

**PUBLIC AND COMMUNITY SERVICE ORGANIZATION VALIDATION**

Form Approved  
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Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES ABOVE.**

**RETURN COMPLETED FORM TO: DMDC, ATTN: OPERATION TRANSITION, BOX 100, FORT ORD, CA 93941-0100**

1. NAME OF ORGANIZATION	2. ADDRESS OF ORGANIZATION (Include Room/Suite Number and 9-digit ZIP Code)
3. POINT OF CONTACT FOR ORGANIZATION	
4. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)	

5. PRIMARY SERVICE CATEGORY (IES) (If your primary service category is not used, go to Item 6)

a. ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION	d. PUBLIC HEALTH CARE	e. LAW ENFORCEMENT
b. SUPPORT OF ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION	g. PUBLIC SAFETY	h. CONSERVATION
c. SOCIAL SERVICES	i. ENVIRONMENT	k. JOB TRAINING
f. PUBLIC HOUSING		
i. EMERGENCY MANAGEMENT		

6. IF YOUR ORGANIZATION PROVIDES PRIMARY FUNCTIONS OTHER THAN THOSE LISTED IN ITEM 5, BRIEFLY DESCRIBE THESE MAJOR FUNCTIONS.

7. TYPE OF SERVICE

a. PUBLIC (Federal, State, or Local Government - go to Item 8)	PP
b. COMMUNITY (Non-profit Organization or Association - go to Item 9)	

8. PUBLIC SERVICE HEADQUARTERS AGENCY

a. ORGANIZATION NAME AND ADDRESS (Include 9-digit ZIP Code)	b. HEADQUARTERS POINT OF CONTACT AND POSITION
	c. TELEPHONE NUMBER FOR POINT OF CONTACT (Include Area Code)

9. COMMUNITY SERVICE / NON-PROFIT ORGANIZATION

IMPORTANT: Please attach a copy of the IRS Letter of Determination indicating your organization has received IRS 501 (C) (3) tax-exempt status. Also include a copy of your organization's annual report, mission statement, or other documentation of its function. Indicate below if your organization is affiliated with the United Way, Combined Federal Campaign or some other non-profit association.

a. AFFILIATE NAME AND ADDRESS (Include 9-digit ZIP Code)	b. AFFILIATE POINT OF CONTACT AND POSITION
	c. TELEPHONE NUMBER FOR POINT OF CONTACT (Include Area Code)

10. AGREEMENT

I understand this form provides information to help the Department of Defense establish a Public and Community Service organizational registry which will be accessible to departing Service members. I also understand certain individuals may receive additional entitlements based on the information specified in Public Law 102-484. I certify the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.

a. NAME AND TITLE (Please print or type)	b. SIGNATURE	c. DATE (YYMMDD)
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