NOMINATION FOR APPOINTMENT TO THE UNITED STATES Form Approved			
MILITARY ACA		AIR FORCE ACADEMY	Form Approved OMB No. 0701-0026 Expires
Public reporting burden for this collection of information is estimated to average 30 minutes 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Department of Department of Department of Department on Department and Budget, Peperwork Reduction Project (0701-0026); Weshington, DC 20503. PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE APPROPRIATE ADDRESS IN ITEM 12.			
1. NAME OF NOMINEE (Last, First, Middle Initial)		2. DATE OF BIRTH (YYMMDD) 3. SOCI	AL SECURITY NUMBER
4. DOMICILE IN CONSTITUENCY		5. TEMPORARY ADDRESS	
a. STREET (Include apartment number) a. STREET (Include apartment number)			
b. CITY	c. COUNTY d. STATE e. ZIP CODE	b. CITY c. COUNTY	d. STATE e. ZIP CODE
6. SEX (X ane) 7. TELEPHONE NUMBER (Include area code) 8.		8. CONGRESSIONAL DISTRICT AND/OR	STATE
MALE FEMALE			
9. TYPE OF NOMINATION (X as applicable) DRAFT			
a. VACANCY b. TYPE OF NOMINATION		All	
1st 4th	PRINCIPAL COMPETITIVE	-	
2nd 5th	ALTERNATE (1-9) TO (Name of Prince	ipel)	
3rd COMPETITIVE ALTERNATE TO (Name of Principal)			
10. REMARKS (See Instructions on back for completing form and explanation of nominating systems. Retain Copy 4 (Congressional) for your file.)			
a. TYPED NAME (Last, First,	Middle Initial)	b. SIGNATURE	c. DATE SIGNED