

SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE
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01-0284992-4	ON FILE	M	05-01-2001	04-01-2019
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NAME AND CURRENT MAILING ADDRESS

01-0284992-4

CHARLES D RICHARDSON
14160 WELLINGTON TRACE
WELLINGTON, FL 33414

(DO NOT WRITE IN THE ABOVE SPACE.)



First explore your interest, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card for more information.

Change of Information Form

If any information shown is incorrect, make corrections, sign and return this top portion to:
Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment SSS Form 3B (Jun-17)



Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form>.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf>.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.



Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

 Registration Acknowledgment	
SELECTIVE SERVICE NUMBER 01-0284992-4	DATE OF BIRTH 05-01-2001
NAME AND CURRENT MAILING ADDRESS CHARLES D RICHARDSON 14160 WELLINGTON TRACE WELLINGTON, FL 33414	
SIGNATURE OF REGISTRANT	

(Fold on line.)

SSS Form 3A (Jun-17)

SOCIAL SECURITY NUMBER	LAST ACTION DATE
ON FILE	04-01-2019

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DIRECTOR

Donald M. Benton

Donald M. Benton