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<th><strong>PUBLIC AND COMMUNITY SERVICE ORGANIZATION VALIDATION</strong></th>
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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES ABOVE.**

**RETURN COMPLETED FORM TO:** DODC, ATT: OPERATION TRANSITION, BOX 100, FORT OGD, CA 93941-0100

**1. NAME OF ORGANIZATION**

**2. ADDRESS OF ORGANIZATION** (Include Room/Suite Number and 9-digit ZIP Code)

**3. POINT OF CONTACT FOR ORGANIZATION**

**4. POINT OF CONTACT TELEPHONE NUMBER** (Include Area Code)

**5. PRIMARY SERVICE CATEGORY(IES) (IF YOUR PRIMARY SERVICE CATEGORY IS NOT LISTED, GO TO ITEM 6)**

a. ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION

b. SUPPORT OF ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION

c. SOCIAL SERVICES

   a. PUBLIC HEALTH CARE

   b. LAW ENFORCEMENT

f. PUBLIC HOUSING

i. EMERGENCY MANAGEMENT

l. JOB TRAINING

**6. IF YOUR ORGANIZATION PROVIDES PRIMARY FUNCTIONS OTHER THAN THOSE LISTED IN ITEM 5, BRIEFLY DESCRIBE THESE MAJOR FUNCTIONS.**

**7. TYPE OF SERVICE**

a. PUBLIC (Federal, State, or Local Government - go to Item B)

b. COMMUNITY (Non-profit Organization or Association - go to Item B)

**8. PUBLIC SERVICE HEADQUARTERS AGENCY**

a. ORGANIZATION NAME AND ADDRESS (Include 9-digit ZIP Code)

b. HEADQUARTERS POINT OF CONTACT AND POSITION

c. TELEPHONE NUMBER FOR POINT OF CONTACT (Include Area Code)

**9. COMMUNITY SERVICE / NON-PROFIT ORGANIZATION**

**IMPORTANT:** Please attach a copy of the IRS Letter of Determination indicating your organization has received IRS 501(c)(3) tax-exempt status. Also include a copy of your organization’s annual report, mission statement, or other documentation of its function. Indicate below if your organization is affiliated with the United Way, Combined Federal Campaign, or other similar non-profit association.

a. AFFILIATE NAME AND ADDRESS (Include 9-digit ZIP Code)

b. AFFILIATE POINT OF CONTACT AND POSITION

c. TELEPHONE NUMBER FOR POINT OF CONTACT (Include Area Code)

**10. AGREEMENT**

I understand this form provides information to help the Department of Defense establish a Public and Community Service organizational registry which will be accessible to departing Service members. I also understand certain individuals may receive additional entitlements based on the information specified in Public Law 102-484. I certify the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.

**A. NAME AND TITLE (Please print or type)**

**B. SIGNATURE**

**C. DATE (YYYYMMDD)**

*DD Form 2581-1, FEB 94*
PART 78—VOLUNTARY STATE TAX
WITHHOLDING FROM RETIRED PAY

Sec. 78.1 Purpose.
78.2 Applicability and scope.
78.3 Definitions.
78.4 Policy.

78.5 Procedures.
78.6 Responsibilities.
78.7 Standard agreement.

AUTHORITY: 10 U.S.C. 1045.

SOURCE: 50 FR 47220, Nov. 15, 1985, unless otherwise noted.