

Sample of documents you may submit to provide proof you served in the Armed Forces and qualify for the OMMP reduced application fee of \$20.00.

Oregon Driver License or Identification card with the word Veteran:



Form DD-214 showing honorable release or discharge from active duty:

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES      THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.      ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.		
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIG. TERM. DATE		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b. STATION WHERE SEPARATED				
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE Amount: \$ <input type="checkbox"/> None		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years)		12. RECORD OF SERVICE				
		a. Date Entered AD This Period		Year(s)	Month(s)	Day(s)
		b. Separation Date This Period				
		c. Net Active Service This Period				
		d. Total Prior Active Service				
		e. Total Prior Inactive Service				
		f. Foreign Service				
		g. Sea Service				
		h. Effective Date of Pay Grade				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)						
15.a. MEMBER CONTRIBUTED TO POST-VET NAVY ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		
15.c. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		Yes	No	16. DAYS ACCRUED LEAVE PAID		
18. REMARKS						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 4 BE SENT TO DIR. OF VET AFFAIRS		Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)		
21. SIGNATURE OF MEMBER BEING SEPARATED						