



INDIANA NATIONAL GUARD

Referral Enlistment Program (REP) Lead Information

Personnel Development Coordinator (PDC) Information

Name (Last, First, Middle):

Address (Street, City, State, Zip):

Email:

Phone:

Occupation:

Relationship to Lead:

State Vendor Number:

PDC Forms Submitted: (Y or N)

Signature x _____

Lead Information

Name (Last, First, Middle):

Address (Street, City, State, Zip):

Phone Number:

Email:

Signature x _____

Recruiter Information:

Name:

RSID:

Signature x _____

Control #:

Verification Information:

Name:

Rank:

Signature x _____