

Specific authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number.

(i) In those cases where the member has supplied an authorization to provide a copy of the DD Form 214 to another individual or group, the copy furnished will not contain the Special Additional Information section or, in the case of DD forms issued prior to July 1, 1979, those items listed in paragraph (e)(4) of this section.

(ii) A copy will be provided to authorized personnel for official purposes only.

(f) *Procurement.* Arrangements for procurement of DD Forms 214, 214-ws, and 215 will be made by the Military Services.

(g) *Modification of Forms.* The modification of the content or format of DD Forms 214, 214-ws, and 215 may not be accomplished without prior authorization of the Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)). Requests to add or delete information will be coordinated with the other Military Services in writing, prior to submission to the ASD(FM&P). If a Military Service uses computer capability to generate forms, the items of information may be arranged, the size of the information blocks may be increased or decreased, and copies 7 and/or 8 may be deleted at the discretion of the Service.

#### § 45.4 Responsibilities.

(a) The DD Forms 214 and 215 are a source of significant and authoritative information used by civilian and governmental agencies to validate veteran eligibility for benefits. As such, they are valuable forms and, therefore, vulnerable to fraudulent use. Since they are sensitive, the forms must be safeguarded at all times. They will be transmitted, stored, and destroyed in a manner which will prevent unauthorized use. The Military Services will issue instructions consistent with the following:

(1) All DD Forms 214 will be surprinted with a reproducible screen tint using appropriate security ink on Blocks 1, 3, 4.a, 4.b, 12, and 18 through 30. In addition Blocks 1, 3, 5, and 7 of the DD Form 215 will be similarly

surprinted to make alterations readily discernible. No corrections will be permitted in the screened areas.

(2) All forms will be secured after duty hours.

(3) All obsolete forms will be destroyed.

(4) All forms to be discarded, including those which are blank or partially completed, and reproduced copies of DD Form 214, will be destroyed. No forms will be discarded intact.

(5) Blank forms given to personnel for educational or instructional purposes, and forms maintained for such use, are to be clearly voided in an unalterable manner.

(6) The commander or commanding officer of each unit or activity authorized to issue DD Form 214 will appoint, in writing, a commissioned officer, warrant officer, enlisted member (grade E-7 or above), or DoD civilian (GS-7 or above) who will requisition, control, and issue blank DD Forms 214 and 215. The Service concerned may authorize an E-5 or GS-5 to serve in this capacity.

(7) The Military Services will monitor the use of DD Form 214 and review periodically its issuance to insure compliance with procedures for safeguarding.

(b) The DD Form 214-ws will contain the word "WORKSHEET" on the body of the form (see Appendix B). This DD Form 214-ws will be treated in the same manner as the DD Form 214.

(c) The Military Services will issue appropriate instructions to separation activities stressing the importance of the DD Forms 214 and 215 in obtaining veterans benefits, reemployment rights, and unemployment insurance.

(d) Standard separation program designator (SPD) codes for officer and enlisted personnel developed under the provisions of DoD Instruction 5000.12<sup>3</sup> are published in DoD 5000.12-M.

(1) Requests to add, change, or delete an SPD code shall be forwarded by the DoD Component concerned with appropriate justification to the Assigned Responsible Agency accountable for evaluating, recommending approval of, and maintaining such codes: Department of the Navy, Office of The Chief of Naval

<sup>3</sup>See footnote 1 to § 45.3(d)(6).

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Operations, (Attention: OP-161), room 1514, Arlington Annex, Washington, DC 20350-2000.

(2) Requests to add, change, or delete an SPD code will be submitted in accordance with section V., DoD Instruction 5000.12 with prior written approval by the ASD (FM&P), or his/her designee.

(e) All lists of SPD codes, including supplemental lists, published by the DoD Components will be stamped "For Official Use Only" and will not be furnished to any agency or individual outside the Department of Defense.

(1) Appropriate provisions of the Freedom of Information Act will be used to deny the release of the lists to

the public. An individual being separated or discharged is entitled access only to his/her SPD code. It is not intended that these codes stigmatize an individual in any manner. They are intended for internal use by the Department of Defense in collecting data to analyze statistical reporting trends that may, in turn, influence changes in separation policy.

(2) Agencies or individuals who come into the possession of these lists are cautioned on their use because a particular list may be outdated and not reveal correctly the full circumstances relating to an individual's separation or discharge.

APPENDIX A TO PART 45—DD FORM 214

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b>					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE Year    Month    Day		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				16. DAYS ACCRUED LEAVE PAID	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 5 BE SENT TO		DIR. OF VET AFFAIRS	Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
21. SIGNATURE OF MEMBER BEING SEPARATED					

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY								
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.				
4.a. GRADE, RATE OR RANK		4.b. PAY GRADE		5. DATE OF BIRTH (YYMMDD)				
				6. RESERVE OBLIG. TERM. DATE				
				Year Month Day				
7.a. PLACE OF ENTRY INTO ACTIVE DUTY			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)					
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED					
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> None				
				Amount: \$				
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)				12. RECORD OF SERVICE				
				a. Date Entered AD This Period		Year(s)	Month(s)	Day(s)
				b. Separation Date This Period				
				c. Net Active Service This Period				
				d. Total Prior Active Service				
				e. Total Prior Inactive Service				
				f. Foreign Service				
				g. Sea Service				
				h. Effective Date of Pay Grade				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)								
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)								
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT				
				Yes No				
				16. DAYS ACCRUED LEAVE PAID				
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				Yes No				
18. REMARKS								
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)					
20. MEMBER REQUESTS COPY 4 BE SENT TO		DIR. OF VET AFFAIRS		Yes No				
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)								
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (Include upgrades)					
25. SEPARATION AUTHORITY			26. SEPARATION CODE		27. REENTRY CODE			
28. NARRATIVE REASON FOR SEPARATION								
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4				
				Initials				

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY							
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.			
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIG TERM. DATE			
				Year	Month		
				Day			
7.a. PLACE OF ENTRY INTO ACTIVE DUTY			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED				
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> None			
				Amount: \$			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)			12. RECORD OF SERVICE				
			Year(s)	Month(s)	Day(s)		
			a. Date Entered AD This Period				
			b. Separation Date This Period				
			c. Net Active Service This Period				
			d. Total Prior Active Service				
			e. Total Prior Inactive Service				
			f. Foreign Service				
			g. Sea Service				
h. Effective Date of Pay Grade							
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)							
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)							
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT			
				Yes			
				No			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				Yes	No		
18. REMARKS							
19.a. MAILING ADDRESS AFTER SEPARATION (include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)				
20. MEMBER REQUESTS COPY 4 BE SENT TO		DIR. OF VET AFFAIRS	Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)		
21. SIGNATURE OF MEMBER BEING SEPARATED							
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (include upgrades)				
26. NARRATIVE REASON FOR SEPARATION							
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> Initials			

**COPY DESIGNATION** *(Printed in lower right margin)*

**MEMBER - 1**

**SERVICE - 2**

**VETERANS ADMINISTRATION - 3**

**MEMBER - 4**

**DEPARTMENT OF LABOR - 5**

**STATE DIRECTOR OF VETERANS AFFAIRS - 6**

**SERVICE - 7**

**SERVICE - 8**

Copy 1 (the original) does not have Items 23 - 30, and the page ends after Item 22.

Copies 2, 4, 7, and 8 contain all items.

Copies 3, 5, and 6 contain all items, but Items 25 through 27 are blacked out.

[54 FR 9985, Mar. 9, 1989]

APPENDIX B TO PART 45—DD FORM 214ws

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES      THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.      ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.		
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIG. TERM. DATE		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b. STATION WHERE SEPARATED				
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  <b>IR</b>		12. RECORD OF SERVICE				
		a. Date Entered AD This Period		Year(s)	Month(s)	Day(s)
		b. Separation Date This Period				
		c. Net Active Service This Period				
		d. Total Prior Active Service				
		e. Total Prior Inactive Service				
		f. Foreign Service				
		g. Sea Service				
		h. Effective Date of Pay Grade				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  <b>K</b>						
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)  <b>S</b>						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		
				16. DAYS ACCRUED LEAVE PAID		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
18. REMARKS  <b>HE</b>						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIR. OF VET AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature)		
Yes		No		<b>HE</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED						
<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>						
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgrades)				
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE		
28. NARRATIVE REASON FOR SEPARATION						
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 Initials		

APPENDIX C TO PART 45—DD FORM 215

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO. (Also Service Number if applicable)	
4. MAILING ADDRESS (Include ZIP Code)			
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW			
ITEM NO.	CORRECTED TO READ		
SEPARATION DATE ON DD FORM 214 BEING CORRECTED - _____			
[Large shaded area for corrections]			
6. DATE	7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN		
DD Form 215, JUL 79			
PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE			
CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY MEMBER - 1			

**Pt. 45, App. D**

**APPENDIX D TO PART 45—STATE  
DIRECTORS OF VETERANS AFFAIRS**

**ALABAMA**

Director, Department of Veterans Affairs,  
P.O. Box 1509, Montgomery, AL 36192-3701.

**ALASKA**

Director, Division of Veterans Affairs, De-  
partment of Military & Veterans Affairs,  
3601 C Street, suite 620, Anchorage, AK  
99503.

**AMERICAN SAMOA**

Veterans Affairs Officer, Office of Veterans  
Affairs, American Samoa Government,  
P.O. Box 2586, Pago Pago, AS 96799.

**ARIZONA**

Director of Veterans Affairs, Arizona Vet-  
erans Service Commission, 3225 N. Central  
Avenue, suite 910, Phoenix, AZ 85012.

**ARKANSAS**

Director, 1200 West 3rd, room 105, Box 1280,  
Little Rock, AR 72201.

**CALIFORNIA**

Director, Department of Veterans Affairs,  
1227 O Street, room 200A, Sacramento, CA  
95814.

**COLORADO**

Director, Division of Veterans Affairs, De-  
partment of Social Services, 1575 Sherman  
Street, room 122, Denver, CO 80203.

**DELAWARE**

Chairman, Commission of Veterans Affairs,  
P.O. Box 1401, Dover, DE 19901.

**DISTRICT OF COLUMBIA**

Chief, Office of Veterans Affairs, 941 North  
Capitol Street NE., room 1211 F, Wash-  
ington, DC 20421.

**FLORIDA**

Director, Division of Veterans Affairs, P.O.  
Box 1437, St. Petersburg, FL 33731.

**GEORGIA**

Commissioner, Department of Veterans  
Service, Floyd Veterans Memorial Bldg,  
suite E-970, Atlanta, GA 30334.

**GUAM**

Office of Veterans Affairs, P.O. Box 3279,  
Agana, Guam 96910.

**HAWAII**

Director, Department of Social Services &  
Housing, Veterans Affairs Section, 3949 Di-  
amond Head Road, Honolulu, HI 96809-0339.

**32 CFR Ch. I (7-1-99 Edition)**

**IDAHO**

Administrator, Division of Veterans Service,  
P.O. Box 6675, Boise, ID 83707.

**CONNECTICUT**

Commandant, Veterans Home and Hospital,  
287 West Street, Rocky Hill, CT 06067.

**INDIANA**

Director, Department of Veterans Affairs,  
707 State Office Building, 100 N. Senate Av-  
enue, Indianapolis, IN 46204.

**IOWA**

Administrator, Veterans Affairs Division,  
7700 NW. Beaver Drive, Camp Dodge, John-  
ston, IA 50131-1902.

**KANSAS**

Executive Director, Kansas Veterans Com-  
mission, Jayhawk Tower, suite 701, 700 SW.  
Jackson Street, Topeka, KS 66603-3150.

**KENTUCKY**

Director, Kentucky Center for Veterans Af-  
fairs, 600 Federal Place room 1365, Louis-  
ville, KY 40202.

**LOUISIANA**

Executive Director, Department of Veterans  
Affairs, P.O. Box 94095, Capitol Station,  
Baton Rouge, LA 70804-4095.

**MAINE**

Director, Bureau of Veterans Services, State  
Office Building Station 117, Augusta, ME  
04333.

**MARYLAND**

Executive Director, Maryland Veterans Com-  
mission, Federal Bldg.—room 110, 31 Hop-  
kins Plaza, Baltimore, MD 21201.

**ILLINOIS**

Director, Department of Veterans Affairs,  
208 West Cook Street, Springfield, IL 62705.

**MICHIGAN**

Director, Michigan Veterans Trust Fund,  
P.O. Box 30026, Ottawa Bldg, No. Tower, 3rd  
Floor, Lansing, MI 48909.

**MINNESOTA**

Commissioner, Department of Veterans Af-  
fairs, Veterans Service Building, 2nd Floor,  
St. Paul, MN 55155.

**MISSISSIPPI**

President, State Veterans Affairs Board, 120  
North State Street, War Memorial Build-  
ing, room B-100, Jackson, MS 39201.

Office of the Secretary of Defense

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MISSOURI

Director, Division of Veterans Affairs, P.O. Drawer 147, Jefferson City, MO 65101.

MONTANA

Administrator, Veterans Affairs Division, P.O. Box 5715, Helena, MT 59604.

NEBRASKA

Director, Department of Veterans Affairs, P.O. Box 95083, State Office Building, Lincoln, NE 68509.

NEVADA

Commissioner, Commission for Veterans Affairs, 1201 Terminal Way, room 108, Reno, NV 89520.

MASSACHUSETTS

Commissioner, Department of Veterans Services, 100 Cambridge Street—room 1002, Boston, MA 02202.

NEW JERSEY

Director, Division of Veterans Programs & Special Services, 143 E. State Street, room 505, Trenton, NJ 08608.

NEW MEXICO

Director, Veterans Service Commission, P.O. Box 2324, Santa Fe, NM 87503.

NEW YORK

Director, Division of Veterans Affairs, State Office Building #6A-19, Veterans Highway, Hauppauge, NY 11788.

NORTH CAROLINA

Asst Secretary for Veterans Affairs, Division of Veterans Affairs, 227 E. Edenton Street, Raleigh, NC 27601.

NORTH DAKOTA

Commissioner, Department of Veterans Affairs, 15 North Broadway, suite 613, Fargo, ND 58102.

OHIO

Director, Division of Soldiers Claims & Veterans Affairs, State House Annex, room 11, Columbus, OH 43215.

OKLAHOMA

Director, Department of Veterans Affairs, P.O. Box 53067, Oklahoma City, OK 73152.

NEW HAMPSHIRE

Director, State Veterans Council, 359 Lincoln Street, Manchester, NH 03103.

OREGON

Director, Department of Veterans Affairs, Oregon Veterans Building, 700 Summer Street NE., suite 150, Salem, OR 97310-1270.

PENNSYLVANIA

Director, Department of Military Affairs, Bureau for Veterans Affairs, Fort Indiantown Gap, Bldg 5-0-47, Annville, PA 17003-5002.

PUERTO RICO

Director, Bureau of Veterans Affairs & Human Resources, Department of Labor, 505 Munoz Rivera Avenue, Hato Rey, PR 00918.

RHODE ISLAND

Chief, Veterans Affairs Office, Metacom Avenue, Bristol, RI 02809.

SOUTH CAROLINA

Director, Department of Veterans Affairs, Brown State Office Building, 1205 Pendleton Street, Columbia, SC 29201.

SOUTH DAKOTA

Director, Division of Veterans Affairs, 500 East Capitol Avenue, State Capitol Building, Pierre, SD 57501-5083.

TENNESSEE

Commissioner, Department of Veterans Affairs, 215 8th Avenue, North, Nashville, TN 37203.

TEXAS

Executive Director, Veterans Affairs Commission of Texas, Box 12277, Capitol Station, Austin, TX 78711.

UTAH

No DVA.

VERMONT

Director, Veterans Affairs Office, State Office Building, Montpelier, VT 05602.

VIRGINIA

Director, Division of War Veterans Claims, 210 Franklin Road, SW., room 1002, P.O. Box 809, Roanoke, VA 24004.

VIRGIN ISLANDS

Director, Division of Veterans Affairs, P.O. Box 890, Christiansted, St. Croix, VI 00820.

WASHINGTON

Director, Department of Veterans Affairs, P.O. Box 9778, Mail Stop PM-41, Olympia, WA 98504.

## WEST VIRGINIA

Director, Department of Veterans Affairs,  
605 Atlas Building, Charleston, WV 25301-  
9778.

## WISCONSIN

Secretary, Department of Veterans Affairs,  
P.O. Box 7843, 77 North Dickinson Street,  
Madison, WI 53707.

## PART 46—FEDERAL VOTING ASSISTANCE PROGRAM

## Sec.

- 46.1 Reissuance and purpose.
- 46.2 Applicability and scope.
- 46.3 Definitions.
- 46.4 Policy.
- 46.5 Organization.
- 46.6 Responsibilities.

AUTHORITY: Pub. L. 296, 84th Congress and  
10 U.S.C. 133.

SOURCE: 45 FR 84766, Dec. 23, 1980, unless  
otherwise noted.

### §46.1 Reissuance and purpose.

This rule reissues this part dated September 25, 1963, and implements the Provisions of Executive Order 10646, November 23, 1955, wherein the Secretary of Defense was designated the Federal Coordinator for assigning responsibility and prescribing procedures to implement the absentee voting program authorized by the Federal Voting Assistance Act of 1955 (FVAA) and the Overseas Citizens Voting Rights Act of 1975 (OCVRA). This part assigns responsibility and delegates authority to the Deputy Assistant Secretary of Defense (Administration) to carry out this program on behalf of the Secretary of Defense.

### §46.2 Applicability and scope.

(a) The provisions of this part apply to the Office of the Secretary of Defense, the Military Departments, the Organization of the Joint Chiefs of Staff, and the Defense Agencies (hereafter referred to as the "DoD Components").

(b) Other executive departments and agencies shall provide assistance to this program, upon request, as provided by sections 1973cc-11 and 1973cc-13 of FVAA and 1973dd-2b of OCVRA. (Participating departments and agencies shall adopt regulations and procedures

that conform to this part to the extent practicable, consistent with their organization missions.)

### §46.3 Definitions.

For the purpose of administering the Federal Voting Assistance Program, the following definitions apply:

(a) *Federal Election*. Any general, special, or primary election held solely or in part for the purpose of selecting, nominating, or electing any candidate for the office of President, Vice President, Presidential Elector, Member of the United States Senate, Member of the United States House of Representatives, Delegate from the District of Columbia, Resident Commissioner from the Commonwealth of Puerto Rico, Delegate from Guam, or Delegate from the Virgin Islands.

(b) *State election*. Any general, special, or primary election held solely or in part for the purpose of selecting, nominating, or electing any candidate for any State office, such as, governor, lieutenant governor, or attorney general.

(c) *Local election*. An election which is less than a State election, such as a municipal, county, or township election.

(d) *Military Services*. Refers to the Army, Navy, Air Force, Marine Corps, and the Coast Guard.

(e) *Uniformed Services*. Refers to the Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the U.S. Public Health Service, and the Commissioned Corps of the National Oceanic and Atmospheric Administration.

(f) *Voter*. A person in any of the following categories who is authorized by law and who is registered to vote in any primary, special, or general election.

(1) Members of the Uniformed Services or Merchant Marine in active service and their spouses and dependents, wherever stationed.

(2) U.S. citizens temporarily residing outside the United States.

(3) Other U.S. citizens residing outside the United States not covered by any other category mentioned above and whose intent to return to their State of last residence may be uncertain.