COASTAL RIVERINE FORCE SO NAVPERS 1300/26 (Rev. 10-202		Supporting Dir	ective MILPERS	MAN 1300-803
1. Name:			2. Rate/Rank:	
3. Proposed Detachment Date:	4. Proposed Program/I	Duty Station:		
Section A: General Criteria				Interviewers Initials
Within the past 12 months, has the Servassignment? If "Yes", review the situation assignment eligibility.			YES NO	
 Performance Evaluation (NAVPERS 1616/26): Has the Service member received at least 3.0 in all tr been recommended for retention, and is promotable or higher for advancement for the past 12 months? If "No", Service member is NOT eligible for assignment to CRF duty. 			YES NO	
3. Has the Service member had any non-judicial punishment (NJP), courts-martial, civil conviction, or significant involvement with civil authorities within the past 12 months? If "Yes", see MILPERSMAN 1300-803 for procedures.			YES NO	
4. Has the Service member had any alcoh If "Yes", see MILPERSMAN 1300-803 for	e past 12 months?	YES NO		
5. Has the Active Component (AC) or Train signed the required 36 months obligated s (SELRES) in cross-assigned status, has the this program? MILPERSMAN 1300-803 o Service member ineligible for CRF assignr	ervice (OBLISERV) for ne Service member sign utlines OBLISERV requ	this program? If Selected Reservist	YES NO	
6. Does Service member meet physical reper MILPERSMAN 1300-803? If "No", Se		ness assessment (PRT-PFA) requirements igible for CRF assignment. No Waivers.	YES NO	
7. Personnel Officer Name and Rank:		8. Personnel Officer Signature:		9. Date:
Section B: Medical/Dental Screening				Interviewers Initials
Has the Service member completed NA Questionnaire?	VMED 1300/14 Coastal	Riverine Force Duty Medical Screening	YES NO	
2. Has the Service member completed dental screening and is eligible for assignment to CRF duties?			YES NO	
3. Medical Officer Name and Rank:		4. Medical Officer Signature:		5. Date:
6. Dental Officer Name and Rank:		7. Dental Officer Signature:		8. Date:
Section C: Command Financial Special	ist Screening			
Coordinator (APC) verified the member's a	account is not in a suspe	d (GTCC) account? Has member's Commandended, canceled, or revoked status? ProceduC, member is NOT eligible for CRF assignment	ires are outlined in	YES NO
2. Command Financial Specialist Name a	nd Rank:	3. Command Financial Specialist Signature:		4. Date:
Section D: Command Career Counselo	r Screening			Interviewers Initials
 Does the Service member have the req Questionnaire for National Security Position Must be a U.S. citizen. No Waiver. 			YES NO	
 Active Component/TAR: Has the Servic Reserve: Has Service member been inforr swimmer within 12 months of being assign MILPERSMAN 1300-803 outlines requiren 	ned of requirement to a led to a CRF billet?	nd class swimmer qualification? Selected chieve successful qualification as a 2nd class	YES NO	
Has the Service member been informed missions traveling to countries that require		n a passport when notified of deployment or MAN 1300-803 outlines requirements.	YES NO	
4. Command Career Counselor Name and	d Rate:	5. Command Career Counselor Signature:		6. Date:

COASTAL RIVERINE FORCE SCREENING NAVPERS 1300/26 (Rev. 10-2024)	Supporting Directive MILPERSMAN 1300-803		
Section F: Master Training Specialist/Senior Enlisted Instru	ctor Recommendation		
Recommendation (include a personal interview statement):			
2. Master Training Specialist/Senior Enlisted Instructor Name and Rate:	Master Training Specialist/Senior Enlisted Instructor Signature:	4. Date:	
Section E: Service Member Acknowledgement			
By signing this form I acknowledge that I must maintain suitabilit	y throughout my assignment to CRF duty.		
Service Member Name and Rank/Rate:	2. Service Member Signature:	3. Date:	
Section G: Command Commanding Officer (CO), Executive	Officer (XO), Officer In Charge (OIC), Chief of Staff (COS), Dire	ctor Endorsement	
1. Are there any compelling reasons why the Service member sh		YES NO	
	rtification within 5 working days of transfer. The Service member of ents. Initials are required below.	ontinues to meet all	
APPROVAL DISAPPROVAL	FINAL APPROVAL FINAL	DISAPPROVAL	
	APPROVAL DISAPPROVAL of this candidate by transferring command. All information is certific	ed to be true to the	
best of my knowledge. 5. Name and Rank:	6. Signature:	7. Date:	
or raine and raina	o. organisation	T. Date.	