



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 Montana _____Army _____Air National Guard by

_____,
(REFERRER: Name; telephone number; last 4 of SSN)

_____, and I
(REFERRER: Address, City, State, Zip)

would not have joined the Montana National Guard at this time but for this referral.

_____ I acknowledge this certification must be completed within 30 days of enlistment.

_____,
RECRUIT Signature

_____,
Date

(DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY)

STATE OF MONTANA)
: ss
County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____(RECRUIT), known to me to be the person whose name is subscribed to the within this Recruit Certification and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.

(SEAL)

_____,
Notary Public for the State of Montana