

## ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

☒ PERMANENT☐ TEMPORARY

Enlisted Fleet Marine Force Warfare Specialist (EFMFWS) - Enrollment

AUTHORITY (IF PERMANENT):

OPNAVINST 1414.4 Series

(Type your Initials)

\_\_\_\_\_ : I hereby understand that per OPNAVINST 1414.4 Series, all enlisted Sailors assigned to a Marine Forces Reserve (MFR) Command are required to qualify as an EFMFWS. All Active Component (AC), Training and Administration of the Reserve (TAR) in pay-grades E1 through E3, along with all Program Nine-Selected Reservist (SELRES) Sailors, will complete the EFMFWS qualification within 24 months of reporting. AC and TAR Sailors in pay-grades E4 through E9 will complete EFMFWS qualification within 18 months of reporting. Sailors who have previously qualified will requalify within 12 months of reaffiliation in cases where the detachment period exceeds 12 months or when transferring between major subordinate commands (MSC).

(Type your Initials)

\_\_\_\_\_ : I understand that effective immediately, I will work on qualifying/requalifying as an EFMFWS.

(Type your Initials)

\_\_\_\_\_ : I understand that failure to earn and maintain EFMFWS qualification will result in my receiving an SP evaluation and a 1070/613 entry in my electronic service record.

(Type your Initials)

\_\_\_\_\_ : I understand that I must complete all prerequisites of EFMFWS Program in addition to formal qualification requirements.

(Type your Initials)

\_\_\_\_\_ : I do not intend to make a statement. (If a statement is submitted, do not initial this statement and provide your statement in the box below).

Member's Signature (Must be digitally signed with CAC)

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

XXX-XX-

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