STATE ACTIVE DUTY DMVA FORM 15

ENROLLMENT

NAME (LAST, FIRS	ST, MI)					
MAILING ADDRESS	3					Apt
CITY, STATE, ZIP					-	
SSN			-		i i	
NUMBER OF DEPE	NDENTS				-	
BRANCH OF SERV	ICE (SELECT)					
ORGANIZATION						_ =
PAY GRADE						
PAY ENTRY BASE	DATE / PAY DA	TE				
	OO NOT WR	ITE BEL	OW LINE - THIS	S SPACE F	OR J-1	•••••
ORDER NUMBER: _			DATES OF ORD	ERS:		
						-
MISSION SUPPORT:	:					
		_				
	M – TO):			JMBER OF DA	AYS:	
OUTY DATES (FROM			NU.	JMBER OF DA	AYS:	-
OUTY DATES (FROM				JMBER OF DA		-
PREPARED BY:	PRINTED NAME		NL SIGNATURE	D	PATE	-
PREPARED BY:	PRINTED NAME		SIGNATURE NU	D	PATE	-
PREPARED BY: D PAY PERIOD END I	PRINTED NAME		SIGNATURE NU	D	PATE	
PREPARED BY: D PAY PERIOD END I	PRINTED NAME		SIGNATURE NU	D	PATE	
PREPARED BY: PAY PERIOD END I FUNDING LDPR DAILY RATE	PRINTED NAME OO NOT WRI		SIGNATURE NU	D	PATE	
PREPARED BY: DAY PERIOD END I FUNDING LDPR DAILY RATE NUMBER OF DAYS	PRINTED NAME OO NOT WRI		SIGNATURE NU	D	PATE	
DUTY DATES (FROM	PRINTED NAME OO NOT WRI		SIGNATURE NU	D	PATE	