature (reference paragraph 1 General above) in this block only when the e-Security application is not available. An applicant fully or partially enrolled in the e-Security



application is not required to sign this block.

**dd. Item 24 – RIGHT THUMB PRINT: MEPS** - If a photo ID is not presented, is invalid (expired, etc), or the TA is unable to verify the identity of the applicant from the photo ID presented (i.e., applicant's physical appearance does not match photo ID, photo ID information does not match other document information, etc.), and e-Security application is not available, the TA will capture the applicant's right thumbprint in the first attempt block. If first attempt is unsuccessful, repeat by turning the UMF 680-3A-E over (top of form on the bottom) and affixing right thumbprint on the upper right corner, thumbnail pointed to the left. An applicant that is biometrically enrolled and successfully verified will not require a photo ID.

**ee. Item 25 - APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL.** The information in items 25(a), (b), and (c) are only required when a UMF 680-3A-E is submitted for initial and/or subsequent tests. The applicant must indicate if they have ever had a prior ASVAB test for any Service, to include the ASVAB Student test, and if so, when and where. By signature, the applicant attests to this and to the personal data shown. False certification could result in the examination being invalidated or a delay in their processing.

**(1) Services:**

**(a) Item 25a** - Enter an "X" if the applicant has never been tested under the enlistment or student ASVAB program.

**(b) Item 25b** - Enter an "X" if the applicant has tested under the enlistment or student ASVAB program and indicate the most recent date tested along with the place the applicant took the ASVAB test. The date must be valid and in YYYYMMDD format.

**(c) Item 25c** - Enter an "X" if requesting a high school look-up, indicate the most recent date tested, and the place the applicant took the high school test. The date must be valid and in YYYYMMDD format.

**(d) Item 25d** - Enter an "X" if the applicant desires to keep Armed Forces Qualification Test (AFQT) scores from the student test listed in item 25c above.

**(e) Item 25e** - Enter the name of the applicant's current or last high school attended and the corresponding 13-digit code. Completion of this data block is optional; however, the sponsoring Service's ability to perform marketing analysis is hindered without this information. The 13-digit code will be IAW the Department's data element standard.

**(f) Item 25f** – Have the applicant certify their identity by signing their legal signature (reference paragraph 1 General above), enter their SSN and date the form.

**(2) MEPS** - Verify the entries to ensure compliance with instructions, and the SSN matches Item 1.

**ff. Item 26 – APPLICANT'S CURRENT MEDICAL INSURER NAME. (If none, sign your complete name to affirm that you have no current medical insurer): Services** - Enter the name of the applicant's current medical insurance company. If none, the applicant will sign their legal signature (reference paragraph 1 General above) to affirm they have no current medical insurer. NOTE: In this case, USMIRS data entry is NONE.

**gg. Item 27 – APPLICANT'S CURRENT MEDICAL PROVIDER NAME. (If none, sign your complete name to affirm that you have no current medical provider):**

(1) **Services** - Enter the name of the applicant's current medical provider (primary physician or hospital); if none, the applicant will sign their legal signature (reference paragraph 1 General above) to affirm they have no current medical provider. NOTE: In this case, USMIRS data entry is NONE.

(2) **MEPS** - Verify the Service's entry to ensure compliance with instructions for item 27(1) above.

**hh. Item 28 – MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code): Services** – If Item 26 is “None” (No Medical Insurer), this data block can be blank. If Medical Insurer Name provided, a complete address is requested. However, understanding that a fully complete address might not be available or remembered by the applicant, enter as much of the address as possible and leave blank the other data items for completion when the missing information is known (NOTE: In this case, USMIRS data entry for address portions that are not provided are as follows – Street: “UNKNOWN”, City: “UNKNOWN”, State: “MEPS state code”, ZIP code “MEPS ZIP Code”, Country is system pre-filled).

**ii. Item 29 – MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code): Services** - A If Item 27 is “None” (No Medical Provider), this data block can be blank. If Medical Provider Name is provided, a complete address is requested. However, understanding that a fully complete address might not be available or remembered by the applicant, enter as much of the address as possible and leave blank the other items for completion when the missing information is known (NOTE: In this case, USMIRS data entry for address portions that are not provided are as follows: Street: “UNKNOWN”; City: “UNKNOWN”; State: “MEPS state code”; ZIP Code “MEPS ZIP Code”; Country is system pre-filled).

**jj. Item 30 - CERTIFICATION BY RECRUITING PERSONNEL: Services** - Authorized-recruiting personnel must review for completeness and attest to the accuracy of the information provided by the applicant by signing. False certifications will be forwarded to the appropriate Service counselor/liaison for disposition IAW Service directives; which could delay processing. Further, if it is subsequently disclosed that an applicant was administered an unauthorized retest or an incorrect test version due to inaccurate data contained on the completed UMF 680-3A-E, the test will be invalidated with appropriate USMIRS action.

#### USMEPCOM Data Dictionary



USMEPCOM\_DataDic  
tionary\_RecruitingSer