

The applicant requests that the total withdrawal from all wells be increased from 502.05 mg/30 days to 530.42 mg/30 days. The project is located in New Castle County, Delaware.

3. *North Heidelberg Sewer Co. Inc. D-94-1*. A project to upgrade and expand the applicant's existing 0.025 million gallons per day (mgd) sewage treatment plant (STP) to provide 0.050 mgd of sewage treatment capacity to serve growth in the Heidelberg Investment Associates' planned community which is situated in both Jefferson and North Heidelberg Townships in Berks County, Pennsylvania. The upgraded STP will continue to provide secondary treatment via the activated sludge process and will also have tertiary filtration. The STP project is located just north of Tulpehocken Creek and west of Bernville in Jefferson Township. The treated effluent will continue to discharge via an existing outfall to an unnamed tributary of Tulpehocken Creek.

4. *Merck & Co., Inc. D-94-24*. An application for approval of a ground water withdrawal associated with a ground water decontamination project to supply up to 8.6 mg/30 days of water to the applicant's West Point facility from new Well Nos. PW-12 and PW-13, and to increase the existing withdrawal limit of 25 mg/30 days from all wells to 40 mg/30 days. Site remediation efforts are proceeding under an Administrative Consent Order with the United States Environmental Protection Agency. The project is located in Upper Gwynedd Township, Montgomery County, and is located in the Southeastern Pennsylvania Ground Water Protected Area.

5. *Borough of Bally Municipal Authority D-94-44 CP*. A project to modify and expand the applicant's existing 0.2 mgd municipal STP to provide 0.5 mgd secondary treatment capacity and serve growth of industrial, commercial and residential customers in the Borough of Bally and portions of Washington Township, Berks County, Pennsylvania. The STP system will be modified to provide more reliable and consistent treatment and to handle hydraulic overload. Treated effluent, after disinfection, will continue to discharge to Northwest Branch Perkiomen Creek approximately 500 feet west of the Berks County border with Montgomery County in Washington Township, Berks County.

6. *Meter Services Company D-94-49 CP*. An application for approval of an increased ground water withdrawal to supply up to 3.6 mg/30 days of water to the applicant's distribution system from existing Well Nos. 1 and 2. The

applicant requests that the total withdrawal from all wells be increased from 1.8 mg/30 days to 3.6 mg/30 days. The project is located in Buckingham Township, Bucks County, in the Southeastern Pennsylvania Ground Water Protected Area.

7. *Estauigh Corporation (Trading as Medford Leas) D-94-56*. A project to withdraw up to 7.2 mg/30 days (0.24 mgd) from a proposed intake on the South Branch Rancocas Creek to serve the applicant's health care facility located between Route 70 and New Freedom Road just northeast of the Borough of Medford in Medford Township, Burlington County, New Jersey. The withdrawal will be used for irrigation of the grounds and the intake will be located on the applicant's property which is bordered on the east side by the South Branch Rancocas Creek. The project is proposed as a means to reduce usage of the applicant's existing permitted wells.

8. *Deptford Township Municipal Utilities Authority D-94-68 CP*. An application for approval of a ground water withdrawal project to supply up to 43.2 mg/30 days of water to the applicant's distribution system from new Well No. 8, and to retain the existing withdrawal limit from all wells of 123 mg/30 days. The project is located in Deptford Township, Gloucester County, New Jersey.

9. *New York City Department of Environmental Protection—Margaretville STP D-94-78 CP*. A project to upgrade the Margaretville-Arville STP located in the southwestern corner of the Village of Margaretville in the Town of Middletown, Delaware County, New York. The existing 0.4 mgd capacity STP serves approximately half of the area of the Village of Margaretville and portions of the hamlet of Arkville, all in the Town of Middletown. The existing secondary treatment facilities will be replaced by a new advanced secondary STP with tertiary filtration. The upgraded STP is designed for the same flow and will continue to discharge to the East Branch Delaware River.

10. *New Jersey Foreign Trade Zone D-94-83*. An application for approval of a ground water withdrawal project to supply up to 12 mg/30 days of water to the applicant's office and industrial complex from Well Nos. BR-3 and BR-4, and to limit the withdrawal from all wells to 12 mg/30 days. The project is located in Mount Olive Township, Morris County, New Jersey.

11. *Wissahickon Spring Water, Inc. D-95-11*. An application for approval of a ground water withdrawal project to supply up to 8.64 mg/30 days of water

to the applicant's bulk water loading facility from new Well No. 1, and to limit the withdrawal from all wells to 8.64 mg/30 days. The project is located in Pike Township, Berks County, Pennsylvania.

Documents relating to these items may be examined at the Commission's offices. Preliminary dockets are available in single copies upon request. Please contact George C. Elias concerning docket-related questions. Persons wishing to testify at this hearing are requested to register with the Secretary prior to the hearing.

Dated: April 11, 1995.

Susan M. Weisman,
Secretary.

[FR Doc. 95-9797 Filed 4-19-95; 8:45 am]

BILLING CODE 6360-01-P

DEPARTMENT OF DEFENSE

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title: Applicable Form; and OMB Control Number: Nomination for Appointment to the United States Military Academy, Naval Academy, and Air Force Academy; DD Form 1870; OMB Control Number 0701-0026.

Type of Request: Expedited Processing—Approval date requested: 30 days following publication in the Federal Register.

Number of Respondents: 15,425.

Responses per Respondent: 1.

Annual Responses: 15,425.

Average Burden per Response: 30 minutes.

Annual Burden Hours: 7,712.

Needs and Uses: The information collected hereby, constitutes a nomination from the Vice President, a Member of Congress, or other designated individuals, of an applicant for appointment consideration to the United States Military Academies.

Affected Public: Individuals or households.

Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain a benefit.

OMB Desk Officer: Mr. Edward C. Springer—Written comments and

recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DOD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William Pearce—Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: April 17, 1995.
Patricia L. Toppings,
Alternate OSD Federal Register Liaison Officer, Department of Defense.
 BILLING CODE 5000-04-M

| NOMINATION FOR APPOINTMENT TO THE UNITED STATES | | | | | | | | Form Approved OMB No. 0701-0026 Expires | | | |
|---|--|---|--|--|-------------|--|-------------------------|---|-----------|----------|-------------|
| <input type="checkbox"/> MILITARY ACADEMY | | <input type="checkbox"/> NAVAL ACADEMY | | <input type="checkbox"/> AIR FORCE ACADEMY | | | | | | | |
| 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 Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, 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. SOCIAL 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 one) | | 7. TELEPHONE NUMBER (include area code) | | | | 8. CONGRESSIONAL DISTRICT AND/OR STATE | | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | | | | | | |
| 9. TYPE OF NOMINATION (X as applicable) | | | | | | | | | | | |
| a. VACANCY | | b. TYPE OF NOMINATION | | | | | | | | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 4th | | <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COMPETITIVE | | | | | | | | | |
| <input type="checkbox"/> 2nd <input type="checkbox"/> 5th | | ALTERNATE (1-9) _____ TO (Name of Principal) _____ | | | | | | | | | |
| <input type="checkbox"/> 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.) | | | | | | | | | | | |
| 11. NOMINATING AUTHORITY | | | | b. SIGNATURE | | | c. DATE SIGNED (YYMMDD) | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | | | | | | | | | | |
| 12. MAIL TO APPROPRIATE ACADEMY ADDRESS | | | | | | | | | | | |
| ARMY: | | | NAVY: | | | AIR FORCE: | | | | | |
| US Total Army Personnel Command ATTN: TAPC-OPD-CM 200 Stovall Street Alexandria, VA 22332-0413 | | | Nominations and Appointment Branch U.S. Naval Academy 117 Decatur Road Annapolis, MD 21402-5019 | | | USAF Academy Group 1040 Air Force Pentagon Room 4E144 Washington, DC 20330-1040 | | | | | |

DRAFT

DD FORM 1870, 950407 DRAFT

PREVIOUS EDITION IS OBSOLETE.

**INSTRUCTIONS FOR COMPLETING DD FORM 1870
AND EXPLANATION OF NOMINATING SYSTEMS**

Type one complete set of forms for each nominee. Retain Copy 4 for your record.

Ten nominations are allowed for each vacancy.

Place an "X" in appropriate Service Academy block.

COMPETITIVE SYSTEM:

Selection will be made by the Academy Academic Board in order of merit based on the "Whole Person" concept as to the candidate whose all around performance indicates the greatest likelihood of success as a career officer in the Armed Forces of the United States. When filling one vacancy, place an "X" in the "1st Vacancy" block and the "Competitive" block. If filling more than one vacancy, place an "X" in each of the numbered vacancy blocks being filled and the "Competitive" block.

DRAFT**PRINCIPAL/NUMBERED ALTERNATE SYSTEM:**

A Principal and nine numbered alternates may be named for each vacancy available. An appointment will be offered if the Principal meets the eligibility criteria. If the Principal fails to meet the Academy minimum requirements, the next designated alternate candidate who qualified will succeed as the Principal. Place an "X" in the appropriate "Vacancy" block and the "Alternate" block, and type the number of preference of this alternate and the name of the Principal.

PRINCIPAL/COMPETITIVE ALTERNATE SYSTEM:

A Principal and nine competitive alternates may be named for each vacancy available. If the named Principal fails to meet the requirements for admission the Academy will select the top candidate among the competitive alternates designated. Place an "X" in the appropriate "Vacancy" block and the "Competitive Alternate" block and the name of the Principal.

| NOMINATION FOR APPOINTMENT TO THE UNITED STATES | | | | | <i>Form Approved OMB No. 0701-0026 Expires</i> | | | | | | |
|--|--|---|--|----------|--|--|---------|---------------------------------------|-----------|----------|-------------|
| <input type="checkbox"/> MILITARY ACADEMY <input type="checkbox"/> NAVAL ACADEMY <input type="checkbox"/> AIR FORCE ACADEMY | | | | | | | | | | | |
| <small>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 Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, DC 20503.</small> 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 <i>(Last, First, Middle Initial)</i> | | | | | 2. DATE OF BIRTH <i>(YYMMDD)</i> | | | 3. SOCIAL SECURITY NUMBER | | | |
| 4. DOMICILE IN CONSTITUENCY | | | | | 5. TEMPORARY ADDRESS | | | | | | |
| a. STREET <i>(include apartment number)</i> | | | | | a. STREET <i>(include apartment number)</i> | | | | | | |
| b. CITY | | c. COUNTY | | d. STATE | e. ZIP CODE | | b. CITY | | c. COUNTY | d. STATE | e. ZIP CODE |
| 6. SEX <i>(X one)</i> | | 7. TELEPHONE NUMBER <i>(include area code)</i> | | | 8. CONGRESSIONAL DISTRICT AND/OR STATE | | | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | | | | | | |
| 9. TYPE OF NOMINATION <i>(X as applicable)</i> | | | | | | | | | | | |
| a. VACANCY | | | | | DRAFT | | | | | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 4th <input type="checkbox"/> 2nd <input type="checkbox"/> 5th <input type="checkbox"/> 3rd | | | | | b. TYPE OF NOMINATION <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> ALTERNATE (1-9) _____ TO <i>(Name of Principal)</i> _____ <input type="checkbox"/> COMPETITIVE ALTERNATE TO <i>(Name of Principal)</i> _____ | | | | | | |
| 10. REMARKS <i>(See instructions on back for completing form and explanation of nominating systems. Retain Copy 4 (Congressional) for your file.)</i> | | | | | | | | | | | |
| 11. NOMINATING AUTHORITY | | | | | b. SIGNATURE | | | c. DATE SIGNED <i>(YYMMDD)</i> | | | |
| a. TYPED NAME <i>(Last, First, Middle Initial)</i> | | | | | | | | | | | |

DD FORM 1870, 950407 DRAFT

PREVIOUS EDITION IS OBSOLETE.

COPY 2 - SERVICE ACADEMY

| NOMINATION FOR APPOINTMENT TO THE UNITED STATES | | | | | <i>Form Approved</i> OMB No. 0701-0026 <i>Expires</i> | |
|---|--|---|---|---|--|--------------------------------|
| <input type="checkbox"/> MILITARY ACADEMY <input type="checkbox"/> NAVAL ACADEMY <input type="checkbox"/> AIR FORCE ACADEMY | | | | | | |
| 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 Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, 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 <i>(Last, First, Middle Initial)</i> | | | 2. DATE OF BIRTH <i>(YYMMDD)</i> | | 3. SOCIAL SECURITY NUMBER | |
| 4. DOMICILE IN CONSTITUENCY | | | | 5. TEMPORARY ADDRESS | | |
| a. STREET <i>(include apartment number)</i> | | | | a. STREET <i>(include apartment number)</i> | | |
| b. CITY | | c. COUNTY | d. STATE | e. ZIP CODE | b. CITY | |
| | | | | | c. COUNTY | |
| | | | | | d. STATE | |
| | | | | | e. ZIP CODE | |
| 6. SEX <i>(X one)</i> | | 7. TELEPHONE NUMBER <i>(include area code)</i> | | | 8. CONGRESSIONAL DISTRICT AND/OR STATE | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | |
| 9. TYPE OF NOMINATION <i>(X as applicable)</i> | | | | | | |
| DRAFT | | | | | | |
| a. VACANCY | | b. TYPE OF NOMINATION | | | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 4th | | <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COMPETITIVE | | | | |
| <input type="checkbox"/> 2nd <input type="checkbox"/> 5th | | <input type="checkbox"/> ALTERNATE <i>(1-3)</i> TO <i>(Name of Principal)</i> _____ | | | | |
| <input type="checkbox"/> 3rd | | <input type="checkbox"/> COMPETITIVE ALTERNATE TO <i>(Name of Principal)</i> _____ | | | | |
| 10. REMARKS <i>(See instructions on back for completing form and explanation of nominating systems. Retain Copy 4 (Congressional) for your file.)</i> | | | | | | |
| 11. NOMINATING AUTHORITY | | | | b. SIGNATURE | | c. DATE SIGNED <i>(YYMMDD)</i> |
| a. TYPED NAME <i>(Last, First, Middle Initial)</i> | | | | | | |

DD FORM 1870, 950407 DRAFT

PREVIOUS EDITION IS OBSOLETE.

COPY 3 - ACADEMY LIAISON OFFICE

| NOMINATION FOR APPOINTMENT TO THE UNITED STATES | | | | | Form Approved OMB No. 0701-0026 Expires | | | | | |
|---|--|---|--|---|---|--|--|-------------------------|----------|-------------|
| <input type="checkbox"/> MILITARY ACADEMY <input type="checkbox"/> NAVAL ACADEMY <input type="checkbox"/> AIR FORCE ACADEMY | | | | | | | | | | |
| <small>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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, DC 20503.</small> 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. SOCIAL 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 one) | | 7. TELEPHONE NUMBER (include area code) | | | | 8. CONGRESSIONAL DISTRICT AND/OR STATE | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | | | | | |
| 9. TYPE OF NOMINATION (X as applicable) | | | | | | | | | | |
| a. VACANCY | | | | | DRAFT | | | | | |
| <input type="checkbox"/> 1st | | <input type="checkbox"/> 4th | | <input type="checkbox"/> PRINCIPAL | | <input type="checkbox"/> COMPETITIVE | | | | |
| <input type="checkbox"/> 2nd | | <input type="checkbox"/> 5th | | <input type="checkbox"/> ALTERNATE (1-9) | | TO (Name of Principal) _____ | | | | |
| <input type="checkbox"/> 3rd | | | | <input type="checkbox"/> 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.) | | | | | | | | | | |
| 11. NOMINATING AUTHORITY | | | | | b. SIGNATURE | | | c. DATE SIGNED (YYMMDD) | | |
| a. TYPED NAME (Last, First, Middle Initial) | | | | | | | | | | |

DD FORM 1870, 950407 DRAFT

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COPY 4 - CONGRESSIONAL OFFICE

| NOMINATION FOR APPOINTMENT TO THE UNITED STATES | | | | | | Form Approved OMB No. 0701-0026 Expires | |
|---|--|---|----------------------------------|---|--|---|-----------------|
| <input type="checkbox"/> MILITARY ACADEMY <input type="checkbox"/> NAVAL ACADEMY <input type="checkbox"/> AIR FORCE ACADEMY | | | | | | | |
| <small>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 Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, DC 20503.</small> 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 <i>(Last, First, Middle Initial)</i> | | | 2. DATE OF BIRTH <i>(YYMMDD)</i> | | 3. SOCIAL SECURITY NUMBER | | |
| 4. DOMICILE IN CONSTITUENCY | | | | 5. TEMPORARY ADDRESS | | | |
| a. STREET <i>(Include apartment number)</i> | | | | a. STREET <i>(Include apartment number)</i> | | | |
| b. CITY | | c. COUNTY | d. STATE | e. ZIP CODE | b. CITY | | c. COUNTY |
| b. CITY | | c. COUNTY | d. STATE | e. ZIP CODE | b. CITY | | c. COUNTY |
| 6. SEX <i>(X one)</i> | | 7. TELEPHONE NUMBER <i>(Include area code)</i> | | | 8. CONGRESSIONAL DISTRICT AND/OR STATE | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | | |
| 9. TYPE OF NOMINATION <i>(X as applicable)</i> | | | | | | | |
| a. VACANCY | | | | DRAFT | | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 4th <input type="checkbox"/> 2nd <input type="checkbox"/> 5th <input type="checkbox"/> 3rd | | b. TYPE OF NOMINATION <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> ALTERNATE <i>(1-9)</i> TO <i>(Name of Principal)</i> _____ <input type="checkbox"/> COMPETITIVE ALTERNATE TO <i>(Name of Principal)</i> _____ | | | | | |
| c. OTHER CONGRESSIONAL NOMINATIONS | | PRES | CDDV | W/D | DATE | | SEPARATION DATE |
| (1) | | REG | HMS | MED DISQ | CAREER GOALS | | HONOR |
| (2) | | V.P. | CMHW | | ENV ADJ | | MED DISQ |
| (3) | | RES | ROTC | | | | ACADEMICS |
| | | | | | | | CONDUCT |
| 11. NOMINATING AUTHORITY | | | | b. SIGNATURE | | c. DATE SIGNED <i>(YYMMDD)</i> | |
| a. TYPED NAME <i>(Last, First, Middle Initial)</i> | | | | | | | |

DD FORM 1870, 950407 DRAFT

PREVIOUS EDITION IS OBSOLETE.

COPY 5 - ACADEMY LIAISON OFFICE

[FR Doc. 95-9776 Filed 4-19-95; 8:45 am]

BILLING CODE 5000-04-C