

SELECTIVE SERVICE SYSTEM  
NOTICE OF CLASSIFICATION

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(First name) (Middle initial) (Last name)

Selective Service No.

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is classified in Class \_\_\_\_\_

until \_\_\_\_\_

by Local Board,

by Appeal Board

vote of \_\_\_\_\_ to \_\_\_\_\_

by President

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(Date of mailing)

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(Member or clerk of local board)

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(Registrant's signature)

SSS Form No. 110 (Revised 5-7-65)

(Approval not required)

(Local Board Stamp)

You are required to have this notice, in addition to your Registration Certificate, on your person at all times and to surrender it upon entering active duty in the Armed Forces.

The law requires you to notify your local board in writing (1) of every change in your address, physical condition, and occupational, marital, family, dependency, and military status, and (2) of any other fact which might change your classification within 10 days after it occurs.

Your Selective Service Number, shown on the reverse side, should appear on all communications with your local board. Sign this form immediately upon receipt.

FOR INFORMATION AND ADVICE, GO TO ANY LOCAL BOARD