

(Date dd/mm/yyyy)

MEMORANDUM FOR USSF

FROM: Name  
Address  
City, State, zip

SUBJECT: Request for Transfer to the U.S. Space Force

1. I request an inter-service transfer to U.S. Space Force from my current branch
2. I provide the below and enclosed information in support of my request.
  - a. Full Name (first, middle, last name):
  - b. SSN:
  - c. Current Rank and Date of Rank:
  - d. Telephone number (you may include more than one):
  - e. E-mail address (you may include more than one):
3. My professional or technical qualifications and educational background include (include any directly related qualifications and education).
4. I am requesting this transfer (include reason for requesting transfer and justification to demonstrate why such transfer is in the best interest of the U.S. Space Force)
5. Describe the culture you want to be a part of in the U.S. Space Force.

6. I acknowledge that (check as appropriate and initial each):

- a. I am / am not in a deferred promotion status. \_\_\_\_\_ (officer applicants only)
- b. I am / am not on medical hold or pending a medical evaluation board. \_\_\_\_\_
- c. I am / am not on administrative hold or pending adverse action. \_\_\_\_\_

7. I currently hold a \_\_\_\_\_ security clearance, adjudicated on

8. Statement of Understanding (place initials).

- a. \_\_\_\_\_ For Officers: I understand if my request is approved, I will be required to serve an active duty service commitment as determined by the U.S. Space Force before I will be eligible for separation or release from active duty. I understand my active-duty obligation and permanent grade and date of rank will be assigned to me by the Secretary of the Air Force upon appointment. I further understand as an officer in the U.S. Space Force, I may be assigned to a government-sponsored training program or directed on permanent change of station (PCS) to meet the needs of the Service. If I am required to undergo such training or PCS, I understand I must serve any additional active duty service obligation appropriate for the training I received or my PCS assignment. I also understand this additional active service obligation may be served concurrently with the initial period of minimum required service.
- b. \_\_\_\_\_ For Enlisted: I understand if my request is approved, I will be required to enlist in the U.S. Space Force. I understand the length of enlistment will be determined by the U.S. Space Force upon approval to transfer. I understand my permanent grade and date of rank will be assigned to me by the Secretary of the Air Force upon enlistment. I further understand, I may be assigned to a government-sponsored training program or directed on permanent change of station (PCS) to meet the needs of the Service. If I am required to undergo such training or PCS, I understand my enlistment period must extend beyond any additional active duty service obligation appropriate for the training I received or my PCS assignment. I also understand this additional active service obligation may be served concurrently with the initial period of minimum required service.

(Digital or Wet Signature)

Enter Full name, Rank, Service