



ARMY RESERVE AVIATION APPLICANT CHECKLIST [Part 1]



NAME: _____ DATE: _____
(First) (Last) (M.I.) (DD / MM / YY)

PHONE: _____ EMAIL: _____ AGE: _____

ADDRESS (HOR): _____ CITY: _____ STATE: _____

PROGRAM OF INTEREST (Select One): WOC ROTC In-Service OCS College Option OCS

ROTC HRA / ARCG POC NAME: _____ PHONE: _____

POC EMAIL: _____

COLLEGE / STATION NAME: _____

The following documents / information is **REQUIRED** for accession consideration to become an Aviator in the United States Army Reserve. Scan or attach all items to this checklist. Only complete packets will be accepted. Applicant must initial in the text box to the left of each item.

1. OFFICIAL SELECT INDIVIDUAL FLIGHT TEST (SIFT) SCORE MEMO

A minimum score of 40 is required to pass the SIFT and is generally a prerequisite to scheduling the Class 1A Flight Physical

2. CLASS 1A FLIGHT PHYSICAL DD FORM 2808

The DD 2808 MUST be stamped "QUALIFIED" or "WAIVER GRANTED" by U.S. Army Aeromedical Activity (AAMA). The average return time for a qualified document is approximately three (3) months. To check the status of your physical, you may contact your Flight Surgeon directly or visit <https://aero.health.mil/>. Must have a valid Common Access Card (CAC) to access the site.

3. U.S. ARMY AEROMEDICAL ACTIVITY FLIGHT WAIVER (*if applicable*)

4. BATTALION OR BRIGADE COMMAND ENDORSEMENT

Delegation of Authority is NOT authorized. Command Endorsements must be signed by BN or BDE Commander and contain (a) position name (b) authorized grade, (c) valid MTOE paragraph and line number, and (d) fiscal year for which acceptance is given. The information provided will be used in the creation of the Vacancy Hold Report (VHR), if accepted. Command Endorsements with missing or erroneous data will be returned without action.

5. APFT or ACFT DA FORM 705

DA 705 must contain legible administrative data and be signed by the administering official

6. HEIGHT / WEIGHT WORKSHEET DD FORM 5500 (*if required*)

7. UNOFFICIAL COLLEGE TRANSCRIPT

8. LETTERS OF RECOMMENDATION

Up to three (3) Letters of Recommendation (LOR) may be submitted. LORs may be from civilian or military leaders with substantial knowledge of candidate. LORs may not be from members of the applicants' family.

9. MILITARY BIOGRAPHICAL SUMMARY (*if applicable*)

10. CIVILIAN RESUME



ARMY RESERVE AVIATION APPLICANT CHECKLIST [Part 2]



NAME: _____ DATE: _____
(First) (Last) (M.I.) (DD / MM / YY)

AVIATION BRANCH AND AEROMEDICAL EVACUATION OFFICER PREREQUISITES & ACKNOWLEDGEMENTS

The following items / criteria must be met before or during the application process. Applicants and their HRA, Recruiter, or other Accessions representative must initial next to each statement below.

APP POC

ALL APPLICANTS:

1. Applicant is a United States Citizen.
2. Applicant is older than 18 years of age, but not more than 32 at the time of selection.
3. Applicant possesses a GT Score of 110 or higher.
4. Applicant has or is able to attain a Secret or Top Secret Security Clearance.
5. Applicant can pass a standard 3-event APFT or 6-event ACFT, and meet all height and weight standards.
6. Applicant understands that if selected to serve as an Aviator in the United States Army Reserve they will be required to serve a 10-year Service Obligation.
7. Applicant understands they will be required to pass a Class 1A flight physical. If applicant does not report to Initial Entry Rotary Wing (IERW) training within 18 months of physical completion, they will be responsible for renewing their DD 2808 prior to report date.

WOC ONLY:

1. Applicant is qualified in current MOS.
2. Applicant is a Troop Program Unit (TPU).
3. Applicant holds the rank of SPC (E-4) or higher.
4. Applicant is currently in good standing IAW Army Regulation and the Uniform Code of Military Justice (UCMJ).

By signing below, the individual(s) acknowledge all information annotated above and attached have been fully reviewed and are without error and accurate to the best of their knowledge.

CANDIDATE NAME: _____ SIGNATURE: _____

ROTC HRA / ARCG POC NAME: _____ SIGNATURE: _____

AVIATION UNIT POC NAME: _____ SIGNATURE: _____

SUBMIT COMPLETED FORM TO:

ROTC / OCS - USARC AV Accessions @ usarmy.liberty.usarc-hq.mbx.aviation-accessions@army.mil

WOC – Army Reserve Careers Group @ usarmy.usarc.arcg.mbx.hq-ops-spcmsn-organizational-mailbox2@mail.mil