

**ADDENDUM TO CERTIFICATE OF ACKNOWLEDGEMENT  
OF SERVICE REQUIREMENTS  
(DA FORM 3540)  
FOR ENLISTMENT INTO THE US ARMY RESERVE  
TROOP PROGRAM UNIT WARRANT OFFICER FLIGHT PROGRAM  
For use of this form, see AR 601-210 the proponent agency is ODCSPER**

This form will be completed for all applicants enlisting for the USAR TPU WOFT Program and must be firmly attached to each copy of the DA Form 3540.

1. ACKNOWLEDGEMENT: I am enlisting for the USAR Warrant Officer Flight Training Program, I hereby acknowledge that I understand that --

a. I must successfully complete basic (combat) training (*if required*) and undergo the Warrant Officer Indoctrination Training and Warrant Officer Candidate Rotary Wing Aviation Course (*Preflight and Flight Training Course*).

b. I must qualify for a security clearance.

c. I must continue to meet Class 1 medical standards for flying.

d. After my appointment as a Warrant Officer and completion of flight training, I will serve no less than 60 months in an Army Reserve Troop Program Unit as a Warrant Officer, unless sooner released by the Department of the Army and I will serve the remainder of my military obligation as prescribed by law.

e. Throughout my training I must be prepared to meet the rigorous physical, mental, and psychological requirements.

f. In the event I should not be granted a security clearance or should fail to complete my training (*Preflight or Flight*) successfully, or withdraw or otherwise voluntarily disenroll from this course, I will be required to be retained in the Troop Program Unit and trained in an enlisted specialty for which a vacancy exists and for which I am qualified.

g. The unit I am enlisting for is:

ENTER USAR UNIT UIC

LOCATED AT

2. I understand this addendum is part of agreements contained in DA Form 3540 signed by me.

3. I certify I have read and understand the above, further I have had *no* promises made to me other than those contained in this form. Any verbal promise is not valid. I hereby acknowledge that I have had explained to me and I have read or viewed the nature of the training I am to receive.

**AUTHENTICATION**

GUIDANCE COUNSELOR'S NAME, GRADE, SSN

GUIDANCE COUNSELOR'S SIGNATURE

APPLICANT'S NAME, SSN

APPLICANT'S SIGNATURE