

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Accession, Program and Separation Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) eligibility for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all-inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature

Date

Printed name and grade/rank

NOTICE

1. Persons applying for service with the Military Emergency Boat Service (MEBS) acknowledge the following:

- a. New York Naval Militia members are subject to recall to State Active Duty by the Governor of the State of New York.
- b. Personnel serving with MEBS must be members of the New York Naval Militia.
- c. Participation in the MEBS program requires a time commitment for training. The minimum requirement is two proficiency training events in a 365-day period.

2. Criterion for MEBS membership is found in the current version of NYNMINOTE 1330.

3. To apply, follow the guidance found in NYNMINST 5401.1 (series)

1. APPLICANT INFORMATION

1a. Last Name	1b. First Name	1c. MI	1d. Rate/Rank	1e. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
1f. Home Address (mailing address)	1g. City	1h. State	1i. Zip Code + 4	1j. Designator/MOS
1k. Home Phone ()	1l. Work Phone ()		1m. Cell Phone ()	
1n. Primary Email Address @			1o. Secondary Email Address @	

2. DRIVER LICENSE INFORMATION

2a. State of Issue	2b. Drivers License Number	2c. Expiration Date	2d. Class
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3. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION (If applicable)

3a. Reserve Center Name	3b. Reserve Unit Name	3c. Normal Drill Location
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4. CIVILIAN EMPLOYMENT INFORMATION

4a. Employer Name	4b. Employer Address	4c. Occupation/Job Title
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5. VESSEL TRAINING (I have completed the following training): **NOTE: Provide copies of training completion certificates along with this application.**

BASIC	NYS Safe Boater Course (8-hour classroom, sponsored by NYS Parks) YES <input type="checkbox"/> DATE _____	U.S. Power Squadron Boating Course (America's Boating Course – In classroom) YES <input type="checkbox"/> DATE _____	US Coast Guard Auxiliary Course (About Boating Safety) YES <input type="checkbox"/> DATE _____
INTERMEDIATE	USCG or NYS Mariner License <input type="checkbox"/> USCG Boat Force Operations Insignia <input type="checkbox"/> GMATS Coxswain Course <input type="checkbox"/> FLETC Inland Boat Operator Training <input type="checkbox"/> NYS PARKS Marine Patrol Vessel Operator Course <input type="checkbox"/> Other _____	US Coast Guard Boat Crewmember Qualification Code or certification letter YES <input type="checkbox"/> DATE _____	US Navy Surface Warfare Officer YES <input type="checkbox"/> DATE _____
COXSUAIN	US Navy Enlisted Classification Code (NEC) 0160 – Causeway Barge Ferry Pilot <input type="checkbox"/> 0161 - Tugmaster <input type="checkbox"/> 0164 – Patrol Boat Coxswain <input type="checkbox"/> 0167 – LCAC Operator <input type="checkbox"/> 0169 – Causeway Barge Ferry Coxswain <input type="checkbox"/> 0171 - LCU Craftmaster <input type="checkbox"/> 0215 – Harbor/Docking Pilot <input type="checkbox"/>	US NAVY/COAST GUARD SCHOOLS Navy Basic Boat Coxswain, <input type="checkbox"/> Navy Basic Coxswain Phase I or II, <input type="checkbox"/> Navy Coxswains Phase II, <input type="checkbox"/> USCG Coxswain "C" School, <input type="checkbox"/> USCG MLB Basic Coxswain, <input type="checkbox"/> NMBLS Heavy Weather Coxswain <input type="checkbox"/>	

Comments

Federal Reserve Billet History

Billet	Reserve Unit	Location	From	To

Additional Boating Instruction / Courses (provide copies of all relevant training)

Course	Location	Date

Criminal History (including DWI, DWUI, BUI):

 Date

 Signature of Applicant

FOR OFFICIAL USE ONLY:

APPROVED:
 DISAPPROVED:

DATE: _____

MEBS Commander _____