

## Montana Department of Military Affairs Montana National Guard Guard Referral Incentive Program (GRIP)

## **RECRUIT Certification**

I,	
(RECRUIT: Name; telephone number; last 4 of SSN)	
(RECRUIT: Address, City, State, Zip)	
certify and swear that I was referred to join the MontanaArmyAir National G	uard by
(REFERRER: Name; telephone number; last 4 of SSN)	
(REFERRER: Address, City, State, Zip)	<u>,</u> and I
would not have joined the Montana National Guard at this time but for this referral.	
RECRUIT Signature Date	
(DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY)	
STATE OF MONTANA ) : ss County of )	
County of )	
On this day of, 20, before me, the undersigned, a Notary Public State of Montana, personally appeared (RECI known to me to be the person whose name is subscribed to the within this Recruit Certification acknowledged to me that s/he executed the same.	olic for RUIT), n and
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal and year in this certificate first above written.	the day
(SEAL) Notary Public for the State of Montana	