

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.

PRINCIPAL PURPOSE: To secure sufficient information from the individual so to determine eligibility and to process the individuals' requests for the Cold War Recognition Certificate.

ROUTINE USES: Information is used for official purposes within the Department of Defense; specifically, to process requests for Cold War Certificates. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.

DISCLOSURE: Disclosure of the Social Security Number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, and may prevent the agency from determining eligibility of the requester for the certificate.



U.S. ARMY HUMAN RESOURCES COMMAND
AWARDS AND DECORATIONS BRANCH



Application for Cold War Recognition Certificate

PRINT THE APPLICATION, SIGN, ATTACH A COPY OF SUPPORTING DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW

Instructions: Fill out this application and mail with supporting documentation to the U.S Army Human Resources Command, Awards and Decorations Branch with your proof of service.

Acceptable Documents: To receive a certificate, you must submit supporting documentation that demonstrates Honorable service. An acceptable supporting document includes any official government or military document that contains the recipient's name, Social Security Number or Military Service Number or Foreign Service Number, and a date showing at least one day of service during the Cold War era (September 2, 1945 to December 26, 1991). Example: DD Form 214 (Report of Separation).

DO NOT SEND ORIGINAL DOCUMENTS

You must certify your honorable service by signing and dating the application and returning it with a copy of supporting documents to:

USAHRC
Cold War Recognition Program
Attn: AHRC-PDP-A, Dept 480
1600 Spearhead Division Avenue
Fort Knox, KY 40122-5408

Awardee Name (First, MI, Last): _____

Or

Requestor's Name (If it is not the Awardee): _____

ID Type: SSN, MSN, or FSN (Circle One): _____

Mailing Address: _____

City: _____ State/Province/Region: _____

Postal/Zip Code: _____ Country: _____

Awardee or Requestor Email Address: _____

I confirm my (or the recipient's) faithful and honorable service to the nation during the Cold War Era.

Signed: _____ Date: _____