



Selective Service Actualizing BioHealth Career Pathways

Applicant Name		Date of Birth		Gender at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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The US requires nearly all individuals **born** male 18 to 25 years old to register for the Selective Service. To register or verify your registration, visit <https://www.sss.gov>.

	I AM AN INDIVIDUAL BORN...	REQUIREMENTS
<input type="checkbox"/>	Female.	Selective Service registration not required.
<input type="checkbox"/>	Male and age 18 or older who has registered with Selective Service.	My Selective Service Number is _____.
<input type="checkbox"/>	Male and under age 18.	I must register within 30 days of my 18 th birthday. Failure to do so will end my services.
<input type="checkbox"/>	Male and born before January 1, 1960.	Selective Service registration not required. I must provide documentation of my birthdate.
<input type="checkbox"/>	Male and a US Citizen: <input type="checkbox"/> serving in the military on full-time active duty. <input type="checkbox"/> attending one of the five service academies. <input type="checkbox"/> with disabilities, under continual confinement.	Selective Service registration not required. I must provide documentation to substantiate the situation selected.
<input type="checkbox"/>	Male and a non-US Citizen on a valid, non-immigrant visa.	I must provide verification of my valid, non-immigrant visa.
<input type="checkbox"/>	Male and a non-US Citizen who came into this country for the first time after age 26. Date of Entry into the US: _____ Age on Date of Entry into the US: _____	I must provide documentation that I was not living in the US from age 18 to age 26.
<input type="checkbox"/>	Male and an unregistered veteran who was on active duty continuously from age 18 to 26.	I must provide documentation of continuous active duty from age 18 to 26.
<input type="checkbox"/>	Male and age 18 to 25 who has not registered with Selective Service.	I must register with Selective Service before I can receive services.
<input type="checkbox"/>	Male and age 26 or older who has not registered.	I must request and receive a Selective Service waiver before I can receive services.

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Applicant Signature	Date Signed

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TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.