UTAH ARMY NATIONAL GUARD

ANNEX B: WARRANT OFFICER STATEMENT OF AGREEMENT

AUTHORITY & PURPOSE: State Operations Policy 27–03 & UT Code § 39A–3–205. Establishes a binding contract for the State Warrant Officer Bonus.

WARNING: This is a legally binding contract. Failure to fulfill obligations, maintain eligibility, or comply with conditions will result in immediate termination of the incentive and mandatory recoupment of all funds paid.

1. INCENTIVE DECLARATION

[X] Warrant Officer Bonus: $15,000 / 6-year obligation

2. ELIGIBILITY & OBLIGATION ACKNOWLEDGEMENT (Initial each line)

[ ]	I certify I meet all eligibility criteria for the UTARNG Warrant Officer 170B program and am a satisfactory participant (Policy 27-03) at the time of signature.
[ ]	I agree to a six (6) year service obligation, commencing upon successful completion of Warrant Officer Basic Course (WOBC) and am projected to complete all service obligations prior to the age of 60.
[ ]	I acknowledge and agree that I must successfully complete WOBC within two (2) years of my Federal Recognition (FEDREC) date.
[ ]	I am NOT currently employed full-time as an Active Guard Reserve (AGR) or FTNG Counter Drug member.
[ ]	I understand the payment is a single lump sum mailed via paper check to the address listed on this form ONLY after successful completion of WOBC. You are responsible for furnishing proof of successful completion.
[ ]	I have read and accept all conditions for bonus termination and recoupment as mandated by State Operations Policy 27–03.
[ ]	I affirm no other promises, verbal or written, have been made to me in connection with this financial incentive.

3. CERTIFICATION & SIGNATURES

STATEMENT OF OBLIGATION & TAX LIABILITY: This contract is void if I fail to meet eligibility upon signing. Failing to maintain requirements for the contract duration will result in termination and financial recoupment. I acknowledge I will receive an IRS Form 1099 and accept sole responsibility for all associated federal and state tax liabilities.

PART A: SERVICE MEMBER CERTIFICATION

Name (Last, First, MI):	**Unit UIC & MOS (170B):**
Mailing Address, city, state, zip:	**Signature & Date:**

PART B: UNIT REPRESENTATIVE CERTIFICATION

Name (Last, First, MI) and Billet:	**Control Number:**
Signature:	**Date:**