

## Reclassification Validation Sheet for School Graduates

*[For use of this form see USAR Pam 600-5; the proponent agency is G-1.]*

1. NAME: (Last, First, Middle Initial)	2. RANK:	3. SSN:
--	----------	---------

4. UNIT:	5. MSC:
----------	---------

**Current**

6. DMOS:	7. PMOS:	8. SMOS:	9. AMOS:
----------	----------	----------	----------

**Requested**

10. PMOS:	11. SMOS:	12. AMOS:
-----------	-----------	-----------

**Current**

**Requested**

13. SQI:	14. ASI:	15. SQI	16. ASI
----------	----------	---------	---------

**SOLDIER MEETS PREREQUISITES OF DA PAM 611-21 AND OTHER APPROPRIATE REGULATIONS AS FOLLOWS:**

	Check one box		
17. HAS DA FORM 1059 FOR ALL PHASES OF SCHOOL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
18. PHYSICAL - PERIODIC HEALTH ASSESSMENT (PHA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
19. NORMAL COLOR VISION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
20. MEETS PULHES STANDARDS OF DA PAM 611-21	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
21. MEETS MINIMUM SCORE IN APTITUDE AREA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
22. ANY WAIVERS, IF REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
23. VERIFICATION OF SECURITY CLEARANCE, IF REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
24. SOLDIER MEETS SCHOOL REQUIREMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
25. OTHER SPECIAL REQUIREMENT AS SPECIFIED IN DA PAM 611-21	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
26. JUSTIFICATION FOR ACTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
27. UPDATED 2A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
28. UPDATED 2-1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
29. UNIT MANNING REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
30. MOS RECLASS ACTION REQUESTED AWARD OR WITHDRAW ANY COMBINATION OF PMOS, SMOS, AMOS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
31. NCOES COMPLETED FOR CURRENT MOS (VOLUNTARY REQUESTS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**I VERIFY THAT THE ABOVE-NAMED SOLDIER IS ELIGIBLE FOR AWARD OF REQUESTED  
MOS /SQI /ASI**

32. PRINT RANK, NAME OF COMMANDER	33. SIGNATURE OF COMMANDER	34. DATE
-----------------------------------	----------------------------	----------

35. MSC APPROVAL AUTHORITY SIGNATURE	36. EFFECTIVE DATE OF MOS RECLASSIFICATION (MSC ONLY)
--------------------------------------	---

# Instructions for USAR Form 140-R (Reclassification Validation Sheet for School Graduates)

[Use - To request Military Occupational Speciality (MOS) Reclassification. Exception on the use of this form is as follows: CMF Military Intelligence (35), ASI Military Auditor (6T) and CMF Public Affairs (46).]

---

- Block 1. Name.** Enter Last and First Name, Middle Initial.
- Block 2. Rank.** Enter Rank.
- Block 3. SSN.** Enter SSN as shown on the Master Military Pay Account (MMPA).
- Block 4. Unit.** Enter Unit of assignment.
- Block 5. MSC.** Enter Major Subordinate Command (MSC). Enter the approval authority.

## CURRENT

- Block 6. DMOS.** Current Duty MOS (DMOS). Enter the MOS of the duty position Soldier will be performing duty.
- Block 7. PMOS.** Current Primary MOS. Enter the PMOS that Soldier is qualified to perform PMOS, if applicable.
- Block 8. SMOS.** Secondary MOS Enlisted. Enter the SMOS that Soldier is qualified to perform if previously awarded as a PMOS, if applicable.
- Block 9. AMOS.** Current Additional MOS. Enter the AMOS that Soldier is qualified to perform if previously awarded as a PMOS or SMOS, if applicable.

## REQUESTED

- Block 10. PMOS.** Requested PMOS. Enter MOS that Soldier is requesting to be awarded.
- Block 11. SMOS.** Requested SMOS. Enter MOS that Soldier is qualified to maintain based on qualification, if applicable.
- Block 12. AMOS.** Requested AMOS. Enter MOS that Soldier is qualified to maintain based on qualification, if applicable.

## CURRENT

- Block 13. SQI.** Skill Qualification Identifier (SQI). Enter SQI that Soldier is qualified to maintain based on qualification, if applicable.
- Block 14. ASI.** Additional Skill Identifier (ASI). Enter ASI that Soldier is qualified to maintain based on qualification, if applicable.

## REQUESTED

- Block 15. SQI.** Enter SQI that Soldier is qualified to maintain based on qualification, if applicable.
- Block 16. ASI.** Enter ASI that Soldier is qualified to maintain based on qualification, if applicable.

## BLOCKS 17-31

- Blocks 17 - 31. SOLDIER meets prerequisites of DA PAM 611-21 and other appropriate regulations as follows:**  
Check appropriate block ("YES," "NO," or "N/A").

## COMMANDER'S VERIFICATION [Commander's Signature ONLY.]

- Block 32. PRINT RANK, NAME OF COMMANDER.** Print Commander's Rank and Name.
- Block 33. SIGNATURE OF COMMANDER.** Commander signs. [Digital signature enabled.]
- Block 34. DATE.** Enter date signed.
- Block 35. MSC APPROVAL AUTHORITY SIGNATURE.** Approval authority signs. [Digital signature enabled.]
- Block 36. EFFECTIVE DATE OF MOS RECLASSIFICATION.** Enter effective date.