

Orders to Ranger School

Note: Approved ATTRS reservation with
Approved DD 1610 or approved WALK ON from
R7

RANGER SCHOOL PACKING LIST - Critical Items

APPLICATION FOR HOMEOWNERS ASSISTANCE (Read Privacy Act Statement and Instructions before completing form.)		OMB No. 0704-0463 OMB approval expires Nov 30, 2013	REPORT CONTROL SYMBOL DD-A&T(AR)1154
<small>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0463). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small> PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ARMY CORPS OF ENGINEERS OFFICE.			
PRIVACY ACT STATEMENT			
AUTHORITY: Public Law 89-754, Section 1013 and Executive Order 9397. PRINCIPAL PURPOSE(S): To determine eligibility for benefit and process requests for the Homeowners Assistance Program. ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) including the Department of Housing and Urban Development when assuming custody of acquired homes, to manage and dispose of such properties on behalf of the Secretary of Defense; Department of Veterans Affairs in accepting subsequent purchaser in private sales when property is encumbered by a mortgage loan guaranteed or insured by them; Department of Justice to review final title and deeds of conveyance to the Government for properties acquired under the program, pursuant to their responsibilities under Public Law 91-380, and the Internal Revenue Service to determine tax liability for sale of property to the Government. DISCLOSURE: Voluntary; however, failure to provide requested information will hinder verification of employment and homeowner information and may result in delay or denial of benefits provided under this law.			
Please type or print, limiting each entry to the space provided. If there is not enough space for an answer, use the "Remarks" section on Page 4 of this form. Repeat the form number and give the additional information. If a date is required, enter year, month and day (for example, June 1, 2008 would be 20080601). Complete all sections of the form as indicated.			
SECTION I - QUALIFICATION (To be completed by Applicant)			
1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. GRADE/RANK
4. PRESENT MAILING ADDRESS			
a. STREET (Include apartment number)		b. CITY	c. STATE d. ZIP CODE
5. EMAIL ADDRESS			
6. HOME TELEPHONE NUMBER (Include area code)		7. WORK TELEPHONE NUMBER (Include area code)	
a. HOME	b. CELL	a. COMMERCIAL	b. OSN
8. INSTALLATION/ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE (BRAC applicants only)			
a. NAME OF INSTALLATION/ACTIVITY	b. CITY	c. STATE	9. DATE OF CLOSURE OR REDUCTION ANNOUNCEMENT (BRAC) (YYYYMMDD)
10. EMPLOYMENT OR SERVICE AT INSTALLATION (Military and Federal Employee Applicants only)			
a. ELIGIBILITY CATEGORY (X)	b. (X one)	c. BRANCH OF SERVICE, (X one)	
<input type="checkbox"/> WOUNDED	<input type="checkbox"/> CSRS	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS
<input type="checkbox"/> BRAC	<input type="checkbox"/> FERS	<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD
<input type="checkbox"/> PCS	<input type="checkbox"/> NAFI	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER (Specify)
d. STARTING DATE (YYYYMMDD)	e. TYPE OF APPOINTMENT	f. ENDING DATE (YYYYMMDD)	g. NATURE OF SEPARATION
11. REASON FOR DESIRING ASSISTANCE (Complete 11.a. if Civilian Employee, 11.b. if Military Service Member)			
a. CIVILIAN EMPLOYEE (X and complete as applicable)			
(1) ACCEPTED FEDERAL TRANSFER		(2) WOUNDED, INJURED OR ILL (WI)	(3) SURVIVING SPOUSE
(a) FOR BRAC OR WI (Name of Installation or Hospital)	(b) DATE (YYYYMMDD)	(c) LOCATION OF INSTALLATION (City, State, Country)	
(4) ACCEPTED OTHER EMPLOYMENT (BRAC applicants only)			
(a) AT (Name of Subsequent Employer)	(b) DATE (YYYYMMDD)	(c) LOCATION OF EMPLOYMENT (City, State, Country)	
(5) UNEMPLOYED (Furnish unemployment dates only when application is based on financial hardship due to your inability to be employed in the area of the closed/reduced installation. Attach statement on why employment is not available or has not been accepted; also state amount and frequency of all income, nature and amount of debts, number and amount of installment payments (including mortgage) in arrears, and any other information providing evidence of financial hardship.)			(a) UNEMPLOYED FROM (YYYYMMDD)
			(b) TO (YYYYMMDD)
b. MILITARY SERVICE MEMBER (X and complete as applicable)			
(1) TRANSFERRED TO: (a) NAME OF INSTALLATION			(b) DATE (YYYYMMDD)
(2) ORDERED INTO ON-POST QUARTERS ON (YYYYMMDD)			
(3) PCS ORDERS (YYYYMMDD)			
(4) RETIRED OR SEPARATED ON (YYYYMMDD)			

DD FORM 1607, DEC 2010

Page 1 of 4 Pages

DD-93/SGLV

RECORD OF EMERGENCY DATA			
PRIVACY ACT STATEMENT AUTHORITY: 5 USC 552, 10 USC 855, 1475 to 1480 and 2771, 38 USC 1979, 44 USC 3101, and EO 9397 (SSN). PRINCIPAL PURPOSE: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the persons the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of valuing the SSN is to provide positive identification. All items may not be applicable. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.			
INSTRUCTIONS TO SERVICE MEMBER This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other persons you would like notified if you become a casualty (other family members or fiancé), and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up-to-date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.		INSTRUCTIONS TO CIVILIANS This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other persons you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.	
IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		3b. REPORTING UNIT CODE/DUTY STATION	
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		5. ADDRESS (Include ZIP Code and TELEPHONE NUMBER)	
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
6. CHILDREN a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)
			d. ADDRESS (Include ZIP Code and TELEPHONE NUMBER)
6a. FATHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code and TELEPHONE NUMBER)	
7a. MOTHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code and TELEPHONE NUMBER)	
8a. DO NOT NOTIFY DUE TO ILL HEALTH		b. NOTIFY INSTEAD	
9a. DESIGNATED PERSON(S) (Military only)		b. ADDRESS (Include ZIP Code and TELEPHONE NUMBER)	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

DD FORM 93, JAN 2008

PREVIOUS EDITION IS OBSOLETE.

Smart

ADDITIONAL INFORMATION

**Prudential**Office of Servicemembers'
Group Life Insurance**Servicemembers' Group Life Insurance
Election and Certificate****1. About You**

Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
Duty Location	Branch of Service	

2. About Your Coverage

I am completing this form to: (Check all that apply)

- ☐ Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- ☐ Increase or restore my SGLI coverage to \$ _____ by must complete sections 3, 4, & 5.
- ☐ Reduce my SGLI coverage to \$ _____ by must complete sections 3 & 5.
- ☐ Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries Complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (if available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1.				Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum
Secondary				
1.				Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum

☐ **Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S if you do not name beneficiaries above, your insurance will be paid by law (see page 3).

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

GL 2010 094 E: 06/2011 (Supersedes all previous versions of SGLV 8286 and SGLV 8285.)

SGLV 8286 Page 1 of 4

Note: Must have been signed within 180 days of class report date

RANGER SCHOOL PACKING LIST - Critical Items

STP



RANGER, JOE

Printed 10/04/23

SOLDIER TALENT PROFILE

AR 600-8-104

PV1

PV2

PFC

SFC

CPL

Sgt

SSG

SFC

MSG

SOM

Basic Data

AC

PFC

WRC2

Job Code(P/S)

SO(P/S)

AS(P/S)

Date of Birth:

Birth Country:

Country of Citizenship:

Gender:

Race:

Ethnic Group:

Height:

Weight:

Religion:

Marital Status:

of Dependents (Adult/Children):

Home of Record A...

Deployable

Readiness

SPFA FLAGS

Restriction	Code	Begin Date	End Date

ASSIGNMENT ELIGIBILITY (AEA) FLAGS

Restriction	Code	Begin Date	End Date

Skills

PROFESSIONAL LICENSES

PROFESSIONAL CERTIFICATIONS

DEFENSE LANGUAGE PROFICIENCY TEST (DLPT)

LANGUAGES (SELF-PROFESSED)

ATTRIBUTES (SELF-PROFESSED)

Career Mapping

2004

2005

2006

2007

2008

2009

2010

PZ

Experience

DEPLOYMENTS

MILITARY EXPERIENCE: DEPLOYMENTS / ASSIGNMENTS

Asgt	From	# Months	LOC	Organization	Station	Location	Comd	Duty Title	WOS

CIVILIAN WORK EXPERIENCE (SELF-PROFESSED)

Employment	Job Title	Start Date	End Date	Duration

ADDITIONAL DUTIES (SELF-PROFESSED)

Duty Title	Start Date	End Date

Knowledge

CIVILIAN EDUCATION

THESIS & CAPSTONE (SELF-PROFESSED)

MILITARY EDUCATION

HOBBIES / INTERESTS (SELF-PROFESSED)

SELF STUDY (SELF-PROFESSED)

Note: Within 180 days of report date

RANGER SCHOOL PACKING LIST - Critical Items

Airborne Certificate/Orders (if applicable)



Note: Must be from the U.S. Army Airborne School
on FBGA

RANGER SCHOOL PACKING LIST - Critical Items

Ranger Physical Complete (DA 2808 & 2807-1)

(females require pregnancy test)

Note: Within 18 months from the class report date

RANGER		AIRBORNE			
ARTB Schools Physical Examination Checklist IAW AR 40-501 chap 8-12					
PASS YOUR PHYSICAL!					
Check your physical exam. Do not assume it was done correctly.					
It is your responsibility to make sure all necessary blocks are checked & labs and studies are completed.					
ANY DEFICIENCY BELOW WILL PROHIBIT YOUR ENTRANCE INTO SCHOOL ON DAY ZERO.					
		Ranger		Airborne Schools (Basic AB/JMPF)	
		34 or younger	35 or older	34 or younger	35 or older
REPORT OF MEDICAL HISTORY DD FORM 2807-1 (3 Pages)					
Name and SSN completed on the top of every page by service member					
Blocks 1-29 completed by service member					
Block 30 a, b & c completed by examiner					
REPORT OF MEDICAL EXAMINATION DD FORM 2808 (3 Pages)					
Name and SSN completed on the top of every page by service member					
Block 1 must be dated within 18 months (Ranger) or 5 yrs (Airborne/JMPF) of start date					
Blocks 2-15 completed by service member					
Blocks 16-42, 44, 45-58, 72b, 73, 74 a & b, 77, 78, & 81 a & b completed by examiner					
Blocks 43, 83 a & b completed by dentist (Must be Category 1 or 2)					
Blocks 59, 61, & 63 completed by optometry (per AR 40-501, Chap 5-3g)					
Block 71 completed by audiology (attach DD Form 2216E - H2 or H3 Require Waiver)					
Block 74a Physical Exam is qualified for "Airborne/Ranger Training/School"					
Block 76 list any Disqualifying Conditions/Diagnoses requiring waiver & date waiver granted					
Blocks 81 or 84 a & b MD/DO Signature					
Note: Exams performed by PA/NP must be co-signed by MD/DO					
ARTB schools physical examination lab requirements (documented on DD Form 2808)					
Urinalysis (block 45 a & b)					
Urine HCG (females only) (block 46)					
HIV with results and test date (within 2 years) (block 49)					
Urine Microscopy (block 73)					
Sickledex (Sickle Cell screen) (block 73)					
Basic Metabolic Panel (BMP) or Fasting Blood Sugar (FBS) (block 73)					
Complete Blood Count (CBC) or Hemoglobin & Hematocrit (H&H) (block 73)					
Electrocardiogram (ECG) (block 73)					
Fasting Lipid Panel (block 73)					
Rectal Exam with Occult Blood (block 73)					
Additional Requirements					
Printed copy of ECG report reviewed and signed by a physician					
Printed copy of Hearing Examination (DD Form 2216E) (H2 or H3 Require Waiver)					
Printed copy of approved waiver signed by appropriate waiver authority(if applicable)					
COMMENTS:					
1. It is highly recommended you take this checklist to your TMC when you report for your physical examination.					
2. Ensure your provider checks Army Regulation 40-501, CHAPTERS 5-3, 5-4 and 2 for conditions that require a waiver.					
3. If you are deemed "NOT QUALIFIED" (DD2808 block 74) for any reason, you must submit a waiver request for each condition/diagnosis listed on DD2808 blocks 76, 77.					
Guidance can be found at: http://www.benning.army.mil/infantry/ARTB/ (Click on individual school page for waiver instructions)					
4. Bring a complete copy of your DD2807-1 & DD2808 (6 pages) and all applicable documents listed in Additional Requirements.					
5. Leave a copy of everything with someone who can e-mail it for you on a weekend.					
6. If you have any questions send an email to usarmy.benning.infantry-schl.mbx.artb-medical-waiver-section@mail.mil .					
DO NOT BRING ORIGINALS					
DATED 01DEC2016					

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC 504, 505, 507, 102, 915, 1301, 1306, and 45 USC 1007					
PRINCIPAL PURPOSE: For other medical use for determination of medical fitness for enlistment, induction, appointment and retention for specific and purposes of the Armed Forces. The information will also be used for medical events and disposition of Service members from the Armed Forces.					
ROUTINE USES: None					
DISCLOSURE: Volunteer, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual being processed in a non-occupational status.					
1. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		3. GRADE		5. OTHER CATEGORY	
4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)		6. DATE OF BIRTH (YYYYMMDD)		7. SEX	
8. HOME TELEPHONE (Include Area Code)		9. AGENCY (Non-Zenithar or Zenithar)		10. ORGANIZATION UNIT AND LOCATION	
11. SOCIAL SECURITY NUMBER		12. DATE OF EXAMINATION (YYYYMMDD)		13. LAST TWO DIGITS	
14. NAME OF EXAMINING LOCATION AND ADDRESS (Include ZIP Code)		15. SERVICE		16. PURPOSE OF EXAMINATION	
17. COUNTRY		18. COMMISSION		19. MEDICAL SERVICE	
20. MEDICAL SERVICE		21. MEDICAL SERVICE		22. MEDICAL SERVICE	
23. MEDICAL SERVICE		24. MEDICAL SERVICE		25. MEDICAL SERVICE	
26. MEDICAL SERVICE		27. MEDICAL SERVICE		28. MEDICAL SERVICE	
29. MEDICAL SERVICE		30. MEDICAL SERVICE		31. MEDICAL SERVICE	
32. MEDICAL SERVICE		33. MEDICAL SERVICE		34. MEDICAL SERVICE	
35. MEDICAL SERVICE		36. MEDICAL SERVICE		37. MEDICAL SERVICE	
38. MEDICAL SERVICE		39. MEDICAL SERVICE		40. MEDICAL SERVICE	
41. MEDICAL SERVICE		42. MEDICAL SERVICE		43. MEDICAL SERVICE	
44. MEDICAL SERVICE		45. MEDICAL SERVICE		46. MEDICAL SERVICE	
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50. MEDICAL SERVICE		51. MEDICAL SERVICE		52. MEDICAL SERVICE	
53. MEDICAL SERVICE		54. MEDICAL SERVICE		55. MEDICAL SERVICE	
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59. MEDICAL SERVICE		60. MEDICAL SERVICE		61. MEDICAL SERVICE	
62. MEDICAL SERVICE		63. MEDICAL SERVICE		64. MEDICAL SERVICE	
65. MEDICAL SERVICE		66. MEDICAL SERVICE		67. MEDICAL SERVICE	
68. MEDICAL SERVICE		69. MEDICAL SERVICE		70. MEDICAL SERVICE	
71. MEDICAL SERVICE		72. MEDICAL SERVICE		73. MEDICAL SERVICE	
74. MEDICAL SERVICE		75. MEDICAL SERVICE		76. MEDICAL SERVICE	
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80. MEDICAL SERVICE		81. MEDICAL SERVICE		82. MEDICAL SERVICE	
83. MEDICAL SERVICE		84. MEDICAL SERVICE		85. MEDICAL SERVICE	
86. MEDICAL SERVICE		87. MEDICAL SERVICE		88. MEDICAL SERVICE	
89. MEDICAL SERVICE		90. MEDICAL SERVICE		91. MEDICAL SERVICE	
92. MEDICAL SERVICE		93. MEDICAL SERVICE		94. MEDICAL SERVICE	
95. MEDICAL SERVICE		96. MEDICAL SERVICE		97. MEDICAL SERVICE	
98. MEDICAL SERVICE		99. MEDICAL SERVICE		100. MEDICAL SERVICE	

REPORT OF MEDICAL HISTORY		DATE: 0704-0413	
(This information is for official and medical use only and will not be released to unauthorized persons.)		0413 approval expires Aug 31, 2014	
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Collection (0704-0413). Do not send information to this collection of information if it does not apply to your business, and do not send information if it does not apply to your business.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.			
PRIVACY ACT STATEMENT			
AUTHORITY: 10 USC 504, 505, 507, 102, 915, 1301, 1306, and 45 USC 1007			
PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and whether disqualifying medical condition(s) exist on the commissioning form (DD 2807-1). The additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by medical evaluation board, and official military personnel file (SOFI) maintained by each of the Services.			
ROUTINE USES: The Routine Uses (as found at 48 CFR 101.11, defense.gov) apply to this collection.			
DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when recording civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-employee status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's account.			
WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.			
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER	
3. TODAY'S DATE (YYYYMMDD)		4. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	
5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)		6. HOME TELEPHONE (Include Area Code)	
7. POSITION (Title, Grade, Component)		8. USUAL OCCUPATION	
K. ALL APPLICABLE BOXES:			
a. SERVICE			
b. COMPONENT			
c. PURPOSE OF EXAMINATION			
d. POSITION			
e. CURRENT MEDICATIONS (Prescription and Over-the-counter)			
f. ALLERGIES (including insect, food, drugs, metals, or other substances)			
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 on Page 2.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:			
13. (Continued)			
a. Food trouble (e.g., pain, vomit, diarrhea, etc.)			
b. Lived with someone who had tuberculosis			
c. Coughed up blood			
d. Any type of skin eruption (eczema, psoriasis, etc.)			
e. Shortness of breath			
f. Brucellosis			
g. Wasting or problems with swallowing			
h. Been prescribed or used an inhaler			
i. A chronic cough or cough at night			
j. Stomach			
k. Joint pain			
l. Bone, joint, or other deformity			
m. Flatfoot, knock-knee, or bow-leg			
n. Broken bones (fractures or dislocations)			
13a. Frequent indigestion or heartburn			
b. Stomach, liver, intestinal trouble, or ulcer			
c. Gut bladder trouble or gallstones			
d. Jaundice or hepatitis (liver disease)			
e. Rash, hives, or skin disease			
f. Skin diseases (e.g., acne, eczema, psoriasis, etc.)			
g. Frequent or painful urination			
h. High or low blood sugar			
i. Kidney stones or blood in urine			
j. Sugar or protein in urine			
k. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital herpes, etc.)			
14a. Adverse reaction to serum, food, insect stings or medicines			
b. Recent unexplained gain or loss of weight			
c. Currently on special diet (if not, explain in item 29 on Page 2)			
d. Tumor, growth, cyst, or cancer			

RANGER SCHOOL PACKING LIST - Critical Items

Commanders Letter (Signed)

Enclosure 1(Validation Memorandum)to Commander's Validation of Ranger Course Prerequisites



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, AIRBORNE & RANGER TRAINING BRIGADE
10850 SCHNEIDER ROAD, BLDG 5024
FORT BENNING, GEORGIA 31905-4166

ATSH-RB

EXAMPLE

30 October 2019

MEMORANDUM FOR RECORD

SUBJECT: Company Commander Validation of Ranger Course Prerequisites

1. The below listed individual(s) have been tested and found proficient in the attached Ranger Tasks:

Doe, John	SGT	xxx-xx-6789
Buck, Joe	SGT	xxx-xx-9876

2. These Soldiers have also passed the following physical qualification tests within 90 days of reporting to Ranger School:

a. Pushups (minimum 49 repetitions in two minutes), Sit-ups (minimum 59 repetitions in two minutes), Chin-ups (palms facing the body; minimum six repetitions), Five mile run in 40 minutes or less, and a 12 mile foot march in 3hrs or less.

b. Combat Water Survival Assessment consisting of equipment removal and 15-meter swim in ACUs and boots.

3. Myself or appointed representative has inspected and confirmed that the above listed Soldiers departed with all items and equipment on the Ranger School Packing list, complete health records (original or copy), or a completed Medical Screening Form Ranger Qualified Physical Exam dated within 18 months of day one of Ranger School, and current Panorex or statement of Panorex availability and currency.

4. (Inspector must be SGT or above) SFC Pyle, Gomer, Platoon Sergeant, A Co, 1-24 Infantry inspected and confirmed the above Soldier had all required documents and equipment listed above.

5. The POC for this memorandum is the undersigned at (xxx) xxx-xxxx, or company.commander.mil@mail.mil.

COMPANY COMMANDER
CPT, IN
Commanding

RANGER SCHOOL PACKING LIST - Critical Items

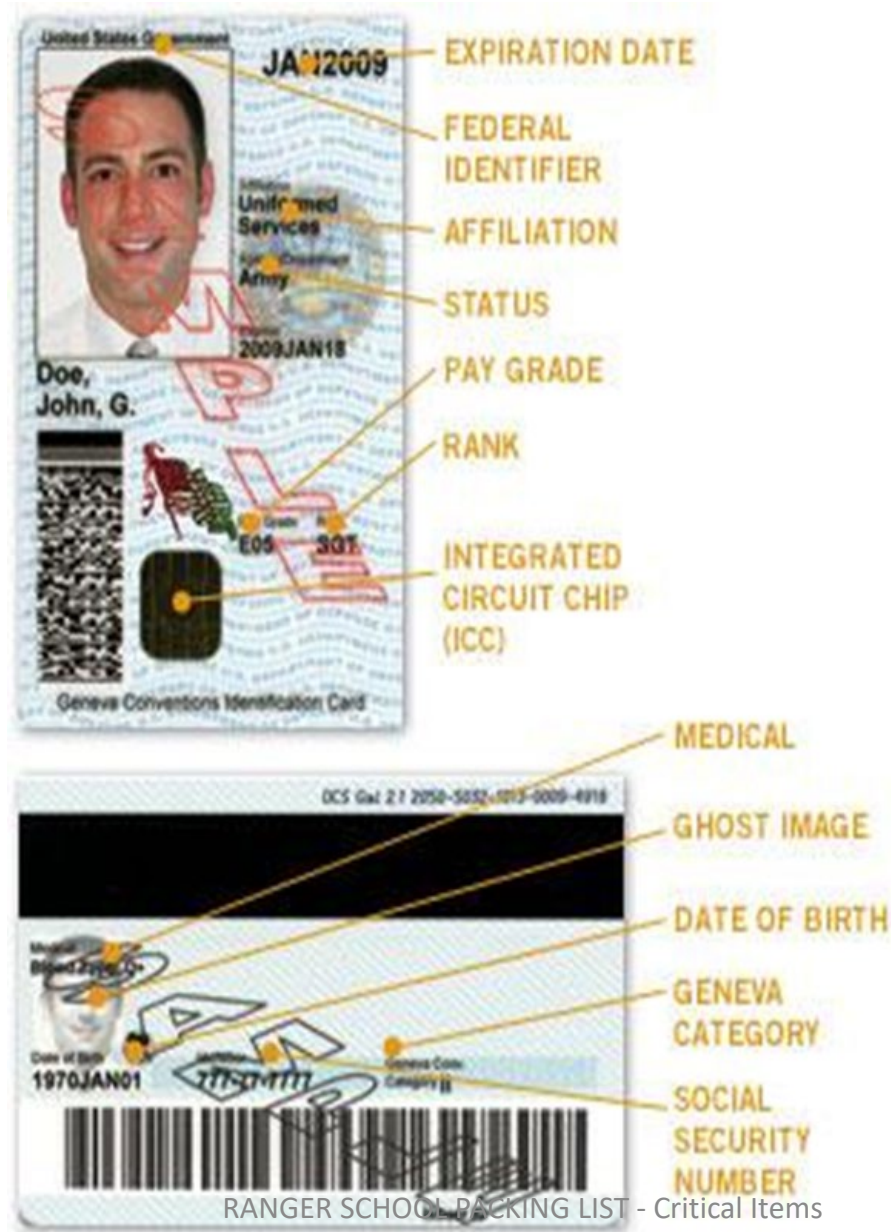
Note: Verifying that the Ranger has passed a RTTs, RPA, and CWSA at home station

Packing List (Signed)

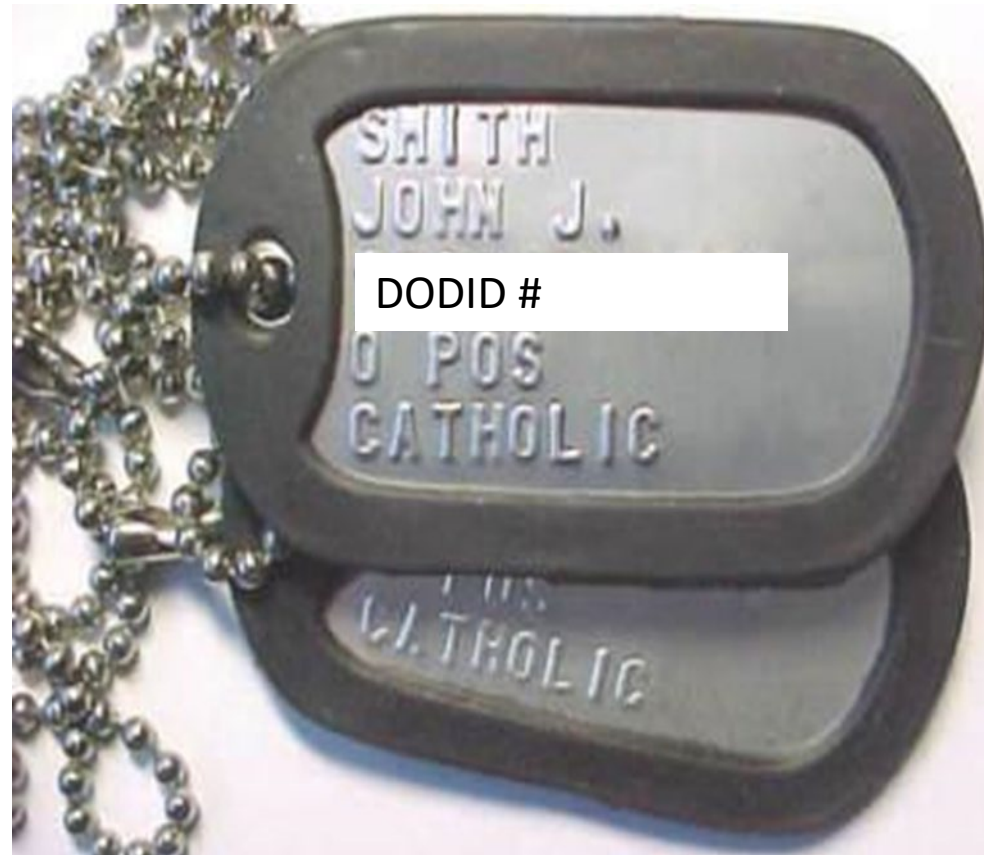
- Signed by Sergeant or Above

ID Card

Must not expire within 180 days



ID Tags with Breakaway Chain with Medical Alert Tags or Bracelet (if required)



Note: DoD ID Number/ not SSN

Item #1: RUCKSACK LARGE FIELD PACK MOLLE

Note: Bring Large MOLLE Ruck if on your OCIE hand receipt to Ranger school on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4K Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA654J	RUCKSACK LARGE FIEL-(4180)
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**RUCKSACK LARGE FIELD
PACK MOLLE**
RUCKSACK, LARGE FIELD PACK,
MOLLE, STYLE NUMBER 4180
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$82.86
WOODLAND: \$137.74
DESERT: \$81.86
MULTICAM: \$96.23



Cat eyes will be sewn 1 inch above the name tape and 1 inch apart. Name tape will be centered and sewn above the bottom seam of the MOLLE flap.
Entrenching tool centered on the front of the MOLLE pack.

Item #2: PACK FRAME MOLLE

LIN:	DA650F	FRAME-(STYLE 1603)
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Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one



PACK FRAME MOLLE

FRAME,MOLLE, STYLE NUMBER
1603
FOLIAGE GREEN
WOODLAND
DESERT



Unit price: \$28.94
WOODLAND: \$25.71
DESERT: \$25.50

Item #3: SUSTAINMENT POUCH

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:

DA655V

POUCH,SUSTAINMENT-(4280)

SUSTAINMENT POUCH



SUSTAINMENT POUCH, STYLE
NUMBER 4280
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO

Unit price: \$15.44
WOODLAND: \$9.89
MULTICAM: \$15.44

Item #4: MOLDED WAIST BELT

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA6517	MOLDED WAIST BELT (4225)
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MOLDED WAIST BELT

MOLLE WAIST BELT, UNIVERSAL
CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price:	\$28.38
WOODLAND:	\$20.06
DESERT:	\$28.98
MULTICAM:	\$29.23

Item #5: ENHANCED FRAME SHOULDER STRAPS MOLLE

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA652Z	ENHANCED FRAME SHOU
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**ENHANCED FRAME
SHOULDER STRAPS MOLLE**
ENHANCED FRAME SHOULDER
STRAPS, MOLLE, STYLE
NUMBER 4219
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO

Unit price: \$47.12
WOODLAND: \$48.04
MULTICAM : \$59.92

Item #6: BUCKLE, MALE SHOULDER SUSPENSION

LIN:	DA657S	BUCKLE, MALE SHOULDE
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Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one



**BUCKLE, MALE SHOULDER
SUSPENSION**

SHOULDER SUSPENSION
LOWER MALE BUCKLE
ASSEMBLY, GREEN CG 483,
COMPONENT OF MODULAR
LIGHTWEIGHT LOAD-CARRYING
EQUIPMENT (MOLLE)

Unit price:	\$3.00
WOODLAND:	\$3.88
MULTICAM:	\$3.00

Item #7: LOAD LIFTER ATTACHMENT STRAP

Soldiers who have a large ruck must bring it on in-processing day
Cat eyes and name tape sewn on Rucksack
UCP or OCP is authorized
Do not bring the Molle 4000 Rucksack
Fort Benning CIF will issue Large Rucksack on Day 3 to all personnel needing one

LIN:	DA657W	LOAD LIFTER ATTACHM
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LOAD LIFTER ATTACHMENT STRAP

LOAD LIFTER ATTACHMENT STRAP, MOLLE, FOLIAGE GREEN 504, STYLE NUMBER 4222

Unit price:	\$1.09
WOODLAND:	\$1.02
MULTICAM:	\$1.11

Item #8 & 8a: HELMET, ADVANCED COMBAT

LIN:

H53175

HLMT ADVNCD CMBT SM



HELMET, ADVANCED COMBAT

ADVANCED COMBAT HELMET (ACH), FOLIAGE GREEN 504, ONE NVG HOLE, 4-POINT CHIN STRAP AND PAD SUSPENSION SYSTEM, WITH PAD SUSPENSION

Unit price: \$246.98

Note: Army COMPO 1 must bring from home station. Sister services, SF, 75th, Compo 2 and 3 bring if issued (must have full Suspension Pad Set). if not, CIF will issue ACH with Pads on day 3

- Must have all 7 Suspension Pads, not having all 7 pads during the layout will result in being dismissed
- Students must maintain all 7 suspension Pads throughout the course, or it could result in a SPOT or SOR

LIN:

DA707G

PAD SET,SUSPENSION

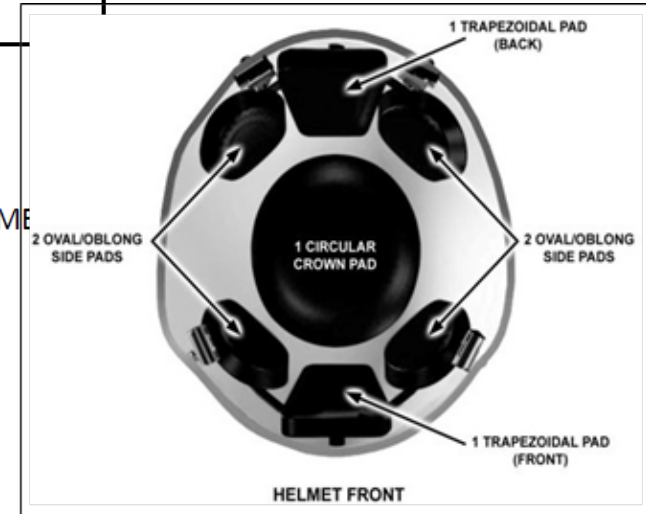


PAD SET,SUSPENSION SYSTEM

PAD SET, ADVANCED COMBAT HELMET (ACH),

Unit price: \$63.28

All seven pads are worn with the helmet. The placement of the oval pads must cover the four bolt ends of the four adjustable buckles in the helmet shell. The oval pads must be placed vertically inside the helmet shell to maximum impact protection. The crown pad may not be replaced by two oval pads.



Item #9: ACH BRACKET

LIN:	PA4042	BRACKET,LEVER-(A3297307)
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ACH BRACKET

FOR NIGHT VISION GOGGLES,
W/POST NUT & SCREW, BLACK



Unit price: \$29.52

Note: Army COMPO 1,2,3 must bring from home station.

Sister services, SF, 75th bring if issued, CIF will issue on day 3

Item #10: CAT-EYES BAND PASGT

LIN:	YY1832	BAND,HELMET,CAMOUFL
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CAT-EYES BAND PASGT



MILDEW RESISTANT AND
WATER REPELLENT, ELASTIQUE
OVERALL AND WEBBING
OVERALL, COTTON OVERALL,
OLIVE DRAB, US ARMY, 7
OVERALL

Unit price: \$0.93

Note: Per Ranger SOP

Item #11: Helmet Cover

LIN:	C28175	COVER,COMBAT
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COVER HELMET ACH MULTICAM

COVER, ADVANCED COMBAT
HELMET, MULTICAM



Unit price: \$18.64

LIN:	C28472	CVR HLMT CMFLG
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COVER,HELMET,CAMO PATTERN

UNIVERSAL CAMOUFLAGE
PATTERN, WITH A
COMMUNICATIONS FLAP IN
THE BACK OF THE COVER, USED
ON THE ADVANCED COMBAT
HELMET (ACH)



Unit price: \$17.54

Note: Army COMPO 1,2,3 must bring from home station.
Sister services, SF, 75th bring if issued, CIF will issue on
day 3

Item #12: Eye Protection APEL

The Authorized Protective Eyewear List (APEL) allows PEO Soldier to offer more choices in protective eyewear, which improves Soldier acceptance and use of protective eyewear. The APEL for Ballistics Protective Eyewear can be found at <https://peosoldier.army.mil/pmseq/eyewear.asp>.

SPECTACLES

AUTHORIZED PROTECTIVE EYEWEAR LIST (APEL) APPROVED

Model	SKU	Notes
ESS CROSSBOW	NON 4240-01-540-0742	NO CARTRIDGE
DAKLEY D1 BALLISTIC M FRAME 2.0	NON 4240-01-525-0085	NO CARTRIDGE
REVISION SAWFLY	NON 4240-01-527-4051 (PFD) NON 4240-01-527-4019 (L/D)	NO CARTRIDGE
SMITH OPTICS AEGIS	NON 4240-01-583-0204	NO CARTRIDGE
UVEX GENESIS	NON 4240-01-502-4131	NO CARTRIDGE
UVEX XC	NON 4240-01-516-0361	NO CARTRIDGE
WILEY X PS-1	NON 4240-01-510-7883	
WILEY X SG-1	NON 4240-01-544-0094	
WILEY X TALON	NON 4240-01-583-0158	NO CARTRIDGE

GOGGLES

Model	SKU	Notes
AREMA FLAKJAK	NON 4240-01-540-7286	
ESS LAND OPS	NON 4240-01-540-0576	MAY BE WORN OVER GLASSES
ESS PROFILE NVG	NON 4240-01-540-0005	NO CARTRIDGE
REVISION DESERT LOCUST	NON 4240-01-547-4218	NO CARTRIDGE
SMITH OPTICS OUTSIDE THE WIRE (OTW)	NON 4240-01-583-4883	NO CARTRIDGE

DISCLAIMER: Any use of the APEL for public advertising, or other that not state or imply that the product is the preferred or the only one of that type available, or that the U.S. Army is only recommending or endorsing the use of the product is prohibited. The APEL is provided for informational purposes only. The APEL is not a recommendation or endorsement of any product or service.

NOTES: The 1st Mar 2014 APEL, removed the ESS K2 Spectacles, the ESS K2 (K2) Spectacles and the ESS K2 (K2) Spectacles. Only the ESS K2 Spectacles are still authorized to use these items. If they are still authorized to use these items, they are no longer recommended. Users should replace their current items with a Spectacle or Goggles from the updated list of protective eyewear authorized on the APEL or follow the APEL, pending.

Program Executive Office Soldier
SP4Z-SCB
5801 Pulaski Road, Bldg 309
Fort Belvoir, WA 99007-9402
Phone: 1-800-345-2802
<http://www.peosoldier.army.mil>

U.S. ARMY **ARMY** **PROGRAM EXECUTIVE OFFICE SOLDIER**

Students are encouraged to bring 1 pair for each phase, **not having eye protection may result in SPOT report or SOR for Safety for not having proper PPE.**

Item #13: MOLLE TACTICAL ASSAULT PANEL (TAP)

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

LIN:

DA659Q

TACTICAL ASSAULT PA MULTICAM



MOLLE TACTICAL ASSAULT PANEL (TAP)

MOLLE (MODULAR
LIGHTWEIGHT LOAD-CARRYING
EQUIPMENT), CAMOUFLAGE
PATTERN 1



Unit price: \$43.29



Name tape will be sewn to the carrying back strap of the TAP

Item #14: POUCH, 1 QT CANTEEN-GENERAL

LIN:	DA6588	POUCH,CANTEEN-GENER
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POUCH, 1QT CANTEEN- GENERAL

CANTEEN/GENERAL
PURPOSE,MOLLE,UNIVERSAL
CAMOUFLAGE, STYLE NUMBER
4015

Unit price: \$11.05
WOODLAND: \$10.48
DESERT: \$12.30
MULTICAM: \$11.05

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #15: POUCH,HAND GRENADE

LIN:	DA6593	POUCH,GRENADE,HAND
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POUCH,HAND GRENADE



HAND GRENADE POUCH,
MOLLE, STYLE NUMBER 4130

UNIVERSAL CAMO
WOODLAND CAMO
DESERT CAMO

Unit price:	\$5.05
WOODLAND:	\$4.61
DESERT:	\$5.56
MULTICAM:	\$5.05

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #16: POUCH, M4 TWO MAGAZINE

LIN:	DA6562	POUCH,M4 TWO MAG-(STYLE 4060)
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POUCH, M4 TWO MAGAZINE

M4 TWO MAGAZINE SIDE BY
SIDE POUCH, MOLLE, STYLE
NUMBER 4060
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price: \$5.39
WOODLAND: \$10.81
DESERT: \$6.95
MULTICAM: \$5.39

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #17: POUCH, M4 THREE MAG

LIN:	DA658H	POUCH,M4 THREE MAG-(4070)
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POUCH, M4 THREE MAG



M4 THREE MAGAZINE SIDE BY
SIDE POUCH, MOLLE, STYLE
NUMBER 4070

UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Unit price:	\$18.34
WOODLAND:	\$17.86
DESERT:	\$17.86
MULTICAM:	\$15.38

Item #18: FLASH BANG GRENADE POUCH

LIN:	DA6563	FLASH BANG GRENADEP-(4105)
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**FLASH BANG GRENADE
POUCH**

FLASH BANG GRENADE POUCH,
MOLLE, STYLE NUMBER 4105
UNIVERSAL CAMOUFLAGE
WOODLAND CAMO
DESERT CAMO

Unit price:	\$5.23
WOODLAND:	\$9.18
DESERT:	\$9.18
MULTICAM:	\$5.23

Army COMPO 1, 2, 3 must bring from home station.
Sister services, SF, 75th can bring their issued TAP or equivalent system.
TAP must have name sewn on (per Ranger SOP) be configured to carry 6 - M4 Magazine,
2 - 1 QT canteen, 1 - Compass, all pouches may be attached to the TAP during the
inspection

Item #19: COMPASS NSN 6605-01-196-6971



Note: Military issue

Item #20: Magazine, M4



Note: 30 round Magazine

Item #21: Adapter, Firing, (M4 yellow, not M16 red)

Note: M4 yellow, not M16 red



Item #22: CANTEEN 1QT

LIN:	C96536	CANTEEN 1QT W/M1 CAP
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CANTEEN 1QT



RIGID,SINGLE WALL
CONSTRUCTION,W/STRAP ON
MI CHEMICAL PROTECTIVE
SCREW CAP,W/O CUP AND
COVER
OLIVE DRAB,FED STD 595,34087
PLASTIC

Unit price: \$5.08

Note: may be in the TAP system

Item #23: CANTEEN, WATER 2QT

LIN:	C96399	CANTEEN WATER PLASTIC
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CANTEEN, WATER 2QT



2.0 QUART
SLUSTERLESS; COLLAPSIBLE;
WITH M1 CAP
OLIVE DRAB, FED STD 34087
PLASTIC

Note: may be on the ruck

Unit price: \$9.40

Item #24: COVER CANTEEN 2QT

LIN:	F30117	COVER CANTEEN NYLDUCK
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COVER CANTEEN 2QT

DUCK, NYLON, GREEN, W/SLIDE
KEEPERS



Unit price: \$9.76

Note: may be on the rack, Green or Tan

Item# 25: CARRIER, HYDRATION SYSTEM W/BLADDER, HYDRATION S

LIN:	DA651E	BLADDER, HYDRATION S
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BLADDER, HYDRATION S

REPLACEMENT BLADDER FOR HYDRATION SYSTEM, INCLUDES 100ML RESERVOIR, DRINK TUBE AND BITE VALVE, COMPONENT OF MODULAR LIGHTWEIGHT LOAD-CARRYING EQUIPMENT (MOLLE).

Unit price: \$16.12

Note: Students must report on day zero with camelback full of water and will wear during in-processing

Item #26: GEN III – LEVEL 1 LIGHTWEIGHT CW DRAWERS

LIN:	D74128	DRWRS CLD WTHR
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GEN III - LEVEL1

Lighweight CW DRAWERS

ECWCS GEN III LV1

DESERT SAND MAIN BODY

Unit price: \$15.25

Note: Sister services and foreign students are authorized to wear equivalent

Item #27: GEN III - LEVEL2 MID-WEIGHT CW DRAWERS

LIN:	D74812	DRWR CLD WTHR
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GEN III - LEVEL2
Mid-weight CW DRAWERS
ECWCS GEN III LV2
DESERT SAND MAIN BODY

Unit price: \$25.88

Note: Sister services and foreign students are authorized to wear equivalent

RANGER SCHOOL PACKING LIST - Critical Items

Item#28: GEN III - LEVEL1 LW CW UNDERSHIRT

LIN:	U31387	UNDRSHRT CD WR
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GEN III - LEVEL1 LW CW UNDERSHIRT

ECWCS GEN III LV1
UNDERSHIRT, DESERT SAND
MAIN BODY

Unit price: \$20.11

Note: Sister services and foreign students are authorized to wear equivalent

Item #29: GEN III - LEVEL2 MIDWEIGHT CW UNDERSHIRT

LIN:	S08535	SHIRT CLD WTH
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GEN III - LEVEL2 MID- WEIGHT CW UNDERSHIRT

ECWCS GEN III LV2
DESERT SAND MAIN BODY

Unit price: \$36.09

Note: Sister services and foreign students are authorized to wear equivalent

Item #30: GAITER NECK

LIN:	G39744	GAITER NECK DK BRN
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GAITER NECK

MATERIAL PLAIN JERSEY KNIT
FABRIC CONSISTING OF
POLYPROPYLENE AND LYCRA
YARN; DARK BROWN/TAN AND
CAMO COMPATIBLE; SIZE; TUBE
DESIGN; 10 3/4 IN. WIDE, 15 IN.
LONG

Unit price: \$2.32

Note: subdued color

Item #31: MITTEN INSERTS, COLD WEATHER

LIN:	M52555	MITTEN INSERT WL/NY
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MITTEN INSERTS, COLD WEATHER

WOOL OVERALL AND NYLON
OVERALL, USE WITH MITTEN
SHELL, TRIGGER, GREEN, US
ARMY, 208 OVERALL

Unit price: \$4.83

Note: students are authorized to wear issued equivalent or Civilian equivalent (**See item # 130**)

Item #32: MITTEN SHELLS, COLD WEATHER

LIN:	M53240	MITTEN SHELL CTN-NY
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MITTEN SHELLS, COLD WEATHER

BROWN, US ARMY, 214 PALM;
BROWN, US ARMY, 214
THUMB; GREEN, US ARMY, 107
OVERALL; LEATHER PALM;
LEATHER THUMB



Unit price: \$11.75



Note: students are authorized to wear issued equivalent or Civilian equivalent (See item # 130)

RANGER SCHOOL PACKING LIST - Critical Items

Item #33: GLOVES COMBAT

LIN:	DA154H	GLOVES COMBAT
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GLOVES COMBAT

HATCH HCG 752
KEVLAR COMBAT GLOVES
SHORT/LONG
CAMELBAK COMBAT GLOVES
MXC SAGE GREEN
US ARMY RFI ITEMS

Unit price: \$71.51
 LONG: \$30.00
 CGMXC: \$88.70

Item #34: Gloves LTHR MN WORK

LIN:	J68064	GLOVES LTHR MN WORK
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**WORK GLOVES, HEAVY
DUTY**

CREAM OVERALL, LEATHER
CATTLEHIDE OVERALL OR
LEATHER HORSEHIDE OVERALL,
ONE PIECE FRONT AND BACK
OR A PIECED BACK

Unit price: \$15.24

Item #35: GLOVES, MEN'S AND WOMEN'S or GLOVES Flyers or Gloves Intermediate Cold Weather

LIN:	DA153A	GLOVES,MEN'S AND WO-(ACU)
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LIN:	G06171	GLOVES FLYERS
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**GLOVES, MEN'S AND
WOMEN'S**

INTERMEDIATE
COLD/WEATHER
FOILAGE GREEN OVERALL

Unit price: \$44.15



GLOVES FLYERS

INTERMEDIATE COLD, GREEN,
US AIR FORCE, 1565 OVERALL

Unit price: \$37.84



**GLOVE, INTERMEDIATE
COLD WEATHER**

M67854-14-D-1028
8415-01-640-8191

SHELL: 91% NYLON,
9% SPANDEX; PALM:
GOATSKIN LEATHER;PALM
LINING: 52% POLYESTER,
38% NYLON, 10%
SPANDEX

**S
M
A
L
L**

OUTDOOR RESEARCH

Note: Students must bring 1 set of cold weather gloves minimum and can bring as many as needed

Item #36: OVERSHOES VINYL (must fit over Boots, Cold Weather)

LIN:	N39848	OVERSHOES VINYL
------	--------	-----------------

OVERSHOES MENS




OIL RESISTANT OVERALL AND
CHEMICAL RESISTANT OVERALL
AND FUEL RESISTANT OVERALL,
BUTTON AND LOOP, PLASTIC
VINYL UPPER

Unit price: \$20.71

Note: must fit over Boots, Cold Weather (Sister services and foreign students will receive from CIF)

Item #37: BOOTS, COLD WEATHER (IAW AR 670-1 NO BUCKLES) MUST SPECIFY 200G THINSULATE


LIN:	B09054	BOOTS COLD WET
------	--------	----------------



BOOTS: INTERMEDIATE C

WATERPROOF OVERALL AND
MILDEW RESISTANT OVERALL,
BLACK OVERALL

BOOTS,INTERMEDIATE COLD
WEATHER TAN OVERALL



Unit price: \$83.77
TAN: \$117.26

Note: Boot tag must specify 200g of thinsulate or greater or boot must have Liner.

Sister services and foreign students are authorized to wear equivalent

Item #38: PONCHO WET WEATHER or TARPAULIN

LIN:	P17415	PONCHO WET WEATHER
------	--------	--------------------



PONCHO WET WEATHER

WATER REPELLENT, PRINTED CAMOUFLAGE-WOVEN RIPSTOP PATTERN OUTSIDE, PLASTIC, POLYURETHANE OUTSIDE

UNIVERSAL CAMOUFLAGE



US ARMY ACU
REVERSIBLE FIELD
TARPAULIN NSN 8340-
01-600-4807 GROUND
COVER TARP

ORC INDUSTRIES

\$59.99

Old stock

Unit price: \$59.87

Note: Sister services and foreign students will receive from CIF

Item #39: LINER WET WEATHER PONCHO

LIN:	L70789	LINER W/W PONCHO
------	--------	-------------------------



**LINER WET WEATHER
PONCHO**
NYLON OUTER LAYER,
POLYESTER INTERMEDIATE
LAYER
UNIVERSAL CAMOUFLAGE
MAIN BODY
WOODLAND CAMOUFLAGE
MAIN BODY

Unit price: \$36.88
WOODLAND: \$36.84

Note: Sister services and foreign students will receive from CIF

Item #40: EXTREME WET/COLD WEATHER JACKET LEVEL VI

LIN:	E42924	JACKET,WET WEATHER
------	--------	--------------------



**EXTREME WET/COLD
WEATHER JACKET LEVEL VI**

LAYER 6 JACKET ECWCS GEN III,
EXTREME COLD/WEATHER,
MULTI-CAM

Unit price: \$72.18

Item #41: Trousers Wet Weather or ECWCS Level VI Trousers

LIN:	E43367	TROUSERS,WET WEATHE MULTICAM
------	--------	------------------------------



**EXTREME WW/CW
TROUSERS LEVEL VI**
LAYER 6 TROUSERS ECWCS GEN
III, EXTREME COLD/WET
WEATHER, MULTI-CAM

Unit price: \$58.22

Note: Sister services and foreign students are authorized equivalent

Item #42: STUFF SACK,LRG

LIN:	DA659E	STUFF,SACK
------	--------	------------



STUFF SACK LRG

FOLIAGE GREEN, MODULAR
SLEEPING BAG SYSTEM

Unit price: \$19.73

Note: Sister services and foreign students will receive from CIF

RANGER SCHOOL PACKING LIST - Critical Items

Item # 43: Stuff Sack, Small

LIN:	DA653U	STUFF,SACK
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STUFF SACK SMALL



MODULAR SLEEPING BAG
SYSTEM, FOLIAGE GREEN
SIZE-SMALL

Unit price: \$15.32

Note: Sister services and foreign students will receive from CIF

Item #44: Bivy Cover, Modular System

LIN:	DA658R	COVER,BIVY-(REGULAR)
------	--------	----------------------



BIVY COVER UCP

UNIVERSAL CAMOUFLAGE
PATTERN, MODULAR SLEEPING
BAG SYSTEM

Unit price: \$144.96

Note: Sister services and foreign students will receive from CIF

Item #45: SLEEPING BAG ICW (Winter-Gray)

LIN:

DA654N

SLEEPING BAG-(REGULAR)



SLEEPING BAG ICW,
MODULAR SLEEPING SYS

INTERMEDIATE C/W BAG,
URBAN GRAY

Unit price:

\$111.51

Note: Sister services and foreign students will receive from CIF

Item #46: SLEEPING BAG-(Patrol-Green)

LIN:	DA658Z	SLEEPING BAG-(REGULAR)
------	--------	------------------------



SLEEPING BAG-(PATROL)

MODULAR SLEEPING BAG
SYSTEM, FOILAGE GREEN

PATROL; WATER RESISTANT,
RIPSTOP NYLON; OUTER OR
SINGLE UNIT; ADJUSTABLE
HOOD; 90 TO 92 INCHES LONG;
36 TO 37 INCHES WIDE;
CAMOUFLAGE GREEN 483

Unit price: \$47.02
FOLIAGE: \$69.18

Note: Sister services and foreign students will receive from CIF

Item #47: Cap, ACU OCP

LIN:	C02082	CAP,PATROL-(MULTICAM)
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CAP, PATROL, ARMY COMBAT UNIFORM

FIBER MATERIAL, COTTON AND
NYLON MAIN BODY, CLOTH
NAME IS WIND RESISTANT
POPLIN MAIN BODY, FABRIC
DESIGN IS WOVEN RIPSTOP,
HEADWEAR TYPE IS SOFT
CROWN, BRIM TYPE IS VISOR,
ENVIRONMENTAL PROTECTION
IS WATER REPELLENT

Unit price: \$6.92

Note: Cat eyes sewn on and name tape, (Velcro or sewn on; see note #1) Sister services and foreign students are authorized to wear equivalent uniform

Item #48: Coat, ACU OCP

LIN:	C68926	COAT,COMBAT-(MULTI-CAM)
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**COAT ARMY COMBAT
UNIFORM FLAMERESISTANT**

WOVEN RIPSTOP, WIND
RESISTANT POPLIN, FLAME
RESISTANT, WRINKLE-FREE
FINISH, ELBOW PATCHES;
ADJUSTABLE SLEEVE CUFF WITH
HOOK AND LOOP TAPE
CLOSURE, STAND UP COLLAR
WITH HOOK AND LOOP TAPE
CLOSURE, FRONT CLOSURE
WITH SLIDE FASTENER AND
HOOK AND LOOP TAPE

Unit price: \$84.24

Note: Velcro or sewn-on Name tape and US Army. Sister services and foreign students are authorized to wear equivalent uniform

Item #49: Trousers, ACU OCP



Note: Sister services and foreign students are authorized to wear equivalent uniform

Item # 50: T-Shirts, S/S; Tan 499; loose fitting



Note: Cotton or polyester anti-micro bacterial authorized (T-shirt Service Specific, no logo's)

Sister services and foreign students are authorized to wear equivalent uniform

Item #51: Belt, brown non-elastic (rigger style)



Note: Sister services and foreign students are authorized equivalent

Item #52: Socks, cushion sole wool blend (military black, tan or green - non waterproof)

7pr. are the minimum required


Students are encouraged to bring
as many as they need.

12 pr. are the preferred quantity
by students.



Note: black, tan or green - non waterproof


Item #53: Boots, Hot Weather Desert (IAW AR 670-1 with no buckles)





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RANGERS


Examples of Unauthorized boots






Nike SFB – synthetic leather



Rocky C4T – synthetic suede



New Balance OTB – synthetic suede



Danner Tachyon – synthetic upper



Bates Tactical Sport Desert – Wolverine Warrior leather



Bates Zero Mass Desert – Wolverine or


Bates GX-8 Desert Composite – Wolverine Warrior leather & zipper


Under Armour Aleant – synthetic


Under Armour Valsetz – 7 inch, synthetic


Tactical Research Flyweight Boots – micro suede


McRae Temperate Ultra Lightweight – synthetic suede

This is not an all inclusive listing. These are boots known to be outside of regulatory guidance. Any boots that do not meet the criteria on the previous slide remain unauthorized to be worn by U.S. Army Soldiers IAW DA PAM 670-1.

Rangers Lead The Way!

Note: Sister services and foreign students are authorized to wear equivalent

Wear Required PCKING LIST - Critical Items

Item #54: PT Uniform: Jacket, Pants, Long Sleeve Shirt, Short Sleeve Shirt, Shorts



Note: Sister services and foreign students are authorized to wear equivalent

Item #55: Socks white/black (Calf or above ankle only)



Note: white/black calf or above ankle only

Item #56: WATCH CAP; BLACK MICRO FLEECE

LIN:	C03291	CAP SYNTHETIC FLEEC
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**CAP, SYNTHETIC,
MICROFLEECE**
BLACK, FOLIAGE GREEN



Unit price: \$4.61
FOLIAGE GREEN: \$4.90

Note: black micro fleece

Item #57: Belt reflective (high vis. yellow)



Note: high vis. Yellow

Item # 58: PT shoes



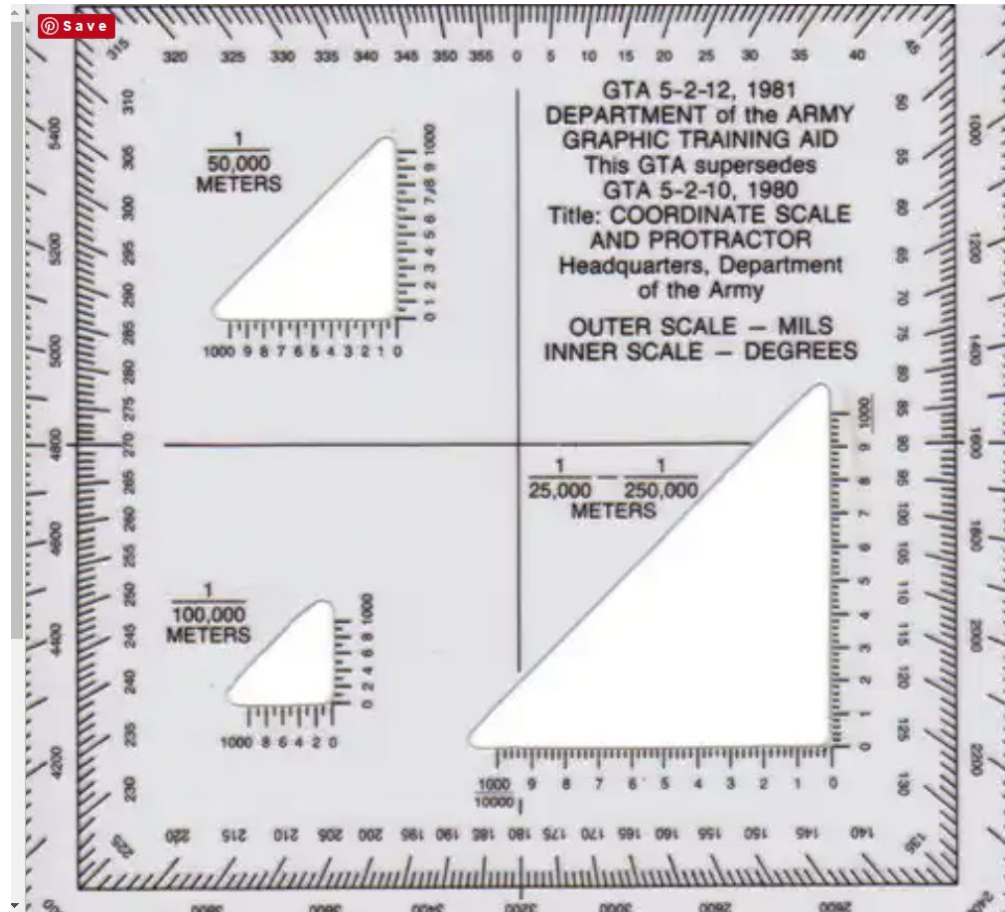
Note: IAW service regulations

Item #59: EAR PLUGS



Note: Triple Flange minimum

Item #60: PROTRACTOR



Note: GTA 5-2-12

Item #61: RAZOR SHAVING (non electric)



Note: Minimum of 1 (as needed authorized)

Item #62: Razor Blades (x12)



Note: Minimum of 12 (as needed authorized)

Item #63: ALCHOHOL MARKER, PERMANANT



Note: Minimum of 1 (as needed authorized)

Item #64: CAMOUFLAGE STICK



Note: Green and loam camo colors only,
Students will not be allowed to use other colors of camo (white, Brown, black, Etc.)

CRITICAL items for females

- All items below are CRITICAL items for females that will be grounds for dismissal from the course if missing

Item #100: Feminine Wipes/Additional Baby Wipes (not to exceed 124)



Note: unscented, counts against total baby wipes

Item #101/102: Bras/Underwear white, black, or neutral color, per AR 670-1 20-28a(2)



Note: white, black, or neutral color, per AR 670-1 20-28a(2)

Item #103: Pads/Tampons



Note: unscented, recommend w/applicator, addition zip lock bags authorized for storage of unused/used products

Item #104: Female Urinary Diversion Device (FUDD)



Note: neutral color if purchasing non-Army issued model

Item #105-108: Birth Control

Intrauterine Devices (IUD)- Mirena, Para Gard Only
Birth Control Pills
Patch- Ortho-Evra (not recommended)
Implant- Nexplanon



****Recommended ALL birth control methods be implemented at LEAST 90 days prior to training****