

**REQUEST FOR TRANSFER OF PERSONNEL BETWEEN UNITS**  
For use of this form, see NYARNG Reg 25-30; proponent is ARP-PA.

**GAINING UNIT INFORMATION:**

\_\_\_\_\_  
Date

The following soldier has, unsolicited, requested assignment to this unit. With your approval, I accept soldier as indicated below:

\_\_\_\_\_  
(Last Name) (First Name) (MI) (SSN) (Rank)

TRANSFERRED TO: \_\_\_\_\_  
(Unit) (City, State, Zip) (UIC)

MTOE/TDA ASSIGNMENT: \_\_\_\_\_  
(Duty Position) (DMOS/AOC) (Auth Grade) (Para/Line)

RECOMMENDED EFFECTIVE DATE: \_\_\_\_\_ NEXT DRILL: \_\_\_\_\_

\_\_\_\_\_  
(Gaining Commander's Signature)

Forward form to losing unit for approval.

**LOSING UNIT INFORMATION:**

\_\_\_\_\_  
Date

The following is provided on the above named soldier:

RELIEVED FROM: \_\_\_\_\_  
(Unit) (Location) (UIC)

MTOE/TDA ASSIGNMENT: \_\_\_\_\_  
(Duty Position) (DMOS/AOC) (Auth Grade) (Para/Line)

PEBD: \_\_\_\_\_ ETS/MRD: \_\_\_\_\_ BRANCH/PMOS: \_\_\_\_\_

DATE OF LAST OER/NCOER: \_\_\_\_\_ DATE OF LAST MEDICAL EXAM: \_\_\_\_\_

DENATAL X-RAY ON FILE: Yes No LAST HIV TESTING: \_\_\_\_\_

NUMBER OF AWOLS LAST 12 MONTHS: \_\_\_\_\_ SURE PAY PARTICIPANT: Yes No

RECOMMENDED EFFECTIVE DATE: \_\_\_\_\_

IS SOLDIER ASSIGNED OR ATTACHED TO UNIT?(If attached, indicate parent unit): \_\_\_\_\_

SRIP PARTICIPANT: Yes No IF YES, TYPE: \_\_\_\_\_ BONUS MOS: \_\_\_\_\_  
I hereby release the above soldier for transfer to your unit.

\_\_\_\_\_  
(Losing Commander's Signature)

Forward to gaining unit for processing and publication of orders.

DMNA Form 76B-R (15 Apr 95)(Replaces DMNA Form 76B-R, 1 Jan 94, which is obsolete.