

**MARINE CORPS AIR STATION IWAKUNI
HEIGHT/WEIGHT VERIFICATION FORM AND
TITLE BOARD CARD**



LAST NAME: _____ FIRST NAME: _____ MI: _____

RANK: _____ PMOS: _____

EDIPI: _____

*WRITE LEGIBLY ON THIS FORM OR IT MAY NOT BE
ACCEPTED AND YOU WILL NOT RECEIVE PHOTO
SERVICES

HEIGHT: _____ WEIGHT: _____

DOES MARINE MEET
HEIGHT & WEIGHT STANDARDS:

IF APPLICABLE: BF%: _____ PFT: _____ CFT: _____ YES NO EXEMPT

ABBREVIATED BILLET DESCRIPTION & UNIT (EX. MAINT CHIEF MWSS-171):

S-3 REPRESENTATIVE: _____
PRINT: FIRST NAME LAST NAME

SIGNATURE: _____

S-3 STAMP

DATE: _____ UNIT: _____
YYYYMMDD

CERTIFIED BY: _____ TITLE & UNIT: _____
PRINT: RANK FIRST NAME LAST NAME

SIGNATURE: _____ DATE: _____
YYYYMMDD

***NOTE: CERTIFICATION BY SENIOR LEADERSHIP (CO/XO/SGTMAJ/1STSGT) OF YOUR COMMAND IS REQUIRED, REGARDLESS OF RANK

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