

## 2025 MCB Hawaii SkillBridge Program Checklist

Full Name (*Last, First, M*): \_\_\_\_\_ Rank: \_\_\_\_\_

DOD ID #: \_\_\_\_\_ NCMIS Application ID #: \_\_\_\_\_ EAS Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email (*Personal and work*): \_\_\_\_\_

### **Eligibility for final review of the SkillBridge package, the following must be complete:**

- MCB Hawaii Skillbridge Program Checklist
- Signed Command Authorization Letter (Signed by OIC)
- SkillBridge Program Organization / Company Acceptance Letter (to include training plan)
- Signed NAVMC 1320/1: USMC SkillBridge Packet Checklist
- Signed NAVMC 1320/2: USMC SkillBridge Participant Screening
- Finalized DD2648 - Capstone completion
- Ethics Brief Completion Certificate
- Page 1 of your BIR from MOL with your EAS / EOS date visible – **\*Page 4 retirement date for Retirees\***
- Completed TRS Checklist

DoD SkillBridge Organization: \_\_\_\_\_

SB Point-of-Contact (POC) Name: \_\_\_\_\_

SB POC Phone #: \_\_\_\_\_ SB POC Email: \_\_\_\_\_

Lodging Location for SB Duration: \_\_\_\_\_

Potential Start Date: \_\_\_\_\_ Potential End Date: \_\_\_\_\_

### **FOR TRANSITION READINESS PROGRAM OFFICE USE ONLY**

Checklist Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_

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## DoD SkillBridge Guide

Thank you for your interest in the DoD SkillBridge Program. SkillBridge offers training, apprenticeship, and internship programs to learn high-demand and industry-specific skills to prepare participants for securing employment before exiting the military. Programs provide a job interview, placement, or certification to enhance entry into the civilian workforce.

**Eligibility Overview:** The DoD SkillBridge Programs are available to transitioning military Service Members within their last 180 days of active duty. Service Members must have the required time remaining on their contract to complete the program, have completed TRS, and received command approval. Extensions to complete SkillBridge (SB) are not authorized.

**References:** DoDI 1322.29 and NAVMC 1700.2

### Step by Step:

1. Attend the Mandatory Skillbridge and NCMIS Application Brief. (Schedule is available at <https://hawaii.usmc-mccs.org/marine-family-support/transition-readiness/skillbridge> ). At this brief you will:
  - Review the Skillbridge Application process
  - Receive guidance on researching two or more Skillbridge Opportunities
  - Create your NCMIS account. ( <https://myeducation.netc.navy.mil/> )
2. Continue to research and identify a SkillBridge opportunity. - To research current DoD SkillBridge programs, locations, and for more information, visit the Department of Defense SkillBridge website at: <https://skillbridge.osd.mil/organizations.htm> - **Search Authorized Organizations not Locations.**
3. Contact desired companies / organizations to inquire about the potential SkillBridge opportunities.
  - Reach out directly to the company or organization to determine if the opportunity aligns with your career goals.
  - Ask about the requirements, action items, due dates, and selection process for the program.
  - Apply directly to the SkillBridge Organization / Company of your choice. Work with them for approval.
  - The company or organization must provide an acceptance letter or a conditional acceptance letter.

*Note: Some SkillBridge opportunities may require command approval prior to acceptance. If this applies to the opportunity you are interested in, please contact your SB coordinator for further assistance.*
4. Complete SkillBridge Application Packet (Available at <https://hawaii.usmc-mccs.org/marine-family-support/transition-readiness/skillbridge>) and create and submit NCMIS Application (*see last page for instructions*)
5. Upon receiving Command Authorization, submit a **hard copy** of the complete package to the Transition Readiness Office drop-box during business hours NLT 30 days prior to the course due date.
6. Once all corrections are made and the application is reviewed, the Marine will be instructed to pick up the package and the application will be forwarded to the approving authority in NCMIS for final approval.  
**\*\*Approving authority must be Commanding Officer for categories one & two, General Officer for category three\*\***
7. Upon approval, approval receipt will be issued in NCMIS and checkout process with IPAC can take place.

**For more information, please call 808-496-4911, email [mcbh.skillbridge.smb@usmc.mil](mailto:mcbh.skillbridge.smb@usmc.mil) or visit the Transition Readiness Program Office**

## SkillBridge Program Acceptance Letter Requirements

The program acceptance letter from your SkillBridge opportunity will need to include the following program details:

1. **Length of training (start and end dates)**
2. **Location**
3. **Service Member costs**
4. **Training topics**
5. **Assessment method**
6. **Employment outcome (i.e. guaranteed interview, certifications, etc.)**
7. **SkillBridge partner POC information**

If the acceptance letter is missing the required program details, you will be asked to provide a new letter and/or additional documentation.

### Sample Letter with Required Program Details:

**Date:** (Date)

**To:** (Marine)

**Offer/Acceptance:**  
The (company/organization name) would like to offer (Marine's name) a (*choose one:* internship, pre-apprenticeship/ apprenticeship, employment skills training, or on-the-job training) opportunity.

**Organization Overview:**  
(Provide a brief summary of the company/organization).

**Training Details:**

- **Start date:** (The start date of the opportunity).
- **End date:** (The end date of the opportunity).
- **Working hours:** (For example, Monday-Friday, 8am to 5pm with an hour for lunch)
- **Location:** (Physical address or specify if opportunity is remote).
- **Service Member costs:** (Define any out-of-pocket costs for the Marine or if there are no associated costs for the Marine).
- **Point of Contact:** (Name, title, phone, email, and role of the individual overseeing the day-to-day activities of the Marine).

**Training Overview:**  
(Clearly describe the training topics and objectives of the opportunity. This portion can be supplemented with a document outlining the opportunity's training plan).

**Assessment Method:**  
(Describe how the Marine's performance will be measured throughout the training program such as through grading rubrics, evaluations, etc.).

**Employment Outcome:**  
(State the employment probability at the end of the opportunity such as a guaranteed interview, job placement, earned credentials, etc.).

Signature by Human Resource Manager/President  
Name  
Title



UNITED STATES MARINE CORPS

FIRST LETTERHEAD LINE

SECOND LETTERHEAD LINE

THIRD LETTERHEAD LINE

MCBH KANEOHE BAYHI 96863-3004

SSIC

CODE

enter date

From: Address all correspondence to the activity head of an activity or fully identify an individual with their Full Rank First M. Last EDIPI/PMOS USMC

To: SkillBridge Coordinator, Transition Readiness Program, Marine Corps Base Hawaii

Via: Commanding Officer, activity head's title and the activity's name, even if it is listed in the header

Subj: SKILLBRIDGE PROGRAM AUTHORIZATION REQUEST

Ref: (a) NAVMC 1700.2  
(b) NAVADMIN 222/15  
(c) MARADMIN 350/18

Encl: (1) NAVMC 1320/1: USMC SkillBridge Packet Checklist  
(2) NAVMC 1320/2: USMC SkillBridge Participant Screening  
(3) SkillBridge Program Provider Acceptance Letter  
(4) MCBH Completed SkillBridge Checklist  
(5) Finalized Capstone DD2648 eForm

1. Per the references and the enclosures, I respectfully request authorization to participate in the following SkillBridge program:

- a. Name of training program: enter the training program name.
- b. Length of the program: enter length of program.
- c. Time requested for travel to separation site: enter requested travel time, limit to 1 day.
- d. Location of the program: enter the City, State where the training program will be attended.
- e. Lodging secured at location: enter the City, State where you plan to be lodged at while attending the classes.
- f. Start date of class: enter the class start date.
- g. End date of class: enter the class end date.
- h. Check out location: enter the location where you plan to separate from.

2. I understand that participation in the SkillBridge program has no cost to the government and no reimbursement will be made by the government for participation in the SkillBridge program. I understand that in the event I am dropped from the course or recalled my command, all return cost inquired will be my sole responsibility.

3. I am requesting not to return to island upon completion of my program, I understand that I must complete all outbound requirements prior to my departure to the Skillbridge program. I will attach a copy of this request, my completed outbound sheet, final physical and Capstone DD Form 2648/eForm to the outbound interview in Marine On-Line prior to my departure to the SkillBridge program.

Subj: SKILLBRIDGE PROGRAM AUTHORIZATION

4. I can be further contacted for any questions or concerns at **enter your phone number as 808-123-1234** or **enter your personal email**.

**ENTER REQUESTER'S F. M. LAST**



UNITED STATES MARINE CORPS

(COMPANY LETTERHEAD)

UNIT ###

FPO AP #####-####

SSIC  
CODE  
DATE

From: Commanding Officer, (COMMAND)  
To: (RANK, FIRST NAME, MIDDLE INITIAL, LAST NAME, EDIPI/MOS USMC)

Subj: REQUEST FOR (NAME OF SKILLBRIDGE PROGRAM), VOLUNTARY  
EMPLOYMENT SKILLS TRAINING PROGRAM IN THE CASE OF (RANK,  
FIRST NAME, MIDDLE INITIAL, LAST NAME EDIPI/MOS USMC)

- Encl: (1) NAVMC 1320/1: USMC SkillBridge Packet Checklist  
(2) NAVMC 1320/2: USMC SkillBridge Participant Screening  
(3) SkillBridge Program Provider Acceptance Letter  
(4) Skillbridge Program Authorization Request Letter  
(5) Completed DD Form 2648 (eForm)  
(6) Ethics Brief Completion Page  
(7) Page 1 of BIR

1. (MARINE) is authorized to complete the (PROGRAM NAME) SkillBridge program in (LOCATION OF PROGRAM).
2. Contingent upon approval, this command will support (MARINE) in completing the program from (START DATE) to (END DATE). Lodging has been secured at (ADDRESS).
3. (MARINE) is required to coordinate out-processing and travel plan with (UNIT OR COMMAND)'s S-1 and the Installation Personnel Administration Center (IPAC) Outbound Section prior to departure.
4. I have verified that (MARINE) has satisfied all requirements for the SkillBridge opportunity and the program is DoD-approved as per enclosures (1) and (2) and has gained acceptance to the opportunity per enclosure (3).
5. (MARINE) IS or IS NOT authorized to fully check out prior to the start of the SkillBridge program and WILL NOT or WILL return to the unit for final out processing.
5. Point of contact at this command is (RANK, NAME, PHONE NUMBER AND EMAIL)

AUTHORIZED SIGNATURE

## USMC SKILLBRIDGE PACKET CHECKLIST

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN), as amended; and SORN MO1754-4.

**PRINCIPAL PURPOSE:** The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program supported by the Department of Defense (DoD) SkillBridge (JTEST-AI) Voluntary Employment Training Program. Information will be used to determine eligibility and enrollment.

**ROUTINE USES:** Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DO-wide-SORN-Article-View/Article/570629/m01754-4/>.

**DISCLOSURE:** Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.

**RECORDS MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.1. **TEMPORARY:** Cutoff at CY. Destroy when 3 years old.

## GENERAL INFORMATION

DoDI 1322.29 established the DoD SkillBridge Program, which provides transitioning Service members with the opportunity to develop job training and employment skills, including pre-apprenticeships, apprenticeships, and internships. SkillBridge is designed to facilitate the transition of eligible Service members into civilian sector occupations and careers with reasonable expectation and high probability of post-service employment and comparable living wage. SkillBridge is not to be used to further civilian education or for experiential purposes. Securing meaningful employment is the expectation. All participation requests are to be forwarded to, reviewed and authorized by the first field grade commander, O-4 or above, in the Service member's Chain of Command with UCMJ authority; Battalion/Squadron Commander. For those under civilian leadership, a GS-13 or above. This convening authority cannot be delegated. Commanders are responsible for establishing and maintaining Service member accountability procedures for the duration of training.

## SERVICE MEMBER INFORMATION

Rank:	Name (Last, First, MI):		
Current Unit (Company/ Battalion):			Separation/ Retirement Date:
Government Email:		Civilian Email:	
Name of SkillBridge Provider / Training Dates:			DoD Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
SkillBridge Location:			
Residential Address During Training:			
The Package Includes the following information in this order (all documents must be included in one attachment - separate documents will be returned):			
<input type="checkbox"/> 1) Administrative Action (AA) Form via Installation SkillBridge Office (if requesting an exception to policy from HQMC)			
<input type="checkbox"/> 2) DoD SkillBridge Participant Screening			
<input type="checkbox"/> 3) TRS 5-day Transition Readiness Seminar (TRS). Date Completed:			
<input type="checkbox"/> 4) Individual Program Vetting Document (If not DoD Approved)			
<input type="checkbox"/> 5) SkillBridge Provider Acceptance Letter (for everyone)			
<input type="checkbox"/> 6) Commander's Participation Letter (authorization)			
<input type="checkbox"/> 7) Other:			
SkillBridge Application Reviewed by First Sergeant/SNCOIC			
Name:		Signature:	
Rank:	Phone:	Email:	
SkillBridge Application Reviewed by Company Commander/OIC			
Name:		Signature:	
Rank:	Phone:	Email:	
Application Reviewed and Verified by Installation SkillBridge Representative			
Name:		Signature:	
Position:	Phone:	Email:	

**USMC SKILLBRIDGE PARTICIPANT SCREENING****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

**AUTHORITY:** 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; E.O. 9397 (SSN), as amended; and SORN [MO1754-4](#).

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**APPLICANT INFORMATION**

NAME (Last, First, MI.):		GRADE:	RANK:	BRANCH:
DEPARTMENT OF DEFENSE (DoD) IDENTIFICATION NUMBER:			MILITARY OCCUPATIONAL SPECIALTY:	
PHONE #:	EMAIL (Personal):		INSTALLATION:	
MAJOR SUBORDINATE COMMAND:		UNIT (Company and Battalion):		
PREREQUISITES	YES	NO	REMARKS	
1. Expected to be released from AD within 180 days of starting the course with an Honorable Discharge, including General Discharge Under Honorable Conditions. Date:	<input type="checkbox"/>	<input type="checkbox"/>		
2. Completed Transition Readiness Seminar or its equivalent if non-Marine Corps participant.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has sufficient time remaining under contract to complete the course prior to established separation date. Extensions to existing Expiration of Active Service (EAS) are not authorized. EAS Date:	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has attended or completed a Marine Corps or DoD approved workplace ethics brief or training within the last 12 months or its equivalent if non-Marine Corps participant. Date Completed:	<input type="checkbox"/>	<input type="checkbox"/>		

**NAVMC 1320/2 (1-22) (EF)****CUI (when filled in)**

Page 1 of 2

Previous versions are obsolete

Controlled by: USMC  
CUI Category: PRVCY  
LDC: DL ONLY  
POC: MFPrivacy@usmc.mil

AEM Form Designer 6.5



## STATEMENT OF UNDERSTANDING OR RESPONSIBILITIES AND AUTHORIZATION

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

1. I have inquired directly to the course point of contact and secured current course information as well as the additional requirements to apply. I acknowledge that I fully understand the prerequisites, funding, and selection process to apply for this course.

2. I understand that any omission or inaccurate statement provided in this form shall be grounds for course rejection or withdrawal.

3. I am fully aware that there are limited seats in the course, and acceptance into the course may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter.

4. I fully understand the financial requirements to participate in this course, and I voluntarily assume any additional costs that may occur including travel, meals, parking, books, equipment, uniform, testing, and/or housing costs associated with course participation, and attest that this will not cause any financial hardship for me or my family.

5. I ensure that I shall return any items utilized throughout the course in good working order.

6. If the course utilizes my GI Bill, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.

7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment, as per course guidelines, and uphold all military and accountability requirements. I understand that the classroom will be my appointed place of duty, and failure to attend class may result in a charge of Unauthorized Absence.

8. I agree to adhere to military travel policy and any unauthorized travel will be grounds for dismissal. Course approved travel for interviews or to fulfill course duties may be required.

9. I understand that I am responsible for sponsoring base access for any guest attending the course graduation.

10. If required, I acknowledge I will have base access after EAS in order to complete SkillBridge.

11. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.

12. I acknowledge I am able and intend to start working upon leaving Active Duty Service per DoDI 1322.29.

13. I understand and allow the Course Provider and SkillBridge Program Office to contact me after my transition to gain information on my employment status for course evaluation and continuance. I authorize the use of both the application and employment information for program statistical purposes.

14. 5-Day Transition Readiness Seminar was completed on \_\_\_\_\_

## PARTICIPANT ACKNOWLEDGEMENT

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the program, I must immediately contact my Commander and installation SkillBridge Representative. I am to report immediately back to my duty station.

PARTICIPANT (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

INSTALLATION SKILLBRIDGE REPRESENTATIVE (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

**BASIC INDIVIDUAL RECORD**

LCPL Jones, James

EDIPI: 1111111111

PRES RUC: 23654

Current as of: 2023-12-11

BILLET DESC: **RADIO OPERATOR**

PRES COMPANY: **Z**

PRES PLT: **4PLT**

PRES WS:

**CONTRACT INFORMATION**

EAS: **20241226**

EOS: **20241226**

ECC: **00000000**

DATE OF ENL/ACCEPT: **20200727**

AFABDD: **20200727** PEBD: **20200727**

DATE OF ORIG ENTRY: **20190826**

LENGTH CURR ENL: **4 YRS**

LENGTH CURR ENL: **00 MOS**

LENGTH CURR EXT: **00 MONTHS**

NO EXT CURR ENL: **00**

TOTAL MONTHS EXT: **00 MONTHS**

EFF DTE CURR EXT: **00000000**

MONTHS LAST ENL EXT: **00**

TIME LOST CURR ENL: **0000 Days**

SOURCE OF INT ENTRY MIL SER: **C**

SOURCE OF ENTRY: **ADBA**

COMPONENT CODE: **11 USMC ENLISTED**

ECC: **00000000** RESERVE COMPONENT CODE:

DATE ACCEPTED FIRST COMMISSION: **00000000**

DOD TRNGRP:

MANDATORY DRILL START: **00000000**

DATE OF BASIC ELIG: **00000000**

PEF: **DB INFORMATION AND COMM**

BONUS PEF: **0B NONE**

COLLEGE FUND PEF: **0C NONE**

MGIB-SR STATUS:

ACTIVE DUTY MGIB STATUS: **6**

TRAINING GRP:

END: **00000000**

MDP EXT MO: **00**

OVEBP CODE: **3**

DESIG MIL PILOT: **00000000**

6 YEAR OBL START DATE: **00000000**

POST 911 GIBILL ELIG BEGIN DT: **20201209**

POST 911 GIBILL BENEFITS TR DT: **00000000**

POST 911 GIBILL TR EDU BENE CD: **0**

POST 911 GIBILL TR EDU OBL DT: **00000000**

SAMPLE

# United States Marine Corps



## Completion Certificate

*This is to certify that*

**NAME EDIPI**

*Has completed*

**Developing Your Business Ethics**

**Course Number: LLISELF301**

*Given through the*

**Marine Corps Distance Learning**

**Network on DATE**

Semper Fidelis

T.K. Kerrigan

Director

College of Distance Education and Training

# 2025 Transition Readiness Checklist

**TO BE COMPLETED BY INDIVIDUAL**

Type of Separation Circle One: Regular / AdSep / MedSep / Retiree

Rank: \_\_\_\_\_ Last Name, First Name: \_\_\_\_\_

DOD ID #: \_\_\_\_\_ Unit: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

EAS: \_\_\_\_\_ Terminal Leave Start Date: \_\_\_\_\_

**TO BE COMPLETED BY TRP STAFF ONLY**

Employment      Education      Career Exploration      Entrepreneurship

Tier 1       Tier 2       Tier 3

Step	Scheduled Date	Staff Initials	Additional Notes
Individual Counseling			
Pre-Sep Counseling Seminar			
TRS Core Class			
Transition Budget			
TRS Track Class			
Capstone Review			
SkillBrief Brief			

**COMPLETE ALL PRE-WORK ON THE BACK OF THIS CHECKLIST PRIOR TO SCHEDULING YOUR IC**

**\*\* DO NOT LOSE THIS CHECKLIST – This checklist must be brought with you to each required portion of TRS. STAFF INITIALS WILL ONLY BE RECEIVED UPON COMPETION.**

**STEP 1:** Select "Upload File" icon and upload copies of the required documents into your secure NCMIS profile.



**STEP 2:** Start a new application with "Create New Application" button and select "I Accept" when prompted

**STEP 3:** Provide name of installation where SkillBridge counselling occurred

**STEP 4:** Search for and select SkillBridge Organization

**STEP 5:** Search for and select SkillBridge Program Location (this list populates based on the selection from Step 4)

**STEP 6:** Fill in all remaining blank fields. Include all required fields.

**Required fields:** Location (on base/off base), Program start/end date, Nearest Installation from SkillBridge Program Location

The screenshot shows the 'SkillBridge Application' form. It includes a 'Service Member' table with fields for Name, Work Phone, OMB Phone, Personal Phone, EPROCID, Work Email, Personal Email, and Ethnicity. Below this is the 'Approver Information' section with a search box (1) and a '+Add Approver' button (7). The 'Application' section contains fields for Organization (4), SkillBridge Program Location (5), Program Start Date (6), Program End Date, Location, and Nearest Installation. At the bottom right, there is a '+Add Approver' button (7) and a 'Submit' button (8).

**STEP 7:** Add Authorizing Authority using green "+Add Approver" button. Authorizing Authority must be the Commanding Officer (CO) or Officer in Charge (OIC) of your command. Official Email required. *Any attempt to send to an unauthorized approver is subject to UCMJ.*

**STEP 8:** Review Application for accurate inputs. Once complete, select "Submit" button at bottom right of the form. Confirm submission when prompted.

