APPLICATION FOR CORRECTION OF MILITARY RECORD
UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552
(Please read Privacy Act Statement and instructions on back BEFORE completing this application.)

OMB No. 0704-0003
OMB approval expires: 3/31/2029

Do Not Write Below

CASE NUMBER

SECTION 1: SERVICE MEMBER *(The person whose discharge is to be reviewed.)* PLEASE PRINT OR TYPE INFORMATION

1. BRANCH AT TIME OF ERROR OR INJUSTICE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ COAST GUARD ☐ MARINE CORPS ☐ SPACE FORCE

2. COMPONENT AT TIME OF ERROR OR INJUSTICE ☐ REGULAR ☐ RESERVE ☐ GUARD

3. NAME WHILE SERVING	LAST
	FIRST
4. CURRENT NAME *(If different)*	LAST
	FIRST

5a. SSN WHILE SERVING	CURRENT SSN *(If different)*

5b. *(provide, if applicable)* ☐ DoD ID NUMBER ☐ SERVICE NUMBER ☐ TIN

6. CURRENTLY SERVING ☐ YES ☐ NO	7. DATE OF SEPARATION	8. GRADE/RANK AT DISCHARGE

9. MAILING ADDRESS *(If Service Member is deceased, skip this question.)*

STREET

CITY, STATE/APO, COUNTRY/FOREIGN ADDRESS	ZIP
EMAIL	PHONE

SECTION 2: SEPARATION INFORMATION *(if not currently serving)*

10. CHARACTER OF SERVICE *(If by court-martial, also state Type of Court in space provided.)*

☐ HONORABLE ☐ UNDER HONORABLE CONDITIONS (GENERAL) ☐ UNDER OTHER THAN HONORABLE CONDITIONS ☐ BAD CONDUCT DISCHARGE ☐ DISHONORABLE

☐ UNCHARACTERIZED/ENTRY LEVEL SEPARATION ☐ DISMISSAL ☐ OTHER _____ TYPE OF COURT

SECTION 3: ERROR OR INJUSTICE

11a. IS THIS A REQUEST FOR RECONSIDERATION OF A PRIOR APPLICATION TO THE BOARD? ☐ YES ☐ NO

11b. IF YES AND KNOWN, PROVIDE CASE NUMBER _____ AND DECISION DATE

12. CATEGORY *(Select all that apply. Example: Administrative Correction - change in name, DOB, SSN.)*

☐ ADMINISTRATIVE CORRECTION ☐ PAY & ALLOWANCE ☐ DECORATIONS/AWARDS ☐ PERFORMANCE/ EVALUATIONS/ DEROGATORY INFORMATION

☐ DISABILITY ☐ PROMOTIONS/ RANK ☐ DISCHARGE/ SEPARATION ☐ OTHER _____

13. WHAT CORRECTION AND RELIEF ARE YOU REQUESTING FOR THIS ERROR OR INJUSTICE IN THE SERVICE MEMBER'S RECORD? *(required)*
(Limited to 455 characters)

14. ARE ANY OF THE FOLLOWING ISSUES/CONDITIONS RELATED TO YOUR REQUEST: *(Select all that apply.)*

☐ PTSD ☐ TBI ☐ OTHER MENTAL HEALTH ☐ SEXUAL ASSAULT/ HARASSMENT ☐ DADT ☐ REPRISAL/ WHISTLEBLOWER

15. WHY SHOULD THIS CORRECTION BE MADE? *(Required) (Limited to 545 characters)*

16. APPROXIMATE DATES THE ERROR OR INJUSTICE WAS DISCOVERED:

IF THE DATE OF DISCOVERY IS MORE THAN 3 YEARS AGO, EXPLAIN YOUR DELAY AND WHY THE BOARD SHOULD CONSIDER YOUR REQUEST. REFER TO BLOCK 18.

17. DO YOU WISH TO APPEAR AT YOUR OWN EXPENSE BEFORE THE BOARD IN WASHINGTON, D.C.? ☐ YES. *(IN PERSON)* ☐ YES. *(VIA VIDEO / TELEPHONE)* ☐ NO. CONSIDER MY APPLICATION BASED ON RECORDS & EVIDENCE.

18. ADDITIONAL REMARKS/CONTINUATION OF INFORMATION *(If more space is needed, please submit additional narrative as required.) (Limited to 360 characters)*

SECTION 4: EVIDENCE, RECORDS, AND ADDITIONAL REMARKS

19. IN SUPPORT OF THIS CLAIM, THE FOLLOWING DOCUMENTARY EVIDENCE IS ATTACHED (LIST DOCUMENTS): *Example evidence / records: Separation packet, medical documents (e.g. diagnosis, VA rating), post-service documents (e.g. diplomas, professional certificates, character references), and/or investigations. (Do **not** submit irreplaceable original documents. They will NOT be returned.)*

a.	b.	c.
d.	e.	f.
g.	h.	i.

LIST ADDITIONAL SUPPORTING DOCUMENTS *(if needed)*

IMPORTANT NOTE: If the basis of your request involves the effects of one or more ***physical***, ***medical***, ***mental***, and/or ***behavioral health condition(s)*** and if available, please attach copies of any VA rating decisions, relevant medical records, and counseling treatment records.

SECTION 5: CLAIMANT *(if other than the Service Member)*

20. RELATION TO SERVICE MEMBER

Claimants are normally Service Members seeking to correct their own records. The Service Member or former Service Member is not able to sign the application because they are ☐ DECEASED ☐ INCAPACITATED, OR ☐ OTHER _____

Please designate appropriate signatory below:

a. I am the heir of the Service Member: ☐ WIDOW(ER) ☐ SON ☐ DAUGHTER ☐ PARENT ☐ SIBLING ☐ OTHER _____

Please provide Service Member's death certificate and marriage license or heir's birth certificate, as appropriate to prove relationship.

b. I am the ☐ CONSERVATOR ☐ GUARDIAN ☐ ATTORNEY-IN-FACT OF THE SERVICE MEMBER

Please provide a notarized power of attorney or court appointment of conservatorship or guardianship to prove status.

c. I am the ☐ SPOUSE ☐ FORMER SPOUSE ☐ DEPENDENT OF THE SERVICE MEMBER

Please provide marriage license, divorce decree, or dependent birth certificate, as appropriate.

21. NAME	LAST	
	FIRST	
22. MAILING ADDRESS	STREET	
CITY, STATE/APO, COUNTRY/FOREIGN ADDRESS		ZIP
EMAIL		PHONE

SECTION 6: REPRESENTATIVE OR COUNSEL *(if applicable)*

The following representative is authorized to receive and provide communication regarding this application.

23. NAME	LAST	
	FIRST	
24. ORGANIZATION		
25. MAILING ADDRESS	STREET	
CITY, STATE/APO, COUNTRY/FOREIGN ADDRESS		ZIP
EMAIL		PHONE

SECTION 7: SIGNATURE

26. I WOULD LIKE TO RECEIVE ALL CORRESPONDENCE & DOCUMENTS ELECTRONICALLY. *(This may reduce overall processing time.)* ☐ YES ☐ NO

CERTIFICATION: I MAKE THE FOREGOING STATEMENTS, AS PART OF THIS CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. *(U.S. Code, Title 18, Section 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)*

27a. SIGNATURE *(Required)*	27b. DATE SIGNED

28. IS THIS REQUEST RELATED TO ANY OF THESE WARS OR CONTINGENCY OPERATIONS?

☐ YES ☐ NO

☐ Operation Freedom Sentinel (OFS) (01/01/2015 - Present)
☐ Operation Inherent Resolve (OIR) (08/08/2014 - Present)
☐ Operation Enduring Freedom (OEF) (09/11/2001 -12/31/2014)
☐ Operation New Dawn (OND) (09/01/2010 - 12/15/2011)
☐ Operation Iraqi Freedom (OIF) (03/19/2003 - 08/31/2010)
☐ Persian Gulf War (08/02/1990 - 11/30/1995)
☐ Vietnam War (01/01/1961 - 04/30/1975)
☐ Korean War (06/27/1950 - 07/27/1954)
☐ World War II (12/07/1941 - 09/02/1945)
☐ OTHER _____

INSTRUCTIONS FOR COMPLETION OF DD FORM 149

Under Title 10 United States Code Section 1552, current and former members of the Armed Forces, their lawful or legal representatives, spouses and ex-spouses of former members seeking Survivor Benefit Program (SBP) benefits, and civilian employees seeking correction of military records other than those related to civilian employment, who feel that they have suffered an injustice as a result of error or injustice in military records may apply to their respective Boards for Correction of Military (or Naval) Records (BCMR/BCNR) for a correction of their military records. These Boards are the highest level appellate review authority in the military. Therefore, applicants must exhaust all other administrative correction and appeal procedures before applying to the Boards.

This form collects the basic data that the Boards need to process and act on the request. Type or print all entries for all applicable items. If the item is not applicable, enter "NA." If the space provided is insufficient, attach an extra page.

SECTION 3, ITEM 12. State the specific correction of record and all relief desired. If possible, identify exactly what document or information in your record you believe to be erroneous or unjust and indicate what correction you want made to it. For additional errors or injustices, use Section 8.

ITEM 14. To justify correction of a military record, you must explain and show to the satisfaction of the Board that the alleged entry or omission in the record is in error or unjust.

ITEM 15. U.S. Code, Title 10, Section 1552(b), states that no correction may be made unless the request is made within three years after the discovery of the error or injustice, but the Board may excuse failure to file within three years in the interest of justice.

ITEM 16. Indicate whether you attribute the error or injustice to your involvement in a particular war or contingency operation.

ITEM 17. A hearing is not required to ensure the Board's full and impartial consideration of your application. If the Board decides that a hearing is warranted, you, your witnesses, and your counsel may attend at no expense to the government, except that counsel may be provided if the Inspector General has reported reprisal against you.

SECTION 4. You are responsible for obtaining and submitting clear, legible evidence to persuade the Board to grant your request, including any evidence that is not already in your military record. Do not assume a document is in your record. Your evidence should be submitted with this form and may include, for example, military records and orders, witnesses' sworn affidavits, and a brief of arguments supporting your request. List your evidence in item 19 and, if your case involves a medical condition, submit relevant medical records and VA rating decisions as noted in item 20. Do not send irreplaceable original documents because they will not be returned.

SECTION 5. The person whose record will be corrected if relief is granted must sign this form in Section 7. If that person is deceased or incompetent to sign, a lawful claimant, such as a spouse, widow(er), next of kin (child, parent, or sibling), or legal representative, may sign the form. Proof of death, incompetency, or power of attorney must be submitted. Former spouses may apply as claimants for SBP issues .

SECTION 6. You may want counsel if your case is complex. Some veterans and service organizations furnish counsel without charge. Contact your local post or chapter.

For detailed information on Application and Board Procedures, see: Army Regulation 15-185 and www.arba.army.pentagon.mil; Navy - SECNAVINST.5420.193 and www.hq.navy.mil/bcnr/bcnr.htm; Air Force Instruction 36-2603, Air Force Pamphlet 36-2607, and www.afpc.randolph.af.mil/safmrbr; Coast Guard - Code of Federal Regulations, Title 33, Part 52 and www.uscg.mil/Resources/legal/BCMR.

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW

ARMY	NAVY AND MARINE CORPS	AIR FORCE	COAST GUARD
Army Review Boards Agency 251 18th Street South, Suite 385 Arlington, VA 22202-3531 https://actsonline.army.mil	Board for Correction of Naval Records 701 S. Courthouse Rd, Suite 1001 Arlington, VA 22204-2490 http://www.secnav.navy.mil/mra/bcnr / Pages/default.aspx	Air Force Board for Correction of Military Records 3351 Celmers Lane Joint Base Andrews, MD 20762-6435 https://afrba-portal.cce.af.mil/	DHS Office of the General Counsel Board for Correction of Military Records, Stop 0485 2707 Martin Luther King Jr. Ave. S.E. Washington, DC 20528-0485 https://www.uscg.mil/Resources/legal/BCMR/

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON PAGE 3.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1552, Correction of military records: claims incident thereto; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To initiate an application for correction of military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record. Completed forms are covered by correction of military records SORNs maintained by each of the Services or the Defense Finance and Accounting Service.

ROUTINE USE(S): The DoW Routine Uses can be found in the applicable system of records notices below: Army (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569931/a0015-185-sfmr/) Navy and Marine Corps (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570411/nm01000-1/) Air Force (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569833/f036-safcb-a/) Defense Finance and Accounting Service (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570192/t7340b/) Coast Guard (https://www.gpo.gov/fdsys/pkg/FR-2013-10-02/html/2013-23991.htm) Official Military Personnel Files: DoW (https://www.federalregister.gov/documents/2024/05/15/2024-09967/privacy-act-of-1974-system-of-records) Coast Guard (https://www.govinfo.gov/content/pkg/FR-2011-10-28/html/2011-27881.htm)

DISCLOSURE: Voluntary. However, failure by a claimant to provide the information not annotated as "optional" may result in a denial of your application. A claimant's SSN is used to retrieve these records and links to the member's official military personnel file and pay record.