

CONTROLLED
When filled in

OFFICER HOMETOWN AREA RECRUITING PROGRAM (HARP)
Submit Request 30 DAYS Prior To Requested Dates

PRIVACY ACT NOTIFICATION

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APPLICANT INFORMATION

Date of Request	Name (Last, First, MI)	Rank	Designator	Nuclear <input type="checkbox"/> YES <input type="checkbox"/> NO	Valid Driver's License YES <input type="checkbox"/> NO <input type="checkbox"/>
Hometown (City, State, and Zip Code)			Name of college graduated from (If it's in the Local Area)		
Address and Phone (Where you can be contacted while in OHARP)		Performing OHARP in conjunction with PCS orders? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, command endorsement required.			
Desired OHARP Location (City, State, and Zip Code)			Planned Rotation Date (PRD)	Mode of Travel <input type="checkbox"/> AIR <input type="checkbox"/> POV	
1ST Desired Start Date	1ST Desired End Date	2ND Desired Start Date	2ND Desired End Date		

COMMAND INFORMATION

Command UIC	Command	Command Address (City, State, Zip Code, FPO, or Country)			
	Approval Authority Name (Last, First, MI)	Command Telephone Number	Command Email Address:		

NAME OF LOCAL ORGANIZATIONS IN TAD AREA WHERE YOU HAVE ANY AFFILIATION

1.	Point of Contact
2.	Point of Contact
3.	Point of Contact

In your own words, what can you bring to the table to assist in the Navy's recruiting efforts?

DETAILER'S INFORMATION AND ENDORSEMENT

Date of Request		Detailer's Name (Last, First, MI)		Detailer Signature
Phone Number	FAX Number			