

DD MMM YY

From: RANK First M. Last, USN, 1205  
To: Bureau of Naval Personnel THREE (BUPERS-3)  
Via: (1) Commanding Officer, [Naval Reserve Unit XXX]  
-or- (2) Commanding Officer, [Naval Reserve Activity]  
-or- (3) Commanding Officer, [Active Duty Command]

Subj: APPLICATION FOR RECALL TO EXTENDED ACTIVE DUTY

Ref: (a) MILPERSMAN 1321-105

Encl: (1) NAVPERS 1331/5 - Application for Recall to Extended Active Duty  
(2) Applicant's Statement of Service (NEOPS Anniversary Summary)  
(3) Applicant's Cumulative Active Duty Service Statement (Enclosure 1 of SECNAVINST 1800.2)  
(4) Last Four FITREPS  
(5) Pertinent Quals/Training (as desired)  
(6) Last PRT Results (PRIMS Print Out)  
(7) Military/Civilian Resume' (as desired, 1-3 pages max)  
(8) Letters of Recommendation (as desired)

1. Per reference (a), I hereby apply for extended recall to active duty into an active duty (MPN) billet. Enclosures (1) through (8/9/10) are provided in support of this application and the following notes apply:

a. Will you exceed 16 years of active duty service (not just commissioned service) at the end of these orders? **Yes / No**

(Note: if answered yes to this question, then refer to SECNAVINST 1800.2 and submit a sanctuary waiver as enclosure 9 with this application)

b. Have you had any back-to-back orders within the last five years that have less than a thirty-one day break between them? If so, please clarify. \_\_\_\_\_

c. Are you up for promotion on next year's board?  
**Yes / No / Don't know**

d. Is a household goods (HHG) move desired with this recall? **Yes / No**

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e. If a HHG is not desired or required, please list the location (name and address) where you will have your orders endorsed prior to the actual start date; for example, the local NOSC or PSD.

f. Are you a member of the Individual Ready Reserve (IRR)?  
**Yes / No**

g. Will you reach the age of 62 before completion of these orders? **Yes / No**

h. Do you have a request or application pending for any transfer or re-designation boards? If so, please clarify.

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2. [Statements about your qualifications for the position].

3. [Additional statements, if needed].

4. I certify I have a current Navy Physical Examination in my medical record and that I have no medical condition or legal status that would otherwise preclude my recall to active duty.

5. I understand that if I am requesting or get selected for a DEFINITE/TEMPORARY (1-3 year) active duty recall that my orders will not normally be extended at the conclusion of these orders. If selected for this Definite/Temporary recall, I agree to initiate my separation physical examination 80 to 90 days prior to my separation date. I understand that while on this TEMPORARY recall that I will remain on the Reserve Active Status List (RASL), will retain my reserve designator, and will continue to compete for promotion on the RASL.

6. I understand that if I am requesting or get selected for an INDEFINITE/PERMANENT (3+ year) active duty recall that this selection will result in a shift from the Reserve Active Status List (RASL) to the Active Duty List (ADL) and a change in designator from my reserve designator to my new active duty designator. I also understand that with this change that I will then compete for promotion on the ADL and will no longer compete for promotion on the RASL.

[signature]  
F. M. LAST