



# DEPARTMENT OF THE NAVY

DEPARTMENT OF NAVAL SCIENCE  
U.S. MERCHANT MARINE ACADEMY  
KINGS POINT, NY 11024-1699

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01 Apr 2026

From: Officer in Charge, Department of Naval Science, U.S. Merchant Marine Academy

Subj: WELCOME ABOARD – NAVAL SCIENCE INDOCTRINATION PACKAGE

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development  
(b) CFR Title 46 § 310.56 Physical Requirements  
(c) OPNAVINST 6110.1 (Series) Physical Readiness Program

Encl: (1) Application for Midshipman Status, SSOP, USNR  
(2) Proof of U.S. Citizenship – Birth Records  
(3) DD Form 93 Record of Emergency Data  
(4) Standard Form 86 (SF 86) Questionnaire for National Security Positions  
(5) Military ID Cards  
(6) Plebe Indoctrination Data Sheet  
(7) Department of Naval Science Checklist

1. **Congratulations on your selection to the U.S. Merchant Marine Academy (USMMA) Class of 2030!** We look forward to your arrival and to guiding you through the exciting opportunities that await you at the Academy.

2. The Strategic Sealift Midshipman Program (SSMP) is an education and training program conducted by the Department of Naval Science (DNS) at USMMA. DNS is comprised of commissioned, active duty and reserve U.S. Naval officers and Department of the Navy civilian employees. The SSMP is designed to qualify participants for commissioned service as officers in the Navy Strategic Sealift Officer Force (SSOF).

3. As a Plebe Candidate, you will be sworn in as Midshipman, SSMP, U.S. Navy Reserve (SSMP, USNR). Midshipmen who successfully complete the SSMP will receive a U.S. Navy Reserve Officer commission as a Strategic Sealift Officer (SSO), designator 1665, with the rank of Ensign. Newly commissioned SSOs are part of the Strategic Sealift Readiness Group (SSRG), which is part of the Individual Ready Reserve (IRR) component. Midshipmen are required to successfully complete the SSMP, or an approved substitute reserve component, and commission as an officer. If, during your time at USMMA you are disenrolled from the SSMP, you will be disenrolled from the Academy. Prior to or during your senior year you may apply for active-duty service in the Navy or the active duty/reserve component in one of the other U.S. Armed Services.

4. In accordance with references (a) through (c), candidates shall meet the medical and physical requirements prescribed by the Department of the Navy for appointment as Midshipman, SSMP, USNR. During your four years at USMMA, and as a condition for commissioning, you must meet and maintain the U.S. Navy's body composition and physical readiness standards. All midshipmen will be expected to pass the Physical Fitness Assessment (PFA) throughout the academic years, which includes a medical screening, a Body Composition Assessment (BCA) and Physical Readiness Test (PRT). The ultimate responsibility for meeting these standards rests with you. Additionally, the Navy and USMMA enforce a zero-tolerance drug policy as outlined in the Logging In reporting Instructions.

5. This letter outlines the additional information required to process your application for appointment as Midshipman, SSMP, USNR. Please follow the instructions in this letter and enclosures carefully. Ensure that all items are prepared **prior** to your arrival at the Academy. **Place all completed documents in a sealed envelope, mark the envelope TO: Department of Naval Science, FROM (your name). The sealed envelopes will be collected during indoctrination.**

- a. Enclosure (1) Application for Midshipman Status, SSMP, USNR. Please note that candidates who will be under the age of 18 must have parental consent.
- b. Enclosure (2) Proof of U.S. Citizenship – Birth Records. Acceptable proof of U.S. Citizenship is required at the time of indoctrination. We require a color copy of your birth documents (U.S. birth certificate, Report of

Birth Abroad of a Citizen of the United States, or Naturalization papers) and a color copy of your passport. Please make sure that you have signed your passport before copying.

- c. Enclosure (3) DD Form 93 Record of Emergency Data. A DD 93 is required for all incoming students. Follow the instructions for a service member, complete all indicated areas, and be sure to sign Block 17. This document will be maintained in your Student File and becomes part of your commissioning packet. You are responsible to report any changes to Naval Science.
- d. Enclosure (4) Standard Form 86 (SF 86) Questionnaire for National Security Positions. Naval Science processes midshipmen for a security clearance\*. Each Plebe is required to complete the SF 86. During your first year at the Academy, the Plebe class will be provided instruction to electronically enter the information from the SF 86 into the National Background Investigation Services (NBIS) eApp system, which transmits your personal investigative data over a secure connection to the proper agency for review/processing.

Fingerprint submissions are also required for all initial investigations. Naval Science will collect and transmit your fingerprints, via the Secure Web Fingerprint Transmission (SWFT) program, to the Defense Counterintelligence and Security Agency (DCSA) Fingerprint Transaction System (FTS). You will be directed when to report to Naval Science for on-site fingerprinting.

\*Note: In accordance with Title 46 / Chapter II / Subchapter H / Part 310 / Subpart C of the United States Code: § 310.54 General requirements for eligibility. A candidate who is conditionally appointed to the Academy pending completion of a Navy security and suitability investigation shall be subject to immediate separation should the candidate, as a result of the investigation, fail to meet the requirements established for appointment as Midshipman, USNR.

- e. Enclosure (5) Military ID Cards outlines Midshipman privileges and responsibilities. You will be directed when to report to Naval Science to obtain your military ID card.
  - f. Enclosure (6) Plebe Indoctrination Data Sheet requests information required to initiate your official record.
  - g. Enclosure (7) Naval Science Checklist is provided to ensure that you bring the required forms with you. Please note that a color copy of the student's social security card is also required at the time of indoctrination (make sure you have signed your social security card). If you have any general questions, please contact LT James Ahn, AhnJ@usmma.edu, in the Naval Science department.
6. Once again, congratulations on your selection. We look forward to having you serve alongside us in the Navy!

  
E. A. CLIFTON  
CAPT USN

APPLICATION FOR MIDSHIPMAN STATUS  
STRATEGIC SEALIFT OFFICER PROGRAM, U.S. NAVY RESERVE (SSOP, USNR)

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(First, Middle, Last Name) (SSN)

To: Officer in Charge, Department of Naval Science, U.S. Merchant Marine Academy, Kings Point

Subj: REQUEST FOR MIDSHIPMAN STATUS IN THE STRATEGIC SEALIFT OFFICER PROGRAM, U.S. NAVY RESERVE (SSOP, USNR)

Ref: (a) United State Code, Title 46, Subtitle V, Part B, Chapter 513  
(b) Code of Federal Regulations, Title 46, Chapter II, Subchapter H, Part 310, Subpart C

1. In accordance with references (a) and (b), I hereby apply for appointment as Midshipman in the United States Naval Reserve to participate in the Strategic Sealift Officer, U.S. Navy Reserve Midshipman Program.
2. I (candidate) understand that I must meet the following requirements for eligibility:
  - a) **Citizenship.** Candidate shall be a citizen of the United States.
  - b) **Age.** On July 1 of the year of admission to the Academy, candidate shall be not less than seventeen (17) years of age and shall not have passed his or her twenty-fifth (25) birthday.
  - c) **Character.** A candidate shall be of good moral character.
  - d) **Investigation.** To be eligible for appointment, candidates for appointment shall execute documents for the purpose of a security and suitability investigation.
  - e) **Physical Standards.**
    - i) A candidate shall meet the physical requirements prescribed by the Department of the Navy for appointment as Midshipman, SSOP, USNR.
      - (1) Found to be physically qualified for admission and commission by a Department of Defense Medical Evaluation Review Board (DODMERB) medical / dental examination and the Navy Bureau of Medicine and Surgery (BUMED).
      - (2) Meet physical readiness/fitness requirements prescribed by the Department of the Navy. Physical Fitness Assessment (PFA) is a combination of a Body Composition Assessment (BCA) and a Physical Readiness Test (PRT).
3. A candidate who is conditionally appointed to the Academy shall be subject to immediate separation should the candidate fail to meet the requirements established for appointment as Midshipman, SSOP, USNR.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Candidate)

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Parental Consent (if you will be under age 18 on 1 July 2026)

I/we, \_\_\_\_\_, the parent(s)/legal guardian

of \_\_\_\_\_, born on \_\_\_\_\_, whose signature on the foregoing service agreement meets my/our approval, do hereby consent to his/her application for and, if accepted, his/her appointment as a Midshipman, SSOP, USNR at the U.S. Merchant Marine Academy, and I/we hereby give him/her my/our full permission to participate in the Strategic Sealift Officer Program, U.S. Navy Reserve (SSOP, USNR), unless sooner discharged.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature(s) of Parent(s)/Legal Guardian)

**Privacy Act Notification:** Under the authority of 5 U.S.C. 301, the use of identifying data on the form pertaining to you as name, date of birth, social security number will be used for identification purposes while a member of the SSO, USNR Midshipman Program. This information will be maintained in official Navy records and will not be divulged without your written authorization to anyone other than officials or offices involved with this program. You are not required to provide this information. However, failure to do so may result in not being selected for the SSO, USNR Midshipman Program.

**DEPARTMENT OF NAVAL SCIENCE  
U.S. MERCHANT MARINE ACADEMY**

**Proof of U.S. Citizenship – Birth Records**

As a prerequisite for appointment as a Midshipman, Strategic Sealift Officer, U.S. Navy Reserve (SSO, USNR) Midshipman Program, all applicants shall (1) be citizens of the United States and (2) have no moral obligations or personal convictions that will prevent bearing of arms, and supporting and defending the Constitution of the United States against all enemies, foreign and domestic. \*

Students shall submit positive proof of citizenship (born in the U.S.A., naturalized, or born abroad of U.S. parents) at the time of application. The birth certificate or evidence of citizenship will be maintained in the Student File until commissioning.

Acceptable Proof of U.S. Citizenship (a copy is acceptable at Indoctrination; however, we reserve the right to inspect the original documents at any time, up to the date of commission):

Category	Document(s) Student MUST Provide
U.S. Born  <i>Copy of Birth Certificate Required</i>  <i>Copy of Passport Required</i>	1. Birth Certificate showing place of birth within the U.S., issued by the State, Commonwealth, territory or local jurisdiction.†  2. <b>AND</b> a valid U.S. Passport.  † Puerto Rico birth Certificate Law 191 of 2009 invalidated all birth certificates issued prior to 1 July 2010. All persons born in Puerto Rico using a birth certificate to establish citizenship must possess a valid birth certificate issued on or after 1 July 2010 by the Puerto Rico Vital Statistics Record Office.
Born Abroad of U.S. Parents  <i>Copy of Birth Abroad Documents Required</i>  <i>Copy of Passport Required</i>	1. FS-240 Report of Birth Abroad of a U.S. Citizen  2. Department of State issued DS-1350 Certification of Report of Birth Abroad.  3. A U.S. foreign service post issued FS-545 Certification of Birth Abroad.  4. <b>AND</b> a valid U.S. Passport.
Naturalized and/or Derived  <i>Copy of Naturalization Documents Required</i>  <i>Copy of Passport Required</i>	1. Certificate of U.S. Citizenship - N-560 or N-561 - Department of Homeland Security (DHS) issues certificates of citizenship to individuals who derive citizenship through a parent.  2. Certificate of Naturalization - N-550 or N-570 - DHS issues for naturalization.  3. <b>AND</b> a valid U.S. Passport.

**Dual Citizenship**

\*To be eligible for appointment in an active or reserve component, U.S. citizenship is required (born in the U.S.A., naturalized, or born abroad of U.S. parents). Dual citizens are eligible to apply, but must acknowledge that they are prepared to renounce their non-U.S. citizenship should they be required to do so. Note: Security clearance requirements for assignment to specific designators may require such action. Dual citizenship may raise questions about foreign preference or loyalty, and will need to be resolved before a clearance can be granted. These concerns may vary from case to case and will be addressed on an individual basis.

**RECORD OF EMERGENCY DATA**

OMB No. 0704-0649  
Expires 02/28/2026

The public reporting burden for this collection of information is estimated to average 15 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 the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 655, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity: death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity: death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity: eligible survivors; 10 U.S.C. 1478, Death gratuity: amount; 10 U.S.C. 1479, Death gratuity: delegation of determinations, payments; 10 U.S.C. 1480, Death gratuity: miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains: decedents covered, 10 U.S.C. 1482, Expenses incident to death; 10 U.S.C. 2771, Final settlement of accounts: deceased members; 38 U.S.C. 1970, Beneficiaries; payment of insurance; DoDI 1304.02, Accession Processing Data Collection Forms; and DoDI 1300.18, DoD Personnel Casualty Matters, Policies, and Procedures.

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, mission or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member.

**ROUTINE USES:** Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To federal, state, local, and foreign (within Status of Forces agreements) law enforcement agencies or their authorized representatives in connection with litigation, law enforcement, or other matters under the jurisdiction of such agencies. Additional Routine uses are listed in the following applicable system of records notices:

- Army: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>; <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/>
- Navy: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>
- Marine Corp: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>
- Air Force: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-Component-Article-View/Article/569821/f036-af-pc-c/>
- Coast Guard: <https://www.federalregister.gov/documents/2008/12/19/E8-29793/privacy-act-of-1974-united-states-coast-guard-014-military-pay-and-personnel-system-of-records>
- DoD-wide: <https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records>

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

**INSTRUCTIONS TO SERVICE MEMBER**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

**INSTRUCTIONS TO CIVILIANS**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

**SECTION 1 - EMERGENCY CONTACT INFORMATION**

<b>1. NAME (Last, First, Middle Initial)</b>		<b>2. DOD IDENTIFICATION NUMBER or SSN</b>	
<b>3a. SERVICE/CIVILIAN CATEGORY</b> <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE		<b>b. REPORTING UNIT CODE/DUTY STATION</b> Naval Science, USMMA Kings Point, NY - 64270, 76	
<b>3c. MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
<b>4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	
<b>c. PHONE NUMBERS (Home, Mobile, Other)</b>		<b>d. PREFERRED LANGUAGE</b>	<b>e. DoD AFFILIATION</b>
<b>5. CHILDREN</b> <b>a. NAME (Last, First, Middle Initial)</b>	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH (YYYYMMDD)</b>	<b>d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>
<b>6a. PARENT ONE NAME (Last, First, Middle Initial)</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)</b>	
<b>7a. PARENT TWO NAME (Last, First, Middle Initial)</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)</b>	
<b>8a. STEP PARENT ONE (Last, First, Middle Initial)</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)</b>	

**CUI (when filled in)**

<b>9a. STEP PARENT TWO</b> <i>(Last, First, Middle Initial)</i>	<b>b. ADDRESS</b> <i>(Include ZIP Code) AND TELEPHONE NUMBERS</i> <i>(Home, Mobile, Other)</i>		
<b>10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH</b>	<b>b. NOTIFY INSTEAD</b>		
<b>11a. DESIGNATED PERSON(S)</b> <i>(Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown)</i>  Indicate a parent or guardian for 11a and 11b	<b>b. ADDRESS</b> <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>		
<b>12. CONTRACTING AGENCY AND TELEPHONE NUMBER</b> <i>(Contractors only)</i>  Not applicable			
<b>SECTION 2 - BENEFITS RELATED INFORMATION</b>			
<b>13a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i>  You may list parents and/or siblings. Percentage may be divided but must total 100%.	<b>b. RELATIONSHIP</b>	<b>c. ADDRESS</b> <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>	<b>d. PERCENTAGE</b>
<b>14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>  Typically a parent	<b>b. ADDRESS</b> <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>		<b>c. PERCENTAGE</b>
<b>15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>  Typically a parent	<b>b. ADDRESS</b> <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>		
<b>16. CONTINUATION/REMARKS</b>  List siblings here. Indicate the name, relationship, address and phone number for each sibling.			
<b>17. SIGNATURE OF SERVICE MEMBER/CIVILIAN</b> <i>(Include rank, rate, or grade if applicable)</i>  Plebe candidate sign here and date box 19	<b>18. SIGNATURE OF WITNESS</b> <i>(Include rank, rate, or grade as appropriate)</i>  Ewa Bosiacki, CIV, GS, HRA	<b>19. DATE SIGNED</b> <i>(YYYYMMDD)</i>	

**INSTRUCTIONS FOR PREPARING DD FORM 93**

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 16, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 16" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter DoD Identification Number (located on DoD Identification Card) or SSN if DoD Identification Card is not issued yet. Upon issuance of DoD Identification Card, you will need to submit a new DD Form 93 with your DoD Identification Number to protect your personally identifiable information.

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 3c. Select marital status.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 4c. List home, mobile, and other phone numbers as appropriate.

ITEM 4d. Provide the preferred language spoken by the spouse.

ITEM 4e. Select from the dropdown menu the DoD affiliation of the spouse, if applicable.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEMS 6a. and 7a. Parent Name. Last name, first name and middle initial.

ITEMS 6b. and 7b. Address and Telephone Number of Parent. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than biological or adoptive parent is listed, indicate relationship.

ITEMS 8a. and 9a. Parent Name (if applicable). Last name, first name and middle initial.

ITEMS 8b. and 9b. Address and Telephone Number of Step Parent (if applicable). If deceased, so state. Include civilian title or military rank and service if applicable.

ITEM 10a. Do Not Notify Person Due to Their Ill Health. Last name, first name, and middle initial. If more than one person, indicate in ITEM 16, "Continuation/Remarks."

ITEM 10b. Notify Instead. Last name, first name, and middle initial and address of person(s) to be notified in lieu of person(s) listed on this form if they are not already listed on form. If ITEM 10a. is not applicable, leave blank.

ITEM 11a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655.

ITEM 11b. Address and telephone number of Designated Person(s).

ITEM 12. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 13a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

**INSTRUCTIONS FOR PREPARING DD FORM 93***(Continued)*

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 13b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 13c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 13d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 14a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid in each in item 14c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 14b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 14c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 15a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you die. Persons typically selected as a PADD include: surviving spouse, blood relative of legal age, or adoptive relatives. **NOT APPLICABLE to civilians.**

ITEM 15b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 16. Continuation/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: communication barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 17. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 18. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 19. Date the member or civilian signs the form if not already indicated in the electronic signature block. This item must be completed as an ink entry.

## DEPARTMENT OF NAVAL SCIENCE – U.S. MERCHANT MARINE ACADEMY

### Instructions for the Questionnaire for National Security Positions (Standard Form 86 2016)

In order to receive a commission at graduation as an officer in a reserve or active duty component of the U.S. Armed Forces, you will be required to complete an electronic form for a **security clearance** upon enrollment at the Academy. All questions must be answered accurately and truthfully so that your clearance is not delayed. Issues that will cause a problem include failure to report an arrest by civil or federal authorities, and possessing a non-U.S. passport, or dual country citizenship (refer to Enclosure (2) Proof of U.S. Citizenship – Birth Records).

#### Procedures:

1. Go to the web site: <http://www.opm.gov/forms/standard-forms/>.
2. Scroll down to SF 86, Questionnaire for National Security Positions (2016).
3. Click on “Questionnaire for National Security Positions.” This will open the form (may take several minutes).
4. Save the SF 86 to your computer.
5. The SF 86 is a 136 page document that requires detailed information. You CAN save data typed into this form. Fill out the SF 86 with the help of your parents or guardian; be sure to save the document frequently. **Read all instructions thoroughly.** Ensure that you answer all of the questions as completely as possible.
6. Upon completion, save the SF 86 to your home computer\* **AND** print out one (1) copy of the document, and include it in your Naval Science packet that you will bring with you to the Academy. Note: You do not have to print/bring blank pages of the SF 86.

The SF 86 will be collected during indoctrination with the rest of your forms. **To protect your personal information, be sure to place all documents in a sealed envelope with your name and Naval Science clearly marked on the envelope.**

\*Be sure to retain a copy for your records as this information is required to initiate your security clearance and may be required again in the future for reinvestigations.

If you have questions or need clarification of Navy policy and for guidance on resolving any security clearance issues, please contact the Department of Naval Science via email listed below.

LT Kathryn Wesdyk – [wesdykk@usmma.edu](mailto:wesdykk@usmma.edu) or [clearance@usmma.edu](mailto:clearance@usmma.edu)

**DEPARTMENT OF NAVAL SCIENCE  
U.S. MERCHANT MARINE ACADEMY**

**Strategic Sealift Midshipman Program – Military ID Cards**

The Strategic Sealift Midshipman Program (SSMP) is an education and training program conducted by the Department of Naval Science (DNS) at the United States Merchant Marine Academy (USMMA). The program is designed to qualify participants for commissioned service into the Strategic Sealift Officer Program (SSOP). Midshipmen who successfully complete the SSMP will receive a U.S. Navy Reserve Officer commission as a Strategic Sealift Officer (SSO), designator 1665, with the rank of ensign. Newly commissioned SSOs are part of the Strategic Sealift Readiness Force (SSRF), which is part of the Individual Ready Reserve (IRR) component.

USMMA students, who are U.S. Citizens and appointed Midshipman, SSMP, USNR, will be issued a Next Generation Uniformed Services ID Card (USID) during the course of their initial year at the Academy. Students will be directed when to report to Naval Science to obtain an ID card.



Midshipmen are given the same status as “inactive reservists.” Midshipmen will receive a “reserve” military ID card, but will be in a civilian status. USMMA Midshipmen are members of the Inactive Ready Reserve, Nonparticipating Reserve members, and are never on active duty.

Midshipmen issued Military ID Cards are authorized unlimited commissary, exchange, and Morale, Welfare and Recreation (MWR) privileges (<http://navymwr.org/>). Midshipmen are not authorized medical or dental benefits in conjunction with this identification card.\*

Midshipmen Military ID Cards will expire on or about the expected date of graduation. The card is the property of the U.S. Government\*\*, and shall be in the personal custody of the midshipman at all times. **ID Cards must be surrendered to the Department of Naval Science if the student is being disenrolled, is resigning from the Academy, is being setback, or is being placed in a Leave of Absence (e.g. medical) status.** Upon return to the Academy and SSO, USNR status, a USID will be updated and a new card issued.

\*A student who is a dependent (age 21-23) of a military member may be eligible for various benefits, including medical. The student may possess a military dependent ID card (until age 23 or graduation, whichever occurs first). The student must be enrolled full time in an accredited institution of higher learning and must be dependent on the sponsor for over 50 percent of their support. Possession of a dependent ID card does not prohibit the issue of a Next Generation USID while a Midshipman, SSMP, USNR.

**\*\*Penalties for Misuse of ID Cards.** Any person willfully altering, damaging, lending, counterfeiting or using ID cards in an unauthorized manner is subject to fine, imprisonment, or both according to Title 18, U.S.C., Sections 499, 506, 509, 701, or 1001.

**Photographing, Reproducing or Unauthorized Possession of ID Cards.** Title 18, U.S.C., Section 701 prohibits photographing, reproducing, or possessing Uniformed Services ID cards in an unauthorized manner under penalty of fine, imprisonment or both. Unauthorized use would exist if the bearer uses the card in a manner that would enable the bearer to obtain benefits and privileges to which he or she is not entitled.

**NOTE:**

**Misuse or abuse of the Department of Defense Uniformed Services ID Card may result in a loss of all privileges, as determined by the Officer in Charge, Department of Naval Science, U.S. Merchant Marine Academy.**



**INDOCTRINATION DATA SHEET**

**Plebe Information – Class of 2030**

Full Name: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Sex: Male  Female

Parent(s) In Military: \_\_\_\_\_  
*List name / rank / branch / active or retired (e.g. Jane Smith, CAPT USN, retired)*

**Citizenship**

Place of Birth: \_\_\_\_\_  
Country City County State

Are you a citizen of the United States? YES  NO

Citizenship Type: US Born:  Born Abroad of U.S. Parents:  Naturalized:  Derived:

**Race and Ethnicity**

RACE	Code	ETHNIC	Code	ETHNIC	Code
American Indian or Alaska Native	A	LATIN AMER	1	JAPANESE	13
Asian	B	OTHER HISP	2	KOREAN	14
Black or African American	C	USCAND IND	3	OTHERPACIS	15
Native Hawaiian or Other Pacific Islander	D	PUERTO RIC	4	VIETNAMESE	16
White or Caucasian	E	FILIPINO	5	MICRONESIA	17
Decline to Respond	F	MEXICAN	6	OTHER	18
Unknown	0	ESKIMO	7	NONE	19
Or any combination of A-E (e.g. student that is Asian and Black-BC)		ALEUT	8	UNKNOWN	20
		CUBAN	9	ASIAN AMER	21
		IND-PASL	10	POLYNESIAN	22
		MELANES	11	GUAMANIAN	23
		CHINESE	12		

Plebe Race Code: \_\_\_\_\_

Plebe Ethnicity Code: \_\_\_\_\_

**Privacy Act Statement**

Under the authority of 5 U.S.C. 301, the use of identifying data on the form pertaining to you as name, date of birth, social security number will be used for identification purposes while a member of the SSO, USNR Midshipman Program. This information will be maintained in official Navy records and will not be divulged without your written authorization to anyone other than officials or offices involved with this program. You are not required to provide this information. However, failure to do so may result in not being selected for the SSO, USNR Midshipman Program.



## DEPARTMENT OF NAVAL SCIENCE CHECKLIST

PLEASE REVIEW & VERIFY THAT ALL REQUIREMENTS ARE COMPLETE

**YOU WILL HAND DELIVER THE FOLLOWING DOCUMENTS  
IN A FOLDER OR ENVELOPE CLEARLY MARKED WITH YOUR NAME  
TO THE NAVAL SCIENCE OFFICER AT INDOCTRINATION**

- Application for Midshipman Status in the SSOP, USNR  
*(completed/signed by student, lower portion completed/signed by parent(s) if student will be under 18 on July 1, 2026)*
- Proof of U.S. Citizenship – Birth Records  
*(a **legible color copy**\* of student's U.S. Birth Certificate, Report of Birth Abroad of a Citizen of the United States, or Naturalization papers, as appropriate)*
- U.S. Passport  
*(a **legible color copy**\* of student's passport [page with the picture], in addition to any foreign passports student may have)*  
**NOTE:** For your protection, make sure that you have **signed** the passport
- Social Security Card  
*(a **legible color copy**\* of student's social security card)*  
**NOTE:** For your protection, make sure that you have **signed** the card
- DD Form 93 Record of Emergency Data  
*(student completed all areas [marked n/a where not applicable] signed and dated where indicated - do not sign in the witness area)*
- Standard Form 86 (SF 86) Questionnaire for National Security Positions  
*(student completed all areas and signed where indicated)*
- Plebe Indoctrination Data Sheet  
*(student completed all areas)*

**\*Remember to keep the originals with you during your time at the academy.**

**NOTE: COPIES OF DOCUMENTS SHOULD BE ORIGINAL SCALE (SIZE).**