OATH OF EXTENSION OF ENLISTMENT OR REENLISTMENT				
For use of this form, see AR 140-111 (USAR), and NGR 600-200 (ARNG) the proponent agencies are DCS, G-1 and Chief, National Guard Bureau.				
DATA REQUIRED BY THE PRIVACY ACT 1974 (5 USC 552a)				
AUTHORITY:	Title 10, USC, Sec 509, Title 32, USC Sec 302(c).			
PRINCIPLE PURPOSE(s):	To be used when a member of the ARNG or USAR extends a current enlistment/reenlistment agreement (NGR 600-200/Chapter 3, AR 140-111)			
ROUTINE USES:		oligation and participati ipation requirements.	on requirements, and as a basis for non-page	articipation action if the individual
DISCLOSURE: Voluntary, however if member refuses to provide the requested information and sign the form, the member will be released upon normal ETS date. A copy of this form will be retained by the individual.				
EXTENSION PROCESSING DATA				
1. THIS IS AN EXTENSION OF ENLISTMENT/REENLISTMENT OF A CURRENT MEMBER OF				
ARMY NATIONAL GUARD AND A A TROOP PROGUS ARMY RESE				R-ACTIVE GUARD/RESERVE
INDIVIDUAL READY RESERVE INDIVIDUAL MOB			BILIZATION AUGMENTEE	
2. NAME (Last, First, MI)			3. GRADE	4. DATE (YYYYMMDD)
5. UNIT OF ASSIGNMENT (Include unit designation, address, UIC and ZIP Code)				
6. CURRENT (Latest) DD FORM	14 - SERIES			
a. DATE (YYYYMMDD) b. TERM OF SERVICE (Years)				
c. NUMBER OF EXTENSIONS PREVIOUSLY GRANTED TO CURRENT DD FORM 4				
d. ETS e. BASIC PAY ENTRY DATE (YYYYMMDD)				
7. PROVISIONS AND COMPUTATION OF THIS EXTENSION				
		(Day)	(Month)	(Year(s))
a. CURRENT ETS (Extracted from item 6d above)				
b. PERIOD OF THIS EXTENSION				
c. NEW ETS (Sum of a and b above)				
8. AUTHORITY AND REASON FOR THIS EXTENSION				
TABLE RULE (AR 140-111) (NGR 600-200)				
OATH OF EXTENSION				
I do hereby acknowledge this day of , , that I have voluntarily extended my current				
enlistment/reenlistment agreement of day of , , for the period indicated				
in item 7b above. I agree to remain a member of the (Army National Guard of				
and as a Reserve of the Army) (United States Army Reserve) during the entire period of this extension. I understand this extension will establish my Expiration Term of Service (ETS) date as shown in item 7c.				
SIGNATURE				DATE (YYYYMMDD)
		OFFICER CE	RTIFICATION	
I certify that the above Oath of Extension was subscribed and duly sworn before me on this day of ,				
TYPED NAME, GRADE, AND BRANCH OF COMMISSIONED OFFICER* SIGNATURE OF COMMISSIONED OFFICER*				
* Or warrant officer, or any other person so designated to administer oaths under State law, for member of the Army National Guard				
NOTE:				
ARNG: Original to soldier, 1 copy to State AG (Title 10 AGR Soldiers are responsible for sending a copy to State AG for PERMS).				
USAR: (Unit member) Original to appropriate Regional Support Command (RSC) to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 40122, 1 copy attached to current DD Form 4-series and filed in AMHRR, 1 copy to Defense Joint Military Systems (DJMS), copy for unit member.				
(IRR or IMA member) Original to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 401221 copy for IRR or IMA member.				
(AGR member) Original to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 401221, 1 copy for AGR member.				