

**COUNTERDRUG SERVICE RIBBON CERTIFICATE OF ELIGIBILITY**

(FOR USE OF THIS FORM SEE DMNA REG 672-1)(Proponent is J3-DO (CD))

1. Name:		2. Rank:	3. SSN: - -
4. Counterdrug Duty Position/Title/Mission Number:			
5. Current Unit of Assignment and Address:			
6. Periods of Duty (Attach Copy of Orders)			
7. <input type="checkbox"/> Service (Period of Duty) or <input type="checkbox"/> Impact Award (Narrative)			
8. Recommender Signature		Date	
_____		_____	
9. Approving Authority Signature		Date	
_____		_____	
10. Issuing Headquarters <input type="checkbox"/> MNP-ARB <input type="checkbox"/> MNAF-DP		11. Distribution <input type="checkbox"/> Soldier's Record <input type="checkbox"/> Soldier's Unit <input type="checkbox"/> Airman's MPF <input type="checkbox"/> Counterdrug	

DMNA Form 107-R, 1 January 2007. All previous editions are obsolete and will not be used.  
Note: This form is used exclusively by Counterdrug - OIC