



## Emergency Evacuation Program (EEP)

Packet Preparation Training











# MCAS

### **Agenda**

- Why is the EEP important?
- EEP Packet Overview
- Evacuation Information Flow
- EEP Checklist / Data Card
- Evacuation Control Center (ECC)
- Stations 1-12
- Website
- Questions



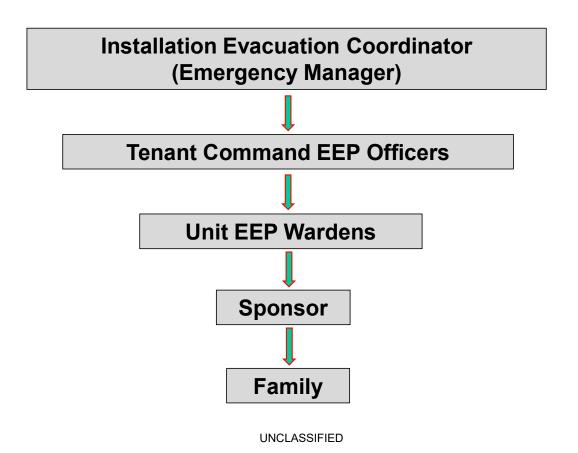
### **EEP Packet Overview**



- Standardized and required by US Forces Japan (USFJ).
- 16 forms and a checklist.
- Some forms are not completed until you evacuate.
- Maintained by the family, not the unit or organization.
- Enable evacuating families to be compensated for items left behind and for expenses that incur during an evacuation.









## **EEP Checklist**





#### EMERGENCY EVACUATION PROGRAM (EEP) Checklist

SPO	NSOR'S NAME:	RANK:	SPONSOR'S UNIT:	UNIT PHONE NO.:	APO AP:		
Re	quired Documents (Must be n	naintained by	y EEP Warden for eve	ry Evacuee)	YES	NO	N/A
1	USFJ Form 178-R Emer	gency Eva	uation Operations I	Data Card			
2	Map from Residence to						
		Requir	red Documents for EEI				
SE	CTION 1: Administration	and Refere	<u>nce</u>		YES	NO	N/A
1	EEP/NEO Packet Check	list					
2	Emergency Bag/Kit Che	ecklist					
3	USFJ Command Policy	Memo					
4	Unit, Wardens, and Con	nmunity Co	ntact Information				
5	Map from Residence to	Rally Point	Evacuation Control	l Center			
SE	CTION 2: Identification						
1	USFJ Form 178-R: EEP	NEO Data	Card (Complete and	d turn in to Warden)			
2	DoD ID (No copy, have	on person	)				
3	US Passport w/SOFA S	tamp (copy	and have on person	)			
SE	CTION 3: Evacuation and	Finance O	rders/Forms				
1	Orders or SOW assigning	g SOFA sp	onsor/family members	ers to Japan			
2	DD Form 1610: Evacua	tion Orders					
3	DD Form 2585: Repatris	ation Proces	ssing Form				
4	*DD Form 2461: (Civil)	an Personn	el) Authorization fo	r Emergency			
	Evacuation Advance &	Allotment I	Payments				
5	*DD Form 1337: (Milita		el) Authorization/D	esignation for			
	Emergency Pay & Allov						
6	Change of Address form						
7	DS-3072 Repatriation I	Emergency	Medical and Dietary	Assistance Loan			
	Application						
8	DS-5528 Evacuee Mani						
SE	CTION 4: Vehicle, Resider				YES	NO	N/A
1	DD Form 1701: Invento						
2	DD Form 1299: Applica		ipment/Storage (2 c	copies)			
3	Residence Key Envelop	e					
4	Vehicle Key Envelope						
5	Military Vehicle Registr			)			
6	DD form 788: Vehicle i						
7	*DD 2506: Vehicle imp	ound docur	nent (2 copies)				

<sup>\*</sup> if applicable



1	CTION 5: Family and Pets	YES	NO	N/A
	Family Care Certification (Service Specific)			
2	DD Form 2208 Rabies Vaccination Certificate			
3	DD Form 2209 Pet Health Certificate			
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)			
SE	CTION 6: (Not required) Copies of Other Important Personal Documents	YES	NO	N/A
1	*Power of attorneys that apply to any of the above sections			
				1
				1



UNCLASSIFIED 15ep 17

## EEP Data Card



		NONCON	IBATANT EVA	USFJ FORM 178-R	ATIONS (NEO)	CARD	
USA		USAF	USN	USMC	DoD Civilian	Other:	
SPONSOR'S NAME (La	st, First, MI)		SP	ONSOR'S SEX	SPONSOR'S GRADE	SPONSOR'S SSN (La	est 4)
SPONSOR'S DEROS (D	D Month YY)		SPONSOR'S DUTY	TELEPHONE NUMBER	SPONSO	R'S CONTACT TELEPHON	IE NUMBER
SPONSOR'S UNIT			-		SPONSOR'S DU	ITY STATION (Zama, Yoko	ota, Atsugi)
NONCOMBAT (Last, Fi		SEX	SSN	DATE OF BIRTH (YYYY MM DD)	CITIZENSHIP	RELATIONSHIP	PASSPORT NUMBER
				7			
			-				
			1				
NONCOMBATANT LO	LAL ADDRESS		NO	NCOMBATANT MAILIN	3 ADDRESS		
NAME OF SCHOOL AT	TENDED BY CHILE	O – NOTE: If chi	lld is NOT DoD ENROL	08 18 18	ent/EEC or dual military,	/EEC) HONE NUMBER to school	ol.
AUTOMOBILE	TENDED BY CHILE	O – NOTE: If chi	ild is NOT DoD ENROL	08 18 18	AME, ADDRESS & TELEP	3 33	LICENSE
No. 2007 (A. 10. 7) (C. 20. 2007 (A. 17) (C. 20	TENDED BY CHILE	MAKE	WEIGHT OF PET	LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	29
AUTOMOBILE (If applicable)		MAKE		LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	29
AUTOMOBILE ((f opplicable)		MAKE	WEIGHT OF PET	LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	29
AUTOMOBILE (f applicable) PETS (ff applicable) (Name)		MAKE	WEIGHT OF PET	LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	29
AUTOMOBILE (/f approache)  PETS (/f amplicable) (/Vame)  (/Vame)  MEDICAL NEEDS	TYPE OF	MAKE PET	WEIGHT OF PET	LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	29
AUTOMOBILE (() appealable)  PETS ((Pameable)  ((Name)  (Mome)  MEDICAL NEEDS  REMARKS (Non-combi	TYPE OF	MAKE PET	WEIGHT OF PET	LED, please provide NA	AME, ADDRESS & TELEP	HONE NUMBER to school	LICENSE
AUTOMOBILE (() appealable)  PETS ((Pameable)  ((Name)  (Mome)  MEDICAL NEEDS  REMARKS (Non-combi	TYPE OF	MAKE PET	WEIGHT OF PET (In pounds)	LED, please provide NA	ADMIN	HONE NUMBER to school YEAR USE ONLY	LICENSE
AUTOMOBILE  OF OPEN  (Parme)  (Parme)  (Monne)  MEDICAL NEEDS  REMARKS (Non-comb)  SPONSOR'S SIGNATUR	TYPE OF	MAKE PET	WEIGHT OF PET (In pounds)  PRIVACY	LED, please provide N  MODE	ADMIN ADMIN	HONE NUMBER to school YEAR USE ONLY	LICENSE
AUTOMOBILE  PETS  (Name)  (Name)  MEDICAL NEEDS  REMARKS (Name)  1. AUTHORITY  2. PRINCIPAL	TYPE OF	PET (ress):	WEIGHT OF PET (In pounds)  PRIVACY  Ode, Section 301;	MODE  ACT STATE  Title 10, United St.	ADMIN  ADMIN  ADMIN  MENT  ates Code, Section	HONE NUMBER to school YEAR USE ONLY  DATE (YYYY MM OD)	e Order 9397.
AUTOMOBILE  PETS  MEDICAL NEEDS  REMARKS TWO COMB  1. AUTHORITY  2. PRINCIPAL noncombatal noncombatal 3. ROUTINE U.	TYPE OF  TYPE OF  TYPE OF  TYPE OF	PET	PRIVACY  ode, Section 301; command in none	ACT STATE Title 10, United St.	ADMIN  ADMIN  ADMIN  MENT  ates Code, Section by e	HONE NUMBER to school YEAR USE ONLY  DATE (YYYY MM DD) 3012; and Executiv	e Order 9397.







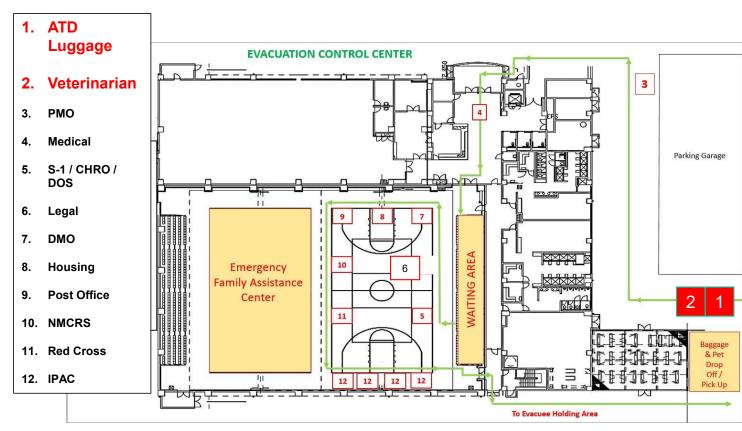
## **Evacuation Control Center**





### Stations 1 & 2







## Station 1 ATD Luggage Drop-off



### **Movements aboard civilian aircraft:**

- You are authorized two pieces of baggage:
  - One carry-on bag (up to 20 pounds)
  - One traditional suitcase or duffel bag (50 pounds).
  - Both bags combined cannot exceed the maximum allowable weight of 70 pounds.
- Pet crate: the crate, not the pet, will count as one bag against your weight limitation.
  - Food and supplies in crates will count against your weight
- You may combine family items into fewer bags if the weight does not exceed your family's aggregate weight limit of 70 pounds per individual.





## Station 1 ATD Luggage Drop-off



### **Movements Aboard DOD Aircraft:**

- Each passenger authorized two pieces of checked baggage:
  - Traditional suitcase or duffel bag (70 pounds each).
- Each family is authorized two pets:
  - Pet and crate cannot exceed 150 pounds.
  - Crate should be of sufficient size to allow the animal to standup, turn around and lie down w/normal posture & body movements.
  - Owner of pet is responsible for the preparation and care of the animal including all documentation/immunizations.



## Station 2 Veterinarian



- Every family will check at the Vet booth
- Pet owners are required to bring the following to the Vet station:
  - A rigid kennel (no soft-sided kennels) for each pet
  - o 2 bowls
  - EEP packet (from vet office "NEO Packet")
    - ✓ Animal Identification Form/ Rabies Certificate
    - ✓ Immunization Record
      ✓ Health Certificate
  - 7 days of food and medications (as required) for each pet
- Only the items above are required, do NOT bring your pet to the Vet station for the ECC drill.



## Station 2 Veterinarian



- Per the Joint Travel Regulation (JTR), a pet is defined as a domestic dog or cat.
- Evacuation of two pets per household is authorized, but not guaranteed.
- Families must make plans for their pets to stay behind or be transported commercially.
- Service members are authorized transportation or reimbursement up to the cost allowed by the government for transporting pets.
- Iwakuni vet estimates as many as 2,000 plus dogs & cats.

NOTE: During Annual EEP Exercise bring the empty animal crate, water & food bowls, and 7 days supply of food. DO NOT BRING YOUR PET TO THE EEP EXERCISE.



## Station 2 Animal Evacuation Card



	5	(.)	1.1100 1	
OWNER N	NAME DOCC	ANIMAL NAME U	ATTICO .	
UNIT ASSIGN	VED 1/14-7	HOME OF RECORD ADDRESS 226	Use Kun Bud. Clintor	N,T
HOME OF RE	ECORD CONTACT INFO:	Synthia Boules 865	5-776-1266	37
ANTMAT DES	- SCRIPTION: CANINE	FELINE OTHER BR	EED GSD MIX	
	, —			
MALE	FEMALE CO	DLOR(S)DIL/1-CO MARKINGS C	OK	
	^	parameter and the state of the		
MICROCHIP	# 991001003	2439 DISPOSITION (circle one): TAN	TE QUESTIONABLE AGGRESSIVE	
MICROCHIP MEDICATION		DISPOSITION (circle one): TAN	QUESTIONABLE AGGRESSIVE Times a day 1 2 3 4	
MEDICATION	N	DUSPOSITION (circle one): TAN	Times a day 1 2 3 4	
MEDICATION MEDICATION	N		Times a day 1 2 3 4  Times a day 1 2 3 4	
MEDICATION	N	DISPOSITION (circle one): TAN	Times a day 1 2 3 4	
MEDICATION MEDICATION MEDICATION	N		Times a day 1 2 3 4  Times a day 1 2 3 4	



## Station 2 Vaccination Certificate



#### **DD Form 2208**

#### RABIES VACCINATION CERTIFICATE

#### PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME(L SORRELS, AUSTIN	The state of the state of					EPHONE NUMB 5-617-8474		de Area Code)
3. ADDRESS(Number, PSC 561 BOX 24 FPO AP 96310	87	; State, ZIP Code)						
4. ANIMAL			201					
a. NAME b. MICROCHII WILLOW 991001003:			HIP NUMBER(S) 3243980	c. SPE		d. SEX		
e. AGE 10 Y	f. WEI 54.3		g. PREDOM SHEPHERD	MIX BREED		h. COLOR(S) BLACK/TAN		
5. VACCINE		tin		11.	90			
a. PRODUCER (First 3 ZOE	(etters)	b. LOT NUMB 464480	ER	c. EXPIRATION DATE 10 May 2022	200120	JS TYPE vac 3-Rabie led)	s	e. ADMINISTRATION SITE Sub Q RHIP
6. VACCINATION				7. VETERINARIAN				
a. RABIES TAG NUM	BER	b. DATE VACO		a. NAME PENDLEY, PAMELA BLA	a.NAME PENDLEY, PAMELA BLAIR		ENSE N	UMBER
c. VACCINATION DU	RATION	d. VACCINATI	77.77	c. SIGNATURE		> vm	b	®# ()
B. FACILITY ADDRES Marine Corps A Bldg 1052 Iwakuni 963	ir Stat			ary Service				



## Station 2 Pet Health Certificate



#### **DD Form 2209**

#### VETERINARY HEALTH CERTIFICATE PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement. ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation. DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement. 2. TELEPHONE NUMBER(Include Area Code) 1. OWNER'S NAME(Last, First, Middle Initial) SORRELS, AUSTIN (DUSTIN SORRELS) H: 865-617-8474 3. ADDRESS (Number, Street, City, State, ZIP Code) PSC 561 BOX 2487 FPO AP 96310 UNITED STATES 4. ANIMAL a. NAME b. SPECIES e. WEIGHT CANTNE Female f. MICROCHIP NUMBER(S) h. COLOR(S) g. PREDOMINANT BREED 991001003243980 SHEPHERD MIX BLACK/TAN 5. RABIES IMMUNIZATION DATA a. PRODUCER (First 3 letters) c. VIRUS TYPE d. DATE VACCINATED s. VACCINATION DURATION Nobivac 3-Rabies 14 Jul 2021 (killed) This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rables and did not originate from a rables guarantine area. 6. FACILITY ADDRESS (Street, City, State, ZIP Code) 7. VETERINARIAN Marine Corps Air Station Iwakuni a. NAME b. LICENSE NUMBER Veterinary Service Bldg 1052 c. SIGNATURE d. DATE (YYYYMMDD) Iwakuni 96310 JAP



## Station 2 Immunization Record



### **DD Form 1741**

**Immunization Record for Canines** 

WILLOW

SORRELS, AUSTIN (DUSTIN SORRELS)

SHEPHERD MIX (POA) Microchip: 991001003243980

DOB/Age: 01 Dec 2010 10 Y Gender: FS

Facility Address Marine Corps Air Station Iwakuni Veterinary Service Bldg 1052 Iwakuni 96310 JAP

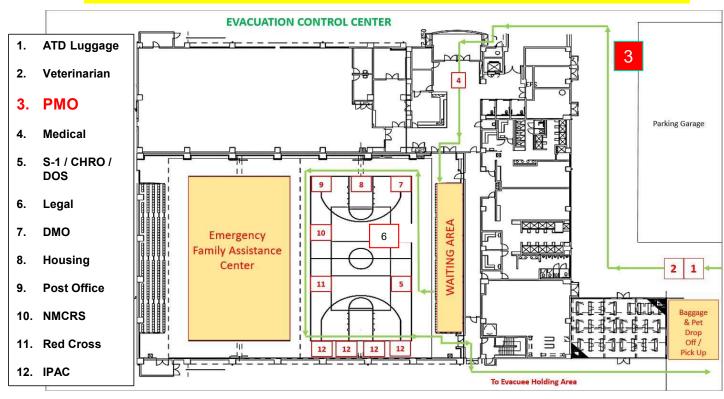
Phone: 81-8277-96471 Fax: 81-8277-96981

	Vaccine	Date Given	Due Date	Product	Mfr.	Lot#	Exp. Date	Site	Treating Organization	Veterinarian
Rabies	Rnbies	14 Jul 2021	14 Jul 2024	Nobivac 3-Rabies (killed)	ZOE	464480	10 May 2022	RHIP	MCAS IWAKUNI	PENDLEY
	Rabies	01 Dec 2020		Nobivac 3-Rabies (killed)	ZOE	407670A	27 Jul 2021	RHIP	MCAS IWAKUNI	SORRELS
	Rabies	10 Dec 2019		ELA Rabvac 3 (killed)		D020247A	16 Jan 2021	RHIP	MCB CAMP PENDLETON	SORRELS
	Rabies	21 Jul 2017								
	Rabies	21 Jul 2017		Nobivac 3-Rabies (killed)	ZOE	193980A	29 May 2018	RHIP	JBLM-MCCHORD AFB	SORRELS
	Rabies	02 Aug 2016								
	Rabies	02 Aug 2016		Nobivac 3-Rabies (killed)	ZOE	120626B	25 Apr 2017	RHIP	JBSA-FORT SAM HOUSTON	BASKERVILLE
Distemper,	DAPv	14 Jul 2021	14 Jul 2024	Nobivac K9 3-DAPv	MAH	90060086	01 May 2022	RSH	MCAS IWAKUNI	PENDLEY
Parvovirus,	DA2PP	29 Jul 2020		Nobivac K9-1 DA2PP	MAH	02121856B	18 Aug 2021	RSH	MCAS MIRAMAR	BAIN
Hepatitis, and	DA2PP	21 Jul 2017	100							
Respiratory Disease	DA2PP	21 Jul 2017		Nobivac K9-1 DA2PP	MAH	90060047	19 Jul 2018	RSH	JBLM-MCCHORD AFB	SORRELS
Disease	DAPv	02 Aug 2016				***************************************				
	DAPv	02 Aug 2016		Nobivac K9 3-DAPv	MAH	90060037	16 Feb 2017	RSH	JBSA-FORT SAM HOUSTON	BASKERVILLE
Parainfluenza	DA2PP	29 Jul 2020		Nobivac K9-I DA2PP	MAH	02121856B	18 Aug 2021	RSH	MCAS MIRAMAR	BAIN
	DA2PP	21 Jul 2017								
	DA2PP	21 Jul 2017		Nobivac K9-1 DA2PP	MAH	90060047	19 Jul 2018	RSH	JBLM-MCCHORD AFB	SORRELS
	Bordetella-PI	02 Aug 2016								
	Bordetella-PI	02 Aug 2016		Nobivac Intra Trac3-ADT	MAH	00541354B	12 Jan 2018	IN	JBSA-FORT SAM HOUSTON	BASKERVILLE
Bordetella	Bordetella-IN	14 Jul 2021		Nobivac Intra Trac	MAH	00541445B	29 Sep 2022	IN	MCAS IWAKUNI	PENDLEY
	Bordetella-IN	29 Jul 2020		Nobivac Intra Trae	MAH	00541428A	15 Oct 2021	IN	MCAS MIRAMAR	BAIN
	Bordetella-Inj	21 Jul 2017								
	Bordetella-Inj	21 Jul 2017		Bronchicine	ZOE	226860A	22 Apr 2020	LSH	JBLM-MCCHORD AFB	SORRELS
	Bordetella-PI	02 Aug 2016				-				
	Bordetella-PI	02 Aug 2016		Nobivac Intra Trac3-ADT	MAH	00541354B	12 Jan 2018	IN	JBSA-FORT SAM HOUSTON	BASKERVILLE
Leptospirosis	Leptospirosis	14 Jul 2021	14 Jul 2022	Nobivac Lepto-4	MAH	02171243	20 Oct 2022	LFL	MCAS IWAKUNI	PENDLEY
	Leptospirosis	29 Jul 2020		Nobivac Lepto-4	MAH	02171226	13 Dec 2021		MCAS MIRAMAR	BAIN
	Leptospirosis	21 Jul 2017								
	Leptospirosis	21 Jul 2017		Nobivac Lepto-4	MAH	02171172	04 Oct 2018	LFL	JBLM-MCCHORD AFB	SORRELS
	Leptospirosis	02 Aug 2016								
	Leptospirosis	02 Aug 2016		Nobivac Lepto-4	MAH	02171167	01 Mar 2018	LFL	JBSA-FORT SAM HOUSTON	BASKERVILLE
Cerenavirus	1	100000000000000000000000000000000000000								
Lyme										
Буне								-		



## Station 3 PMO







## Station 3 Vehicle Control Form



PROVOST MARSHAL'S OFFICE MCAS IWAKUNI, JAPAN PSC 561 BOX 21 FPO AP 96310-0009

#### VEHICLE CONTROL FORM

Rank:	Name:			SSN#	
	Last			_	
EVACUEE INFO	RMATION:	s	SN#		
VEHICLE INFO	RMATION: (Please	fill out a separat	te form for	each vehicle.)	
MAKE:		(Ex. Toyota	, etc.)		
MODEL:		(Ex. Hi-Ac	e, etc.)		
TYPE:		(Ex. Van, T	ruck, Sedar	n, etc.)	
COLOR:		(Ex. Black,	Red, etc.)		
# OF DOORS:	(4, 5,	etc.)			
VIN/SERIAL	#			_	
LICENSE PLA	ATE#	_			
PASSENGER	CAPACITY:	(2, 5, 8,	etc.)		
VEHICLE LO	CATION (Penny	Lake or address	(Bldg#): _		
	*				

## Parking structure floors will be labeled:

1A / 1B 2A / 2B 3A / 3B 4A / 4B



# Station 3 Vehicle Impound



#### VEHICLE IMPOUNDMENT REPORT (X all that apply) ABANDONED ACCIDENT ILLEGALLY PARKED STOLEN OTHER (Specify) HEN IMPOUNDED (X all that an DOOR LOCKED TRUNK LOCKED DOOR UNLOCKED TRUNK UNLOCKED MIRROR(S) LUG WRENCH KEYS IN CAR KEYS MISSING TAPE DECK SPARE WHEEL/TIRE RFWHEEL/TIRE LF WHEEL/TIRE WHEEL COVERS DD FORM 2506, MAY 2000 PREVIOUS EDITION IS OBSOLETE

## **DD Form 2506**Vehicle Impound / turn-in Document

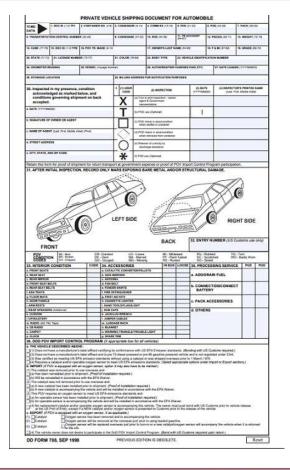
Fill out sections Part I (Blocks 1-3), & Part II (Block 5)



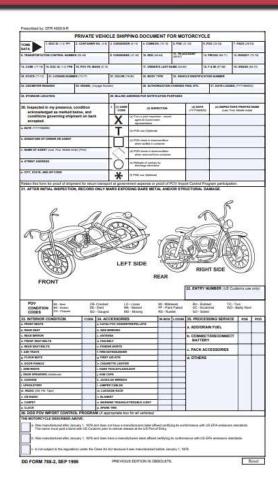


### Station 3

## Vehicle Shipment (If Applicable) DD FM 788, 788-1 & 788-2



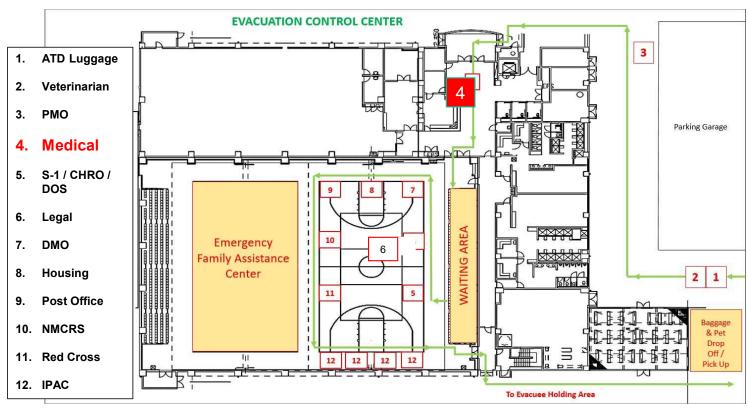
TONO	5, DOC 00 (1.0) 194	I contained wo	di 3 contionon/s re	4. COMM EX./10-10	E POE /	5.25 I	E POD (2420)	T. PACK (00-08)
DATA					No. of Contract of			
E TRANSPORTAT	TION CONTROL NUMBER	DR (30-40)	a. consistence (4" 62	18. 800 (0+10)	(6+67)	20,67	12 PROES (IA-TI)	13. WEIGHT (15-)
14. CUBE (77-74)	15,000 to (1-3) TPS	16 POV TR, MAKE (	196	17. OWNER'S LAST I	AME (S+6)	-	SEFEMPETON	18. GRADE (69-7)
28. STATE (74-72)	21 LEGISE HUMB	ER (23-77)	21. COLOR (79-80)	22. BODY TYPE	23. VEH00	LE DENTIFIC	ATION NUMBER	1
24 ODOMETER R	EADING	26 VEMBL/Opape	NAME OF THE OWNER, THE	ZIL AUTHORIZATION	CHARGES	PAID, ETC.	27 GATE LOAD	DED (VYVINIED)
IS STORAGE LO	CATION	100	29. DELLANG ADDRESS	FOR NOTIFICATION PO	recets.		4	
10 inspected	in my presence,	condition	s. Insuses	Miles Day		(D) DATE	(4) mares	TOR'S PRINTED NA
acknowle	dged as marked to a governing ships	polow, and	V (n)Tan	(2) NISPECTION  If provinged to view  if 6 Government	4	(VYYYMAK)	Kiji (East)	Proc. Million retail
s. DATE (YYYYAS				sectable	_		-	
B. SIGNATURE OF	FOWNER OR AGENT		-		-	_		
- NAME OF AGE	NT (Last First Mittely in	And (Post)		check in emercandition in staffed in consumer				
A STRUCT AGOST			1	n remained from container			4	
- CUTY AVAIL A			101~	nee of controly by terge allevature				
			45	une (Ciptional)				
			sport at government e.					ison.
O. F	RONT	0	LEFT SIDE	REAF	1	O 32 ENTR	RI Y NUMBER (US	GHT SIDE
FF SSERVE	RONT DN DE BOULE	0 25.50	and LO-Loose MA-More ged MG-Man	REAF	Someth of Fathert wheat	8U - 8 8C - 9 80 - 9	V NUMBER /US	Customs use or 0 - Tow 0 - Bady Wom
POV SSNEUTIC	RONT DN DE BOULE	CODE 34.	ind CO-Loose MA-Milete ged MG-Muss ACCESSORES	REAF	Someth of Fathert wheat	8U - R 8C - S 80 - S 35. FROC	Y NUMBER /US	Customs use or 0 - Tow 0 - Bady Wom
POV SENERIOR SEAT BEAT SEAT	RONT DN DE BOULE	CODE 34.	ind CO - Loose ged MA - Marin AC-CESSORES VALVEC CONVENTERPEL OR WINKORS	REAF	Someth of Fathert wheat	8U - R 8C - S 80 - S 35. FROC	V NUMBER /US	Customs use or 0 - Tow 0 - Bady Wom
POV SUNDETIC 33. INTERIOR a PRINT SEATS b. REAR SEAT 6. REAR SEATS 6. REAR SEATS	RONT  DN 65 - Bard CO - Chapper	0006 34. a.c. a.c.	Seef U.C Loose MA Main- paid MA Main- ACCESSORES MACCESSORES TENNA TENNA TENNA TENNA TENNA TENNA	REAF	Someth of Fathert wheat	80 - 8 80 - 8 80 - 8 35. PROC	Y NUMBER (US  Ubbel Ti yikihed W  ibid EBSING SERVI	Cuttoms use or 0 - Tury 0 - Bady Wom
POV SONDETHO 33. INTERIOR a. FRONT SEATS e. REAR SEAT e. SEAR MERICE e. FRONT SEATS e. FRONT SEATS	RONT  DN 65 - Bard CO - Chapper	CODE 34.	AME LO-Loomer  MA - Maris  MA - Maris  MA - MA - Maris  MA - TE CONVENTERPEL  E WINDOWS  TENNA  N BELT  NOOF SORTS	REAF	Someth of Fathert wheat	80 - 8 80 - 8 80 - 8 35. PROC	Y NUMBER (US  Ubbel Ti yakhed W  Jake W  ESSING SERVI	Cuttoms use or 0 - Tury 0 - Bady Wom
POV CONDITION 33. INTERIOR A FRONT SEATS 6. REAR SEAT 6. REAR SEAT SE 6. REAR SEAT SE 7. REAR SEAT SE 7. REAR SEATS E. FLOOR SEATS E. FLOOR SEATS E. FLOOR SEATS	RONT  SET - State  ON - Driver  ON - Driver  CONDITION  SELTS	CODE 34.	MA - Marin  MA - M	REAF	Someth of Fathert wheat	SU-R SC-S SO-S SO-S S. PROC 4. ADDIO 6. CONNE BATTI	Y NUMBER (US USBALL TI THE MAN WE SHOULD SERVE RAIN FUEL SCTIDISCONNE- SRY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV ENDERN SUPERIOR A PROME SEAT E SEAR MERICE E SEAR MERICE E TROOF SEAT SE TADOR SEAT E FLOOR SEAT E FLOOR SEAT	RONT  SET - State  ON - Driver  ON - Driver  CONDITION  SELTS	CODE 34.	MA MATERIAL	REAF	Someth of Fathert wheat	SU-R SC-S SO-S SO-S S. PROC 4. ADDIO 6. CONNE BATTI	Y NUMBER (US  Ubbel Ti yakhed W  Jake W  ESSING SERVI	Cuttoms use or 0 - Tury 0 - Bady Wom
POV CONDITION 33. INTERIOR 35. INTERIOR 4. FRONT SEATS 6. COOR PARES	RONT  DN SCSada  CODisper	CODE 34.	SING LO-LICENSE SALES OF THE SALES OF T	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV CONDITION 33. INTERIOR 2 PROHI SEATS 3 PROHI SEATS 4 PROHI SEATS 4 PROHI SEATS 4 PROHI SEATS 5 PROHI SEATS 5 PROHI SEATS 6 P	RONT  DN SCSada  CODisper	CODE 34.	SING LO Lemma  Good MA. House  ACCESSORES	REAF	louned of Farther deed LOOSE	SU-R SC-S SO-S SO-S S. PROC 4. ADDIO 6. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV SUBSTITUTE OF THE POOR STATE OF THE POOR STA	RONT  St Bard  St Bard  Co Disper  Co Disper  CONDITION  BLASS  BLA	COOE 34.	HARF EQ - Louve MA. Marra Gordon Marra	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV CONSTRUCTOR OF THE POVE CO	RONT  St Bard  St Bard  Co Disper  Co Disper  CONDITION  BLASS  BLA	CODE 34. a. c. b. c. c. f. c. f.	THE CO-LINES OF THE CO-LINES O	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV CONTENTION OF THE POV CONTENTION OF THE POV CONTENTION OF THE POWER THE	RONT  St Bard  St Bard  Co Disper  Co Disper  CONDITION  BLASS  BLA	CODE 34.	AND TO LIVE THE PROPERTY OF TH	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POVENTY OF THE POWER OF THE POW	RONT  DN ST Death of the Control	CODE 34,	MARIE CO. Levening of MA Marie MA Ma	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV. SUBSETS POV. SUBSETS 33. INTERIOR A PROMISE SEATS IN FRANCE SEATS IN FRAN	RONT  SE - Bonde  CO - Disagra  CO - Disagra	CODE 34. 2.C. 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	AND TO LIVE THE PROPERTY OF TH	REAF	louned of Farther deed LOOSE	BU - R BC - S BO - S 35. PROC 4. ADDIO 5. CONNE BATTI	Y NUMBER (US  Blood Tr  SARAM W  BESSING SERVI  RAIN FUEL  ECTIDISCONNEI  EXY	Cuttoms use or 0 - Tury 0 - Bady Wom
POV SOUDDING TO SELECT THE POPULATION OF THE POP	RONT  TO TO THE CONTRIBUTION  IN THE CONTRIBUTION	CODE 34.	see CO. Lower part of Co. Lower part of Co. Lower part of Co. Shared p	REAR  SEL MINE SEL MI	consid N. Farhed oled LOOSE LOOSE  LO	SU-SISC SISC SISC SISC SISC SISC SISC SISC	Y NUMBER (US  This could be a second by the	Customs use or 2: Term Charles Woon CE POIC CT
POVER THE PROPERTY OF THE PROP	RONT  DI ST. September CONGRITION  CONGRITION  CONGRITION  CONGRITION  SE JAMES AND CONGRITION	CODE 34.  6. 0.	Lead CO-Linux page 1 St Table 1 St Tab	REAS  State - Mail - Mail  State - Mail  State - Mail  State - Mail  A B COS  N B COS  A B CO	tental of Factor that I LOOSE	SU-SISC SISC SISC SISC SISC SISC SISC SISC	Y NUMBER (US  This could be a second by the	Customs use or 2: Term Charles Woon CE POIC CT
POVERNORM AND	RONT    State   State	CODE 34.  L D. L	the CCT - Location and Locat	REAS  State - Mail - Mail  State - Mail  State - Mail  State - Mail  A B COS  N B COS  A B CO	tental of Factor that I LOOSE	SU-SISC SISC SISC SISC SISC SISC SISC SISC	Y NUMBER (US  This could be a second by the	Customs use or 2: Term Charles Woon CE POIC CT
FEVER STATE OF THE PROPERTY OF	RONT  DI ST Service  CONGITTON  ST Congress  CONGITTON  ST Congress  CONGITTON  ST Congress  ST	CODE 34.  C. D. C.	test (C) Licenses	REAS  SE SALES  SE SALES  SE SALES  SE SALES  NO ROS  SE SALES  SE	ioned of Federal Control of Control of Federal Control of Federal Control of Federal Con	SU-SISC SISC SISC SISC SISC SISC SISC SISC	Y NUMBER (US  This could be a second by the	Customs use or 2: Term Charles Woon CE POIC CT
POVENIER OF THE POVENIER OF TH	RONT  BE JAMES AND TO THE STATE OF THE STATE	CODE 34.  C. C	See Control of the Co	REAS  SE - Malling  SE - Malli	Sound of Fisher of Control of State of	BL - PA - SE - S	Y NUMBER (US  Ubbed II  Ub	Customs use or 2: Term Charles Woon CE POIC CT
POVENIER OF THE POVENIER OF TH	RONT  BE JAMES AND TO THE STATE OF THE STATE	CODE 34.  C. C	See Control of the Co	REAS  SE - Malling  SE - Malli	Sound of Fisher of Control of State of	BL - PA - SE - S	Y NUMBER (US  Ubbed II  Ub	Customs use or Customs use or Customs use or Customs use or Customs (Control of Customs Control of Customs Control of Customs
PER POLY SERVICE OF THE PO	RONT  IN THE CONTROL OF THE CONTROL	CODE 34.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	See 1. Consequence of the conseq	REAS  REAS  SE - Mail of SE - M	Consider the Constant of Cons	B1 B B B B B B B	Y NUMBER (US  Abbed To  Ab	Customs use or Customs use or Customs use or Customs (Carlot State
PER POLY SERVICE OF THE PO	RONT  IN THE CONTROL OF THE CONTROL	CODE 34.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	See 1. Consequence of the conseq	REAS  REAS  SE - Mail of SE - M	Consider the Constant of Cons	B1 B B B B B B B	Y NUMBER (US  Abbed To  Ab	Customs use or Customs use or Customs use or Customs (Carlot State
FER PORT AND	RONT  IN THE CONTROL OF THE CONTROL	CODE 34.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	See 150 - Leavester 150 - Leav	REAS  REAS  SE - Mail of SE - M	Consider the Constant of Cons	B1 B B B B B B B	Y NUMBER (US  Abbed To  Ab	Customs use or Customs use or Customs use or Customs (Carlot State





## Station 4 Medical







# Station 4 Medical

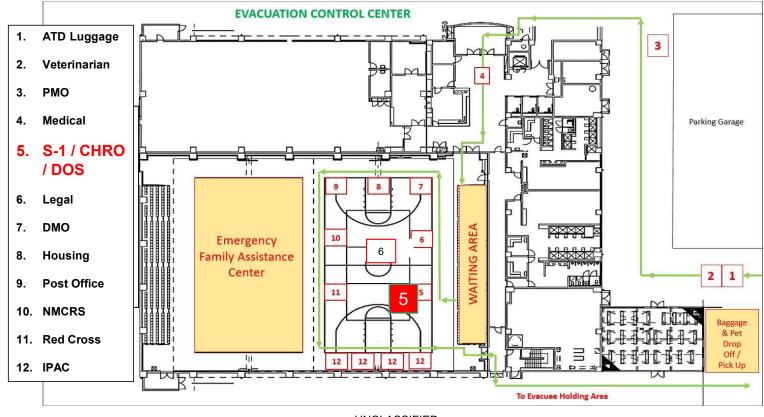


- Medical triage for any injuries
- Refilling of prescriptions (if needed)
- Assess any urgent medical needs prior to evacuation from MCAS Iwakuni.



## Station 5 S-1 / CHRO / DOS / Customs







# Station 5 Evacuation Orders



### **DD Form 1610**

(Re	(Reference					D PERS	OHNEL	1. DATE OF REQUEST
		: Joint Travel R Act Statement o	egulations	(JTR), C	hapter 3)			(FFFFMMDD)
	.au i mauj				ICIAL TRA			
2. NAME (Last, First, Middle Initial	0		IAL SECU				TION TITLE AND G	RADE/RATING
5. LOCATION OF PERMANEN	NT DUTY S	TATION (PDS)			6. ORGA	NIZATION	IAL ELEMENT	7. DUTY PHONE NUM
								(Include Area Code)
8. TYPE OF AUTHORIZATION	9. TDY	PURPOSE (Se	e JTR, Appe	ndix H)	10a. APPRI (Includ	DX: NO. OF ing travel ti	TDY DAYS ne)	b. PROCEED DATE (YYYYMMDD)
11. ITINERARY	v	ARIATION AUTH	ORIZED					
12. TRANSPORTATION MODE	E							
a. COMMERCIAL		GOVERNMENT		c. LOC	AL TRANSPO	RTATION		
	HIP AIF		SHIP			OTHER		D CONVEYANCE (Check one
							RATE PER MILE:	
								OUS TO THE GOVERNMEN
AS DETERMINED BY APPRO	OPRIATE TR	ANSPORTATION	OFFICER (	Overseas	Travel only)		├── IS LIMITED T	IMBURSEMENT AND PER I O CONSTRUCTED COST O
							COMMON CA	ARRIER TRANSPORTATION
							PER DIÉM AS TIME AS LIM	S DETERMINED AND TRAVI ITED PER JTR
13. a. PER DIEM AUTHO	DITED IN AC	CORDANCE MT	u mo		OTHERDS	TE OF DE	R DIEM (Specify)	-
14. ESTIMATED COST	THE PL	OUNDANGE INI	mont.		CONERNO	I E OF PER	LUIEM (apticity)	15. ADVANCE
	TRAVEL		c. OTHER	2		d. TOTA		AUTHORIZED
\$ \$			\$			\$ 0.00		\$
17. TRAVEL-REQUESTING OF	FICIAL (78)	e and signature)		18.	TRAVEL-A	PPROVIN	IG/DIRECTING OFF	FICIAL (Title and signature)
17. TRAVEL-REQUESTING OF	FICIAL (TH	e and signature)				PPROVIN	IG/DIRECTING OFF	FICIAL (Title and signature)
	FICIAL (TH	e and signature)	AUT	18.		PPROVIN	IG/DIRECTING OF	FICIAL (70le and signature)
17. TRAVEL-REQUESTING OF	FICIAL (78)	e and signature)	AUT			PPROVIN	IG/DIRECTING OFF	PICIAL (Title and signature)
							IG/DIRECTING OFF	
19. ACCOUNTING CITATION						21. [		YAMADD)

(5 U.S.C. 552a)
AUTHORITY: 5 U.S.C. 885701, 5702, and E.O. 9397.
PRINCIPAL PURPOSE(5): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification to individual travelers.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.
<ol> <li>REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</li> </ol>
D FORM 1610 (BACK) MAY 2003



# Station 5 Repatriation Processing



### **DD Form 2585**

						_	
ARE YOU ESCORT	ING UNACCOMPANI	ED MINOR CH	HLD(REN)? (X on	9)	YES		NO
group they are esco 6 through 20 for the	escort is responsible fo rting. If there is more t eldest child being esco through (d), as applical	than one child orted. Then, c	from the same fam	ily gro	up, enter the in	nforma	ition in Iter
ADDITIONALLY, E	SCORTS WILL FILL O	OUT A SEPAR	ATE FORM FOR	HEIR	OWN FAMILY	r GRO	UP.
	SECTION II - TO BE	COMPLETED	BY THE "RESPO	NSIBL	E PERSON"		
AIRLINE AND FLIGHT I	NUMBER		2. DATE OF ARRIV	AL (YY	YYMMDD)		
3. REPATRIATION CENTE	ER						
4. PROCESSING DATE (Y	YYYMMDD)		5. PROCESSING TO	ME (Mi	Mary)		
	JEE IDENTIFYING INF	-URMATION -	TO BE COMPLE	EDB	TIME RESP	014311	JEE I ENG
6. NAME OF EVACUEE (L	ast, First, Middle Initial)	ORMATION -	TO BE COMPLE	IED B	TIME RESP		JE TEN
6. NAME OF EVACUEE (L 7. COUNTRY EVACUATE 8. DATE OF BIRTH (YYYY)	.ast, First, Middle Initial) D FROM	BIRTH (City, State		IED B	THE RESP		
NAME OF EVACUEE (L     COUNTRY EVACUATE     DATE OF BIRTH (YYYY)	ast, First, Middle Initial)  D FROM  7MMCD)  9. PLACE OF I			IED B	THE RESP		JE PEN
NAME OF EVACUEE (L     COUNTRY EVACUATE     DATE OF BIRTH (YYYY)	ast, First, Middle Initial)  D FROM  7MMCD)  9. PLACE OF I			IED B	THE RESP		JE PEN
NAME OF EVACUEE (L.     COUNTRY EVACUATE     DATE OF BIRTH (YYYY     OUNTRY OF CITIZEN	ast, First, Middle Initial)  D FROM  7MMCD)  9. PLACE OF I						JE 7 2113
NAME OF EVACUEE (L.     COUNTRY EVACUATE     B. DATE OF BIRTH (YYY)     COUNTRY OF CITIZEN     MALE     MALE	aut First, Missile Institut  D FROM  7/1/M/CO)  S. PLACE OF I		t, and Country)				56.7.2.13
6. NAME OF EVACUEE (L. 7. COUNTRY EVACUATE 8. DATE OF BIRTH (YYYY) 10. COUNTRY OF CHIZEN 11. GENDER (X one) MALE 13. MARRITAL STATUS (X o	ast, First, Middle Institution D FROM  7/M/ACO)  9. PLACE OF I  SHIP  FEMALE  Re)		e, and Country)	ITY NU	MBER		1
6. NAME OF EVACUEE (L. 7. COUNTRY EVACUATE 8. DATE OF BIRTH (YYY) 10. COUNTRY OF CITIZEN 11. GENDER (X ONE) MALE 13. MARITAL STATUS (X O SINGLE SINGLE SINGLE	ast_First_Mostle Initial)  D FROM  D FROM  SHIP  FEMALE  TOTAL MARRIED		and Country)  12. SOCIAL SECUR  WIDOWED	UN YTI			1
6. NAME OF EVACUEE (L. 7. COUNTRY EVACUATE 8. DATE OF BIRTH (YYY) 10. COUNTRY OF CITIZEN 11. GENDER (X ONE) MALE 13. MARITAL STATUS (X O SINGLE SINGLE SINGLE	ast_First_Mostle Initial)  D FROM  D FROM  SHIP  FEMALE  TOTAL MARRIED		e, and Country)	UN YTI	MBER		1
6. NAME OF EVACUEE (L. 7. COUNTRY EVACUATE 8. DATE OF BIRTH (YYYY) 10. COUNTRY OF CHIZEN 11. GENDER (X one) MALE 13. MARRITAL STATUS (X o	ast_First_Mostle Initial)  D FROM  D FROM  SHIP  FEMALE  TOTAL MARRIED		and Country)  12. SOCIAL SECUR  WIDOWED	SUE	MBER		DIVORCE

				(Page 7.) Choose all that ap,		
(Non-Command Sponsor  (Non-Command Sponsor	ependent and/or Family Member endent and/or Family Member endent and or Family Member THT Transportation Agreement Employee WITHOUT Transportation  Employee WITHOUT (USG): Employee Dependent and/or Family hild, Student, Private Business) of Travel	CLASSIF 8 Adul (Fic no 9 Mint (Ci cit 10 Non 11 Non 11 Non 12 Citiz 13 Othe	FICATII It Deperoreign set U.S. or Deperbild boreign to	ndent of Repatriated U.S. Citiz d family member, i.e. mother-li sin, etc.) Civilian Employee (Works for U	itten N Navy F Air Force M Marine Corps G Coast Guard J.S. D DoD Agency O Other U.S. Government Agency X Not Applicable	
	(IS) AND AGENCY CODE(S) (E- nibers and agency codes from Ti- sile to the person named in Item in b. AGENCY CODE	able 1		ADULTS (Include yourself)	CHILDREN (Include all children)	
c. CLASSIFICATION NUMBER	d. AGENCY CODE			DOGS	CATS	
e. CLASSIFICATION NUMBER	f. AGENCY CODE			BIRDS	OTHER	
c. HOME TELEPHONE NO. d. V (Include Area Code) (i	Include Area Code) (Include	L TELEPHON ude Area Code	e)	(If apolicable)		
(if same as item 19, enter "S  a. NAME (Last, First, Middle Initial)  c. HOME TELEPHONE NO. d. V	NORK TELEPHONE NO CEL	L TELEPHON ude Area Code	E NO.	b. ADDRESS (Street, Gity, State	e-Country, ZIP Code)	
a. BRANCH OF SERVICE/DOD AC	ed minor children enter the spon: GENCY (X one)	sor's (parent	/guardi	an) information to the best of	your ability.)	
b. NAME OF SPONSOR (Remaining	AIR FORCE ing in Country) (Lest, First, Middle Init	MARINE CO	DRPS	c. SSN	d. RANK/GRADE	
	D MAJOR COMMAND (Include APC	OMFPOH)				
e. ORGANIZATION/ADDRESS AN  22. FINAL DESTINATION (Complete if applicable)  a. NAME OF ESCORT (Last, First, First) Destination of Escort (influence) Area (Social Influence) (First) (First) (First) (First) (First) (First)	Middle Initial)	T FOR UN			HILD(REN) of Escort) (Street, City, State/Count	



## Station 5 Repatriation Processing



### **DD Form 2585**

	ACCOMPA (Fill out for eac												
	NAME (Last, Fi			araon.)				(2) SSN			(3) D/	(3) DATE OF BIRTH (YYYYMM)	
(4) GI	ENDER (X one)			(5) RE	LATION SHIP TO	O PERS	ON COME	LETING FOR	A (X one	)	_		
	MALE		FEMALE		SPOUSE		SONIDA	WIGHTER		PARENT		OTHER	
(6) PL	LACE OF BIRTH	(City,	State, and Cou	intry)				(Enter all	appropri nd Table	2 (shown on Pi	numbers	NCY CODE(S) and agency codes from are applicable to the person	
(7) COUNTRY OF CITIZENSHIP					(a) CLASSIFI	CATION	NUMBER	(b) A(	(b) AGENCY CODE				
(8) PA	ASSPORT NUM	BER		COUN	ITRY OF ISSUE			(c) CLASSIFI	CATION	NUMBER	(d) A	SENCY CODE	
(9) Al	LIEN NUMBER			COUN	ITRY OF ISSUE			(e) CLASSIFI	CATION	INUMBER	(f) AG	ENCY CODE	
b.(1)	NAME (Lest, Fi	rst, Mid	dle Intial)					(2) SSN			(3) DA	ATE OF BIRTH (YYYYMMID)	
(4) GI	ENDER (X one)	_		(5) RE	LATIONSHIPT	O PERS	ON COME	LETING FOR	A (X one	)	_		
17-	MALE		FEMALE	100	SPOUSE			NUGHTER		PARENT		OTHER	
(6) PL	LACE OF BIRTH	I (City),	State, and Cou	intry)				(10) CLASSIFICATION NUMBER(S) AN (Enter all appropriate classification in Table 1 and Table 2 (shown on Page pamed in Nem b. (1).)			numbers	and agency codes from	
(7) CI	DUNTRY OF CIT	nzens	HIP					(a) CLASSIFICATION NUMBER			(b) A(	SENCY CODE	
(8) PA	ASSPORT NUM	BER		COUN	ITRY OF ISSUE			(c) CLASSIFI	CATION	NUMBER	(d) AGENCY CODE		
(9) AI	LIEN NUMBER			COUP	ITRY OF ISSUE			(e) CLASSIFICATION NUMBER			(f) AGENCY CODE		
c.(1)	NAME (Lost, Fi	rst, Alfai	dle Intial)					(2) SSN			(3) DA	ATE OF BIRTH (YYYYMAD)	
.,	NAME (Last, Fi	est, Alfici	Isle Initial)	(5) RE	LATIONSHIP TO	O PERS	ON COMF	.,	A (X one	,	(3) DA	NTE OF BIRTH (YYYYMM)	
(4) GI	ENDER (X one)	_	FEMALE		ELATION SHIP TO SPOUSE	O PERS		.,	A (X one	PARENT	(3) DA	TE OF BIRTH (YYYYMAD)	
(4) GI	ENDER (X one)	_	FEMALE			O PERS		LETING FORM UGHTER (10) CLASSII (Enter all	FICATIO appropri	PARENT N NUMBER(S) ate classification 2 (shown on Po	AND AGE	OTHER NCY CODE(S) and agency codes from	
(4) GI	ENDER (X one)	(City,	FEMALE State, and Cou			O PERS		LETING FORM UGHTER (10) CLASSII (Enter all Table 1 a	FICATIO appropri nd Table item c (	PARENT N NUMBER(S) ate classification 2 (shown on Pr (1.)	AND AGE numbers ige 6) that	OTHER NCY CODE(S) and agency codes from	
(4) GI	ENDER (X one) MALE LACE OF BIRTH	I (City,	FEMALE State, and Cou	intry)				LETING FORM NUGHTER (10) CLASSII (Enter all Table 1 a named in	PICATIO eppropri nd Table Nem c ( ICATION	PARENT N NUMBER(S) ade classification 2 (shown on Pi 1).) I NUMBER	AND AGE numbers ige 6) that	OTHER NCY CODE(\$) and agency codes from are applicable to the person	
(4) GI (6) PI (7) CI (8) PI	ENDER (X one)  MALE  LACE OF BIRTH  DUNTRY OF CIT	I (City,	FEMALE State, and Cou	cour	SPOUSE			LETING FORM UGHTER (10) CLASSII (Enter all Table 1 a named in	FICATION appropri nd Table Nem c.( CATION	PARENT N NUMBER(S) ale classification 2 (shown on Pi (I) NUMBER NUMBER	AND AGE numbers ige 6) that (b) A6	OTHER  NCY CODE(S)  and agency codes from are applicable to the person SENCY CODE	
(4) GI (6) PI (7) CI (8) PJ (9) AI	ENDER (X one)  MALE  LACE OF BIRTH  DUNTRY OF CO	i (City,	FEMALE State, and Cou	cour	SPOUSE			LETING FORM UGHTER (10) CLASSII (Enter all Table 1 a named in (a) CLASSIFI	FICATION appropri nd Table Nem c.( CATION	PARENT N NUMBER(S) ale classification 2 (shown on Pi (I) NUMBER NUMBER	AND AGE numbers ige 6) that (b) AG (d) AG (f) AG	NCY CODE(S) and agency codes from are applicable to the person SENCY CODE	
(4) GI (6) PI (7) CI (8) PA (9) AI	ENDER (X one)  MALE  LACE OF BIRTH  DUNTRY OF CH  ASSPORT NUM  LIEN NUMBER	i (City,	FEMALE State, and Cou	cour	SPOUSE		SONIDA ON COMP	PLETING FORF  UIGHTER  (10) CLASSIF  Table 1 a named in  (a) CLASSIFI  (c) CLASSIFI  (e) CLASSIFI  (2) SSN	FICATION appropri nd Table Nem c.(: CATION	PARENT N NUMBER(S) also classification also cl	AND AGE numbers ige 6) that (b) AG (d) AG (f) AG	OTHER  NCY CODE(S)  and agency codes from are applicable to the person  SENCY CODE  SENCY CODE	
(4) GI (6) PI (7) CO (8) PI (9) AI (4) GI (6) PI	ENDER (X one)  MALE  LACE OF BIRTH  DUNTRY OF CH  ASSPORT NUM  LIEN NUMBER  NAME (Last, Fi  ENDER (X one)  MALE  LACE OF BIRTH	TIZENS TIZENS TIZENS TIZENS TIZENS	FEMALE State, and Cou	COUNT COUNT (5) RE	SPOUSE  ATRY OF ISSUE  ATRY OF ISSUE		SONIDA ON COMP	LETING FORM UGHTER  (10) CLASSIF  (10) CLASSIF  (10) CLASSIF  (11) CLASSIF  (12) SSN  LETING FORM UGHTER  (10) CLASSIF	PICATION  A (X one  FICATION  A (X one	PARENT  NUMBER  S) also classification  2 (shown on Pi NUMBER  I NUMBER  I NUMBER  PARENT  NUMBER  2 (shown on Pi 2 (shown on	AND AGE numbers (pe 6) that (b) AG (d) AG (f) AG (3) DA	OTHER  NOT CODE(§)  and approy codes from are applicable to the person seem (CPC)  SENICY CODE  SENICY CODE  SENICY CODE  STEOF BIRTH (YYYYAMLO)  OTHER	
(4) GI (6) PI (7) CO (8) PI (9) AI (4) GI (6) PI	ENDER (X one)  MALE  JACE OF BIRTH  DUNTRY OF CH  ASSPORT NUM  LIEN NUMBER  NAME (Last, Fi  ENDER (X one)  MALE	TIZENS TIZENS TIZENS TIZENS TIZENS	FEMALE State, and Cou	COUNT COUNT (5) RE	SPOUSE  ATRY OF ISSUE  ATRY OF ISSUE		SONIDA ON COMP	LETING FORB UIGHTER  (10) CLASSIF  (2) CLASSIF  (c) CLASSIF  (d) CLASSIF  (e) CLASSIF  (g) CLASS	PICATION  A (X one  FICATION  A (X one	PARENT  NUMBER  S) also classification  2 (shown on Pi NUMBER  I NUMBER  I NUMBER  PARENT  NUMBER  2 (shown on Pi 2 (shown on	AND AGE (b) AG (d) AG (f) AG (3) DA AND AGE (mumbers ige 6) that	OTHER  NOT CODE(§)  and agency codes from are applicable to the person service of the pe	
(4) GI (6) PI (7) CI (8) PI (9) AI (4) GI (6) PI	ENDER (X one)  MALE  LACE OF BIRTH  DUNTRY OF CH  ASSPORT NUM  LIEN NUMBER  NAME (Last, Fi  ENDER (X one)  MALE  LACE OF BIRTH	TIZENS	FEMALE State, and Cou	COUNTY)	SPOUSE  ATRY OF ISSUE  ATRY OF ISSUE	O PERS	SONIDA ON COMP	LETING FORM UGHTER  (10) CLASSIF	PICATION  A (X one  FICATION  A (X one  FICATION  Mem c)  CATION	PARENT N NUMBER S) size classification 12 (shown on Pi ) NUMBER	(a) DAG  (b) AG  (c) AG  (d) AG  (d) AG  (d) AG  (e) AG  (d) AG  (d) AG  (e) AG  (e) AG  (f) AG  (f) AG  (o) AG	OTHER  CYCODE(s)  or an applicable from  sen applicable to the person  SENCY CODE  SENCY CODE  SENCY CODE  OTHER  CYCODE(s)  OTHER  CYCODE(s)  or applicable to the person	

		SECTION III - EVA	CUEE	IDENTIFYING INFORMATION (SERVICES) (Continued)						
24. 1	F NO SERVICES	ARE NEEDED, X THIS B	LOCK -	<b>→</b>	Т					
25.	SERVICES NEED	ED (X all that apply)			_					
	CLOTHING									
	HOUSING PERMANENT TEMPORARY									
	MEDICAL									
L	DOD INFORMATION									
L	DOD LEGAL SERVICES									
	CHILD CARE									
	FEDERAL CIVII	LIAN PERSONNEL ASSIS	TANCE	E						
L	LOCATOR ASS	ISTANCE FOR OTHER F	AMILY	MEMBERS						
Ĺ	TRANSPORTA	TION TO ONWARD DEST	INATIO	on .						
	FINANCIAL AS	SISTANCE								
	MENTAL HEAL	тн								
L	GENERAL INFORMATION									
	CHAPLAIN ASSISTANCE									
	FUNERAL ASS	ISTANCE								
	DOD RELOCAT	TION INFORMATION								
	TRANSLATOR	(Indicate language)								
	OTHER (Specify	0								
26. /	ADDITIONAL REN	MARKS			_					
l										
l										
l										
l										
l										
l										
l										
l										
Г				STOP HERE.	_					
<u></u>	CODM 2505 F			Rose 9 of 10 B	_					

## Station 5 Emergency Pay



### **DD Form 1337**

MEMBER (Last	Name, First Name, Middle Initial)		2. GRADE, RATE OF	RANK	3. SOCIAL SEC	CURITY NUMBER
4. MEMBER'S ST.	ATION OR ORGANIZATION					
5.a. PRIMARY DEI Middle Initial,L	PENDENT'S NAME (or designated ast Name)	representative for mir	or dependents) (First	Name,	b. RELATIONS	SHIP
6. DEPENDENTS	OTHER THAN PRIMARY					
a. NAME (Last Name, First Name, Middle Initial)		b. DATE OF BIRTH (YYYYMMDD)	a. NAME (Last Name, First Name, Middle Initial)			b. DAT OF BIRT (YYYYMM
(1)			(5)			
(2)			(8)			
(3)			(7)			
(4)			(8)			
7. PAYMENT DES	IGNATION	1				
competent au d. DATE	ssignate the above named individual thority.  e. SIGNATURE OF MEMBER	al to receive the paym	nt or representative) ent checked in the eve	nt of an evac	custion ordered o	r approved by
competent au d. DATE	thority.	anaded representative	ent checked in the eve for minor dependent)	nt of an evac	cuation ordered o	r approved by
competent au d. DATE f. SIGNATURE OF	hority.  e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or dead)  h. NAME, SIGNATURE, AND TIT	anaded representative	ent checked in the eve for minor dependent)	nt of an evac	cuation ordered o	r approved by
compelent au d. DATE f. SIGNATURE OF	hority.  e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or dead)  h. NAME, SIGNATURE, AND TIT	anaded representative	ant checked in the eve for minor dependent) TING OFFICIAL(S)	e TYPE Gelfonsis	CC PAYMENT CO PAYMENT ON A PAYM	f.
compelent au d. DATE f. SIGNATURE OF g. DATE g. DATE g. DATE	e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or deep  b. NAME, SIGNATURE, AND TIT  AYMENTS	gnated representative	ant checked in the eve for minor dependent) TING OFFICIAL(S)	e TYPE Gelfonsk	OF PAYMENT	f.
compelent au d. DATE f. SIGNATURE OF g. DATE g. DATE g. DATE	e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or deep  b. NAME, SIGNATURE, AND TIT  AYMENTS	gnated representative	ant checked in the eve for minor dependent) TING OFFICIAL(S)	e TYPE Gelfonsk	OF PAYMENT	f.
compelent au d. DATE f. SIGNATURE OF g. DATE g. DATE g. DATE	e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or deep  b. NAME, SIGNATURE, AND TIT  AYMENTS	gnated representative	ant checked in the eve for minor dependent) TING OFFICIAL(S)	e TYPE Gelfonsk	OF PAYMENT	f.
compelent au d. DATE f. SIGNATURE OF g. DATE g. DATE g. DATE	e. SIGNATURE OF MEMBER  PRIMARY DEPENDENT (or deep  b. NAME, SIGNATURE, AND TIT  AYMENTS	gnated representative	ant checked in the eve for minor dependent) TING OFFICIAL(S)	e TYPE Gelfonsk	OF PAYMENT	spproved by  the special speci

#### PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privary Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

DISCLOSURE: Voluntary. However, if the information is not provided, the payments to the dependents could be delayed, possibly causing hardship on the dependents.

#### INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

- The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.
- To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.
- 3. Payment of the amount of base pay (if any) authorized in lot Form 1337 as an advance of poy, may be obtained in installments (normally not more than two) or in one lump sum, as you recepts. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay in not a gratulity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned valves recovery of up to nor month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor with sort to request a valver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor devise hot with to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount 'S.
- 4. If you have been receiving a milliary allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven and at you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment.
- If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.
- 6. If you lose the DD Form 1337 during executation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

THIS IS AN IMPORTANT DOCUMENT.
KEEP IT WITH YOUR PASSPORT.

DD FORM 1337 (BACK), NOV 2007



## Station 5 Emergency Advance Pay



### **DD Form 2461**

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 3937; E.O. 10982; E.O. 127 PRINCIPAL PURPOSE(S): Information is collected to facilitate the insurance of the collection	nnce of emergency evacu- ormation may result in d SOCIAL SECURITY NO. SOSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER  ANAMERIC Intitle (Last)  4. NA and/or advance of pay o	elay in approval of the aud 3. GRADE OR LEVEL  NT  10. DATE OF ORDER  //YYYMMOD  13. RELATIONSHIP  MK	T. APPROPRIATION  1. DATE EVACUATE ()''YYMMCD)  b. DATE OF BIRTH ()''YYMMCD)  to dependent named
PRINCED A. URBOSESS: Information is cellected to facilitate the issue obtained with the country of the control continue membryon.  ROUTHE USGIS: None.  Z.  A. MAME (First. Missie bettel. Law)  5.  B. ADDRESS (Sieved. Cryp. State and Ep Code)  6.  C. VACUATED INSTALLATION  9.  12. NAME OF DEPENDENT OF DESIGNATED REPRESENTATIVE (First. Missie bettel.)  14. OTHER DEPENDENT OF DESIGNATED REPRESENTATIVE (FIRST. ADMINISTRATIVE)  15. I hereby authorize payment of \$  DEP Pay period above or designated representative. Lunderstand that funds paid become due me after date of payment.  16. I hereby authorize payment of the Common of the	nnce of emergency evacu- ormation may result in d SOCIAL SECURITY NO. SOSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER  ANAMERIC Intitle (Last)  4. NA and/or advance of pay o	elay in approval of the aud 3. GRADE OR LEVEL  NT  10. DATE OF ORDER  //YYYMMOD  13. RELATIONSHIP  MK	T. APPROPRIATION  1. DATE EVACUATE ()''YYMMCD)  b. DATE OF BIRTH ()''YYMMCD)  to dependent named
SOURCE USES, None.	ormation may result in do SOCIAL SECURITY NO. SOSTION TITLE MPLOYING DEPARTIME EVACUATION ORDER VA. A. NA and/or advance of pay o	elay in approval of the aud 3. GRADE OR LEVEL  NT  10. DATE OF ORDER  //YYYMMOD  13. RELATIONSHIP  MK	T. APPROPRIATION  1. DATE EVACUATES (1777/MMCD)  D. DATE OF SIRTH (1777/MMCD)  D. DATE OF SIRTH (1777/MMCD)  to dependent named
DISCLOSURE: Vulnitary; however, failure to provide the requisted rift  1. SPONSORING CIVILIAN EMPLOYEE  2. ADMIN (First Above Institute)  5. A ADDRESS (Street, City, State and Elp Code)  6. B. EVACUATED INSTALLATION  12. NAME OF DEPENDENT OF DISKNATED REPRESENTATIVE (First, Above Institute)  13. NAME OF DEPENDENT OF DISKNATED REPRESENTATIVE (First, Above Institute)  14. OTHER DEPENDENTS (First Additional space in modeled une hock).  15. I hereity authorise payment of \$	OCIAL SECURITY NO. POSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER (O. ARGERI Initial, Lax!)  a. NA and/or advance of pay o	3. GRADE OR LEVEL  NT  10. DATE OF ORDER (YYYYAMOD)  13. RELATIONSHIP  ME	STEP OR RATE      APPROPRIATION     DATE OF BIRTH (????!AMGG)      Date of birth (???!AMGG)      Date of birth (???!AMGG)      Date of birth (???!AMGG)      Date of birth (???!AMGG)
1. SPONSORING CIVILIAN EMPLOYEE 2.  2. NAME PROF. Motion broad. Lard 5  5. ADDRESS (SPEEC. City, State and Ege Code)  6. EVACUATED INSTALLATION 9.  12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (PIPIL OF THE PROPERTY	OCIAL SECURITY NO. POSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER (O. ARGERI Initial, Lax!)  a. NA and/or advance of pay o	3. GRADE OR LEVEL  NT  10. DATE OF ORDER (YYYYAMOD)  13. RELATIONSHIP  ME	STEP OR RATE      APPROPRIATION     DATE OF BIRTH (????!AMGG)      Date of birth (???!AMGG)      Date of birth (???!!AMGG)      Date of birth (???!!AMGG)      Date of birth (???!!AMGG)
1. SPONSORING CIVILIAN EMPLOYEE 2.  2. NAME (Price Addition broad, any)  5. ADDRESS (Sirect, Cry, State and Ep Code)  6. EVACUATED INSTALLATION  9. ADDRESS (Sirect, Cry, State and Ep Code)  12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (Price, Institute of Price)  13. NAME	OCIAL SECURITY NO. POSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER (O. ARGERI Initial, Lax!)  a. NA and/or advance of pay o	3. GRADE OR LEVEL  NT  10. DATE OF ORDER (YYYYAMOD)  13. RELATIONSHIP  ME	STEP OR RATE      APPROPRIATION     DATE OF BIRTH (????!AMGG)      Date of birth (???!AMGG)      Date of birth (???!!AMGG)      Date of birth (???!!AMGG)      Date of birth (???!!AMGG)
B. NAMM (First, Blocke brains), Last() B. ADDRESS (Girect, City, State and Zip Code)  6. B. EVACUATED INSTALLATION  9.  12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Annual City), Company (City), City (City), Cit	POSITION TITLE EMPLOYING DEPARTME EVACUATION ORDER NO.  A. NA and/or advance of pay o	10. DATE OF ORDER (YYYYMMOD) 13. RELATIONSHIP ME	7. APPROPRIATION 11. DATE EVACUATE ()???VAMACO)  b. DATE OF BIRTH ()??YAMACO)  to dependent named
b. ADDRESS (Street, City, State and Ep Code)  6.  8. EVACUATED INSTALLATION  9.  11. INAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (Part. 14. OTHER DEPENDENTS (IF additional space is meeted user back)  9. NAME  10. INTERPOLATION (IF ADDRESS (IF	ENPLOYING DEPARTME EVACUATION ORDER NO.  a. NA and/or advance of pay o	10. DATE OF ORDER (YYYYMMOD) 13. RELATIONSHIP  ME	11. DATE EVACUATE (กากกระเทศ (กากากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (
B. EVACUATED INSTALLATION  9.  12. NAME OF DEPENDENT OF DESIGNATED REPRESENTATIVE (**pril.**)  14. OTHER DEPENDENTS (**pril.**)  15. Invertige and the second of the seco	evacuation order to.  Middle initial, Last)  a. NA and/or advance of pay o	10. DATE OF ORDER (YYYYMMOD) 13. RELATIONSHIP  ME	11. DATE EVACUATE (กากกระเทศ (กากากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (กากกระเทศ (
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE Print.  14. OTHER DEPENDENT SI # additional space in needs (i.m. best.)  15. I hereby authorize payment of S	NO.  Middle Initial, Last)  a. NA  and/or advance of pay o	(YYYYMMDD)  13. RELATIONSHIP  ME	b. DATE OF BIRTH (יייייייייאמאנסט)
14. OTHER DEPINDENTS If additional space in needed, are hard.  8. NAME  15. I hereby authorize payment of \$  15. I hereby authorize payment of \$  15. I hereby authorize payment of \$  16. I hereby authorize payment of \$  16. I needy authorize payment of specific payment.  16. I needy authorize dependent needed above or designated representative.  16. I needy authorize dependent needed above or designated representative.  16. I needy authorize dependent needed above or designated representative.  16. I needy authorize dependent needed above or designated representative.  18. DEFINITION BUSINERS ALLOWANCE \$  18. SEMATURE  19. AUTHORIZED OFFICIAL  1. TYPED NAME  2. SIGNATURE  19. C. SIGNATURE  2.	a. NA	ME f \$	(YYYYMMIDD)
I. I hereby authorize payment of \$	and/or advance of pay o	1 \$1	(YYYYMMIDD) to dependent named
S. NAME  POPYTHANDO  15. I hereby authorize payment of \$ per pay period above or designated representative. Lunderstand that funds paid become due me after date of payment.  I. Thereby authorize perplement named above or designated representative processing the process of the payment of the payment.  I. Thereby DEVELOR DESIGNATED REPRESENTATIVE  SEMANUER  19. AUTHORIZED OFFICIAL  TYPED NAME  5. SIGNATURE  19. AUTHORIZED OFFICIAL  TYPED NAME  6. SIGNATURE  10. Tequest the amount of \$ per pay period (to be completed only when because of emergency conditions, or generoscitative maned above) certify that the above information is a SIGNATURE  12. PAYMENT RECORD (If additional space is needed, see back)  DATE  12. PAYMENT RECORD (If additional space is needed, see back)  DATE  13. DATE  14. PAYMENT RECORD (If additional space is needed, see back)	and/or advance of pay o	1 \$1	(YYYYMM(DD)
above or designated representative. Lunderstand that funds paid become due me after date of payment.  16. I hereby authorize dependent named above or designated representative. I have been a support of the payment of			
above or designated representative. Lundentand that funds paid become due me after date of payment.  16. Interby authorize dependent named above or designated representative. Interby authorize named			
above or designated representative. Lunderstand that funds paid become due me after date of payment.  16. I hereby authorize dependent named above or designated representative. I have been a support of the payment of			
18. DEPENDENT OR DESIGNATED REPRESENTATIVE  a. SIGNATURE  19. AUTHORIZED OFFICIAL.  b. TYPED MANE  c. SIGNATURE  20. I request the amount of \$ per pay period is (to be completed only when. Decause of emergency conditions, corpersentative named above) certify that the above information is 4. SIGNATURE  21. PAYMENT RECORD (or additional space is needed, use back.)  b. DATE  22. PAYMENT RECORD (or additional space is needed, use back.)	tative to receive paymer VACUATION TRAVEL AND		
a. SIGNATURE  19. AUTHORISED OFFICIAL b. 1795 NAME  c. SIGNATURE  20. I request the amount of \$ per pay period in the because of emergency conditions, or agreementary amend above) certify that the above information is a. SIGNATURE  21. PAYMENT RECORD (if additional space in sended, use back.) b. DATE  19. AUTHORISE CORD (if additional space in sended, use back.)		b. DATE SIGNED (YYYYMM	(DD)
a. SIGNATURE  19. AUTHORISED OFFICIAL b. 1795 NAME  c. SIGNATURE  20. I request the amount of \$ per pay period in the because of emergency conditions, or agreementary amend above) certify that the above information is a. SIGNATURE  21. PAYMENT RECORD (if additional space in sended, use back.) b. DATE  19. AUTHORISE CORD (if additional space in sended, use back.)			
NOPED NAME     D.     STORATURE  20. I request the amount of \$ per pay period of (to be completed only when, because of emergency conditions, or agreeserable varies warned above) certify that the above information is a. SIGNATURE  21. PAYMENT RECORD (if additional space is needed, use back)     DATE		b. DATE SIGNED (YYYYMM	(DD)
c. SIGNATURE  20. I request the amount of S  (to be completed only when, because of emergings conditions, or agreementaries maned above) certify that the above information is a SIGNATURE  21. PAYMERT RECORD (if additional space in receded, use bank).  a. DATE			
20. Trequest the amount of S per pay period in the completed only when, because of emergency conditions, or appreciations amend above) certify that the above information is a SIGNATURE  1. PAYMENT RECORD of additional space in revended, use bank).  2. DATE.	TITLE		
(to be completed only when, because of emergency conditions, or representative named above) certify that the above information is a SIGNATURE SIGNATURE RECORD (if additional space is needed, use back.)  B. DATE SIGNATURE SIGNA		d. DATE SIGNED (YYYYMM	(DD)
21. PAYMENT RECORD (If additional space is needed, use back.)  a. DATE  b. DATE			ident or designated
a. DATE		b. DATE SIGNED (YYYYMM	(DD)
			e. AMOUNT
		d. TYPE OF PAYMENT	
	complete and accurate	d. TYPE OF PAYMENT	
DD FORM 2461, MAR 2000 PREVIOUS EDIT	complete and accurate	d. TYPE OF PAYMENT	





## Station 5 Evacuee Manifest & Promissory Note



### DS 5528

with.	EVA	CUEE	MANIFEST	AND FRO	WISSUR	Y NOTE		ATION DATE: 07-31-2020 ATED BURDEN: 20 Minutes
PART 1 - EVACUATION		BE COM		H ADULT APPL	ICANT REGA			′
Last Name (Print Clean	arly)		2. First Name			3. Middle N	ame	
Social Security Numb	er 5. Date of	Rirth	6. Place of Birth		7. Identity Do	cument		8 Sex
4. Jodai Jeoung Humi	(DD-MM		O. T labe of bills		Issuing Cour			Male
	(10,000000)				Passport Nu			
					or National II	D No.		Femal
9. Current lodging when	e you may be contac	ted now						
10. Phone number whe	re you may be conta	cted now		11. Email add	iress where y	ou may be con	tacted now	
12. Medical condition, o	urrent injuries, or lim	ited mobili	ity relevant to evac	uation				
13. Verifiable Billing A must complete. No 14. Address Line 1	ddress at Final Des t applicable to U.S.	tination i Governm	n United States o ent employees o	r other Permani n official assign	ent Address ment and/or	(Not a Post O Eligible Famil	ffice Box) (Th ly Members )	ird Party Contractor
15. Address Line 2								
16. City 17. Sta			ate/Province		18. Cour	ntry		
19. Postal Code	20. Telepi	hone Num	ber (Include Coun	try/City Codes)	21. Email Ad	idress		
22. Emergency Conta	-1 (Da1 E-1							
23. Last Name (Print C		eone tras	eing war you)	24. First Nam	6			
20. Last Hallie (1 Mill Of	early)			Z I. T II ST TEGIN	~			
25. Address Line 1								
26. Address Line 2								
27. City		28. St	ate/Province		29. Cour	ntry		
30. Postal Code	31. Telepi	hone Num	ber (Include Coun	try/City Codes)	32. Email Ad	idress		
33. Relationship to you								
34. Accompanying Mi		apacitate	d/Incompetent Ac	lults Only, list b	elow.	Check here if	none	
35. Last Name (Print C	learly)		36. First Name			37. Middle N	lame	
	,							
38. Social Security Number	39. Date of Birth (DD-MMM-YYYY)	40. Plac	e of Birth	41. Identity Do			42. Sex	43. This Person is N
	DD				y		Male	
				Passport No.			☐ Female	
				or National ID	No.		☐ remaie	
	early)		45. First Name			46. Middle I	Vame	
44. Last Name (Print Cl 47. Social Security	48. Date of Birth	49. Plac	45. First Name	50. Identity Do	cument	46. Middle I	Jame 51. Sex	52. This Person is N
44. Last Name (Print Cl 47. Social Security		49. Plac		50. Identity Do		46. Middle I	51. Sex	52. This Person is N
44. Last Name (Print Cl	48. Date of Birth	49. Plac				46. Middle I	51. Sex	52. This Person is N
44. Last Name (Print Cl 47. Social Security	48. Date of Birth	49. Plac		Issuing Count	ry	46. Middle I	51. Sex	52. This Person is M

			identity Document Nu	mber from Line 7		
53. Last Name (Print	Clearly)	54. First Name		55. Middle N	lame	
56. Social Security Number	57. Date of Birth	58. Place of Birth	59. Identity Document		60. Sex	61. This Person is My:
lumber	(DD-MMM-YYYY)		Issuing Country		Male	
			Passport No.			
			or National ID No.		Female	
62. Last Name (Print	Clearly)	63. First Name		64. Middle N	ame	
35. Social Security	66. Date of Birth	67. Place of Birth	68. Identity Document		69. Sex	70. This Person is My:
lumber	(DD-MMM-YYYY)		Issuing Country		☐ Male	
			Passport No.		_	
			or National ID No.		Female	
1. Last Name (Print	Clearly)	72. First Name	"	73. Middle N	lame	
74. Social Security Number	75. Date of Birth (DD-MMM-YYYY)	76. Place of Birth	77. Identity Document		78. Sex	79. This Person is My:
Number	(DD-MMM-TTTT)		Issuing Country		Male	
			Passport No. or National ID No.		=	
					Female	
30. Last Name (Print	Clearly)	81. First Name	- 1	82. Middle N	ame	
13. Social Security Number	84. Date of Birth (DD-MMM-YYYY)	85. Place of Birth	88. Identity Document Issuing Country		87. Sex	88. This Person is My:
			Passport No.		Ш мае	
			or National ID No.		☐ Female	
no DADYO D	N 4 - 18	TOD A	LL EVACUEES, including Tr	Lind Banks Cambr		1 E bl- 4- 11 C
Government emp	sory Note and Repayr oloyees on official ass	ignment and/or Eligible	Family Members.)	mira Farty Contr.	ictors. Not A	opplicable to 0.5.
I clearly underst	and that I am accepting ev	acustion of my own free will a	nd at my own risk to a location cho	osen by the U.S. Go	vernment. The	mode of transportation ma
	military transport. I also ur y aircraft travel, the U.S. G	derstand that the evacuation overnment acts only as an ag	Right may not comply with normal i ent and not as a contract carrier.	international safety	or luggage/carg	
U.S. Citizens: I initial billing at an other U.S. Governme loan in full. If I am unal	military transport. I also ur y aircraft travel, the U.S. G promise to repay the U.S. interest rate established in nt loans received for other site to pay this loan in full. t	derstand that the evacuation overnment acts only as an ag Government in U.S. dollars or accordance with Federal law rumones. I will keep the Den	flight may not comply with normal is ent and not as a contract carried the foreign currency equivalent, w for all applicable expenses for my arthment of State's Accounts Recei at its discretion and upon my requi	international safety within 30 days of initi y/our evacuation. T	or luggage/carg	not repaid within 60 days o loan is in addition to any
U.S. Citizens: I initial billing at an other U.S. Government	military transport. I also ur y aircraft travel, the U.S. G promise to repay the U.S. interest rate established is nt loans received for other side to pay this loan in full, t payment of my loan.	derstand that the evacuation overnment acts only as an ag Government in U.S. dollars or accordance with Federal law rumones. I will keep the Den	flight may not comply with normal is ent and not as a contract carrier, the foreign currency equivalent, w, for all applicable expenses for m	international safety within 30 days of initi y/our evacuation. T	or luggage/carg	not repaid within 60 days o loan is in addition to any
U.S. Citzens: I initial billing at an other U.S. Governme loan in full. If I am unal in installment plan for reg.     I understand the esignated destination(s) (b) My obligatio (c) Until have, (d) if my loan si	military transport. I also ur a increaft travel, the U.S. G promise to repay the U.S. interest rate established in lioans received for other les to pay this loan in full, sayment of my loan. It did for the cost of my/our tra- that would have been chain to repay my loan will not paid my loan in full, I and in default. I and lilitated I	destand that the evacuation voerment acts only as an ag Government in U.S. dollars or accordance with Federal law purposes. I will keep the Dep he Department of State may ; and the properties of the goed immediately prior to the er consolied page of that will be consolied page of that will be consolied page of that will be consolied page of the U.S. citizen family members we state and the properties of the consolied page of \$1.5. citizen family members we state and when through the state and when through the state of the state of the state of the state of state of st	flight may not comply with normal is ent and not as a contract carrier, the foreign currency equivalent, w, for all applicable expenses for m	international safety within 30 days of init your evacuation. T wable Branch inform est, forward to me a light, or comparable n. te Treasurer of the I sited validity U.S. passoorts.	or luggage/carg al billing, and if his evacuation in his evacuation in his evacuation in his address alternate transp United States.	not repaid within 60 days o loan is in addition to any ss(es) until I repay my greement containing
2 U.S. Citizens: I in the little state before the covernment of the little state of th	military transport. I also ur average to repay the U.S. G promise to repay the U.S. I interest rate established in rit loans received for other lot to pay the loan in full. tapayment of my loan in the cost of my loan. If for the cost of my/our tra that would have been chan to repay my loan will not said my loan in full. I and be subject to interest pen to pay any costs for colic mame, date of birth, place coolunts Receivable by one coolunts Receivable by one	derstand that the evacuation vowerment and only as an ag 30 overmment in U.S. dollars or accordance with Pederal law purposes. I will kneep the Dep the Department of Glate may. as properties of the properties properties of the properties of the good immediately prior to the ce to considered paid in full until the properties of the second other changes for la consideration of the second second second of birth, and Social Security in clinical second of birth, and Social Security in feel to the common the Receivable Branch, Common the R	Right may not comply with normal int and not as a ret and not as a contract carrier, the foreign currency equivalent, w, for all applicable experses for my entered of Bails J. Account Reads to the properties of the properties of the experses of the properties of the experses of the properties of the exercise giving rise to the executation it clears through the given of the properties of the line to be eliable for a limited valid in the eliable for a limited valid in the eliable for a limited valid in the second properties of the properties of properties of properties of properties of properties of properties of properties of properties of properties of properties	international safety within 30 days of init support of init support of init subject or avacation. The subject of init subject or avacation informest, forward to me a subject of initial	or luggage/carg al billing, and if his evacuation i had of my addre n installment ag alternate transp United States, asport.  ons. I will make look 979005, bt. September 199005, bt.  state PO September 199005, bt.  state P	not repaid within 60 days o loan is in addition to any sales) until 1 repay my greement containing vortation, to the a payment to the Loas MO
2 U.S. Citizens: I instal billing at an instal billing b	military transport. I allow or auroral traver, the requirement of properties of the properties of properties of the properties of properties of the properties of properties of properties properties of properties p	destand that the exocution verified that only as an ag Government in U.S. dollars or accordance with Federal accordance with Federal Fed	Figlish may not comply when claims. The foreign coveres of each office as a real and not as a consider claims. The foreign coveres populations of the foreign coveres of each office and the covered claims of the covered foreign covered cov	international safety within 30 days of initial to the safety within 30 days of initial to the safety of the safety	or luggage/carg al billing, and if his evacuation in his evacuation in his evacuation in a control of my additional approach in installment ag alternate transp. United States. apport.  Joined States.  Joined States	rox repaid within 60 days.  It is added to the service of the serv
2 U.S. Oktomot. Indistribiling at an install billing at a single billing	military transport. I show the programme to repay the U.S. or programme to repay the U.S. or programme to repay the U.S. or the transport of the control of the state of the cost of the cost of the the transport of the cost of the transport of the cost of the transport of transport of tra	destand that the exocution convenient acts of voly as an ag 30-occument in U.S. dollars or purposes. I will need purposes. I will need to purpose the purposes of the top the convenient of State may. I responsible to the convenient of State may. The convenient of State may be the state of St	Tight may no comply with romain and of the as a work of t	international safety within 30 days of initial following and initial following and another than 10 days of initial following and ini	or luggage/carg al billing, and if his evacuation in this evacuation in add of my addition abernate transp. Jinited States. apport. Jinited States. ap	rice repaid within 60 days to the control of the co
2. U.S. Okienet: I contained by the cont	anioral travel, the U.S. Of power anioral travel travel to the U.S. Of the U.S. Of power anioral travel travel travel to the U.S. Of power anioral travel travel to the U.S. Of power anioral travel to power anioral travel to power anioral travel to power anioral travel to power anioral travel power anioral travel to the U.S. Of power anioral travel travel to the U.S. Of power anioral travel	destand that the exocution convenient acts of voly as an ag 30-occument in U.S. dollars or purposes. I will need purposes. I will need to purpose the purposes of the top the convenient of State may. I responsible to the convenient of State may. The convenient of State may be the state of St	Figlish may not comply when claims. The foreign coveres of each office as a real and not as a consider claims. The foreign coveres populations of the foreign coveres of each office and the covered claims of the covered foreign covered cov	international safety within 30 days of initial following and initial following and another than 10 days of initial following and ini	or luggage/carg al billing, and if his evacuation in this evacuation in add of my addition abernate transp. Jinited States. apport. Jinited States. ap	rice repaid within 60 days.  It is added to the service of the ser
2 U.S. Oktomot. Indistribiling at an install billing at a single billing	anioral travel, the U.S. Of power anioral travel travel to the U.S. Of the U.S. Of power anioral travel travel travel to the U.S. Of power anioral travel travel to the U.S. Of power anioral travel to power anioral travel to power anioral travel to power anioral travel to power anioral travel power anioral travel to the U.S. Of power anioral travel travel to the U.S. Of power anioral travel	destand that the exocution convenient acts of voly as an ag 30-000 memory in U.S. dollars or purposes. I will need purposes. I will need to purpose the purposes of the top the convenient of State may. I responsible to the convenient of State may. The convenient of State may be to considered paid in Mary that the convenience and the convenience and the convenience of the the convenience of the the the convenience of the the the convenience of the the the the the the the the	Tight may no comply with romain and of the as a work of t	international safety within 30 days of initial following and initial following and another than 10 days of initial following and ini	or luggage/carg al billing, and if it his evacuation his evacuation each of my addre and of my addre abernate transp United States. support.  Juliand States.  Jul	not repaid within 60 days to days to day to



# Station 5 Evacuee Manifest & Promissory Note



### **DS 5528**

		ž	
	PART 3 - CONSULAR NOTES	- For Official Use Only	
	- Minor - Incapacitated/Incompetent Adult stence Associated with Evacuation	No Social Security Number  Escort of the Primary Applicant (M  Other (Please Explain)	o Familial Relationship)
If applicable, List below U.S. citizen as primary applicant.	sociated with Third Country National/H	ost Country National, accompanyin	g spouse or partner, or escort
Name of the U.S. Citizen	Date of Birth	Place of Birth	Social Security Number
FOR OFFICIAL USE ONLY TO BE CON	PLETED BY U.S. CONSULAR OFFICER	(Insert number of individuals for	each category)
Transport Number	U.S. Citizen Loan Recipient	Legal Permanent Resident Loan Recipient	USG Employee/EFM on Official Assignment
Transport Type	Third Country or Host Coun National Loan Recipient	try Foreign Diplomat Loan Re	cipient
Evacuation from	to	on date (DD-I	MMA-YYYY)
PART	4 - CONSULAR OFFICER SIGN	ATURE AND CERTIFICATION	N
Signature of Consult	ar Officer	Name of Post	
Typed or Printed Name of C		Date (DD-MMM-Y)	m
		JEAL	
	TION FOR RELEASE OF INFOR		
authorize the Department of State, include	al and will not affect the Department of ting U.S. diplomatic and consular mission see for the people to whom you authorize the press. and the general public.	s, to release information about me and	persons listed to:
Q5 Signature		TO MINNEY	ovo.
95. Signature		96 Date (DD-MMN-Y)	m
	PRIVACY ACT AND PAPERWORK RE form is requested under the authority	DUCTION ACT STATEMENT	WARREST WATER CONTRACT
AUTHORITY: The information on this amended.  PURPOSE: The principal purpose of		DUCTION ACT STATEMENT of 22 U.S.C. § 2671, 2715, 4802, and	1 2357; and E.O. 9397, as
AUTHORITY: The information on this amended.  PURPOSE: The principal purpose of evacuated from foreign countries in tigovernment for evacuations.  ROUTINE USES: The information so its factor of the information of the information of the information of the information of the information.	s form is requested under the authority	DUCTION ACT STATEMENT of 22 U.S.C. § 2671, 2715, 4802, and an accurate list of U.S. citizens and assist in collection of expenses into ple to other government agencies to active species and for law enforcement	1 2357; and E.O. 9397, as non-U.S. citizens being curred by the U.S.
AUTHORITY: The information on this amended. PURPOSE: The principal purpose of evacuated from foreign countries in the Covernment for evacuations. ROUTINE USES: The information soll state in processing emergency loan a purpose. Also see the Department of uses published in the Federal Registe	form is requested under the authority the information gathered is to provide, mes of crisis. The information will also cited on this form may be made availal and evacuation documentation and rela- st State's routine uses for Overseas Cit. w.	DUCTION ACT STATEMENT of 22 U.S.C. § 2671, 2715, 4802, and an accurate list of U.S. citizens and assist in collection of expenses in objection of expenses in the collection of expenses in the collection of the	1 2257; and E.O. 9397, as non-U.S. citizens being curred by the U.S. assist the U.S. Department of nt and administrative atory Statement of Routine
AUTHORITY: The information on this amended.  PURPOSE: The principal purpose of evacuated from foreign countries in the evacuated from foreign countries in the Covernment for evacuation from Southern the Covernment for evacuation so that is processing emergency loan state in processing emergency loan purposes. Also see the Department of Uses published in the Federal Register DISCLOSURE: Furnishing the requestions of the Covernment of the Purpose of the	form is requested under the authority the information gathered is to provide, mes of crisis. The information will also cited on this form may be made availal and evacuation documentation and rela- st State's routine uses for Overseas Cit. w.	DUCTION ACT STATEMENT of 22 U.S.C. § 2671, 2715, 4802, and an accurate list of U.S. citizens and assist in collection of expenses in sasist in collection of expenses in the last of the state of the st	1 2257; and E.O. 9397, as non-U.S. citizens being curred by the U.S. assist the U.S. Department of nt and administrative atory Statement of Routine



## Station 5 Department of State Notes

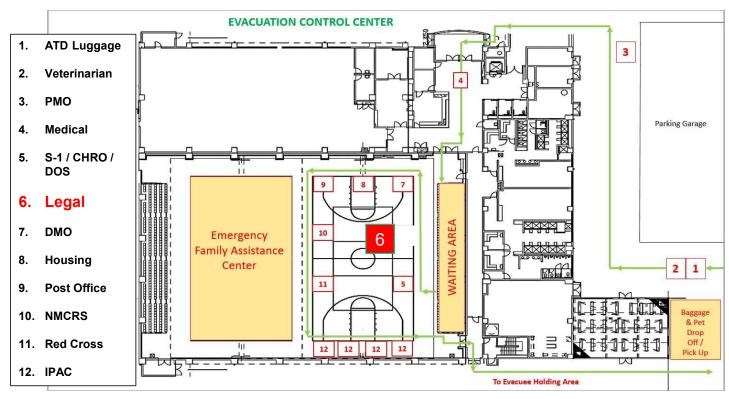


- Repatriation for \*private\* U.S. citizens is not free
  - Completing the required forms enables evacuating families to be compensated for items left behind and for expenses that incur during an evacuation
- DoD employees will most likely have their expenses covered, but that may not be the case for those who are not DoD employees (e.g. contractors, or locally hired U.S. citizens)
- Used when the repatriation happens using noncommercial, U.S. Government chartered or military aircraft
- For more information, visit: https://travel.state.gov/content/travel/en/international-travel/emergencies/for-evacuated-citizens.html



## Station 6 Legal







## Station 6 Legal



#### **SPECIAL POWER OF ATTORNEY**

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formally, or recording that is prescribed to power of attorney by the laws of a state. District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW	ALL PERSONS BY THESE PRESENTS: TRACT,	, currently residir
at	(address), do hereby appoint	as my age
(attorney-in-fact)	to act for me in any lawful way with respect to the following matters that have been signed by me	
	TO GRANT ONE OR MORE OF THE FOLLOWING POWERS,	
	SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRONT OF IT.	
	YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.	

A. TO TAKE POSSESSION OF MY HOUSEHOLD GOODS AND SHP THEM TO A DIFFERENT LOCATION: To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property, access to be shipment, and cause it to be shipment of any wearboard, explicit, odic, or of the place of discape or salesteeping government or principle, since by orders of appropriate U.S. Covernment transportation officials, and to execute and deliver all necessary forms, papers carificates and records to carry of the foundation.
B. TO ACCEPT DELIVERY OF MY HOUSEHOLD GOODS: To accept delivery of, receipt for, and/or clear through customs my household goods and/or unaccompanied baggage, and to sign any and all documents, release, voucher, receipt, shipping toket or der instrument receivancy or convenient for such purpose.
C. TO ACCEPT MILITARY QUARTERS ON MY BEHALF: To accept military quariers assigned to me or my family members at any military installation; to sign for me and take possession of such quarters in my name; and sign for and take possession of any furniture, appliances, and equipment that may be subnovized for use in or with such quarters as I may be assigned, to associate all accessary documents, instruments or papers and perform all acts necessary to carry out the foregoin;
D. TO TERMINATE MILITARY QUARTERS ON MY BEHALF: To effect the termination of U.S. Government quarters assigned to me or my family members, to procure or neturn any and all U.S. government property used in or for such quarters and to sign any and all documents and do all acts necessary and proper to terminate my expossibility for such quarters.
E. TO ACCEPT PRIVATUZED HOUSING ON MY BEHALF: To accept privatized housing assigned to me or my family members at any military installation; to sign for me and take possession of such housing in my name; and sign for and take possession of any furnitive, appliances, and explained that may be authorized for use or with such housing as I may be assigned; to execute all necessary to countering, instruments or appear and perform also recessary to any out the feeting or appear and perform also recessary to any out the feeting or any other feetings.
F. TO TERMINATE PRIVATIZED HOUSING ON MY BEHALF: To effect the termination of privatized housing assigned to me or my family members, to procure or return any and all property used in or for such housing; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such housing.
G. TO PREPARE AND FILE MY FEDERAL AND STATE INCOME TAXES: To prepare, execute, sign and file my Federal and State tax returns for the State(s) of
H. TO PERFORM BANKING TRANSACTIONS ON MY BEHALF: To draft checks and other negotiable instruments in my name and to otherwise withdraw from and/or deposit into my account number(s) (name of bank or financial institution)
to endorse, cash and receive the proceeds of any check or other negotiable instrument, which is, made payable to me.
L TO HANDLE ANY LAYSUIT OR OTHER LEGAL ACTION THAT I MAY HAVE AN INTEREST IN: To institute and poscessor, or to appear and offered, any claims or legation involving me or my interest; to demand, and to recover, and recover all sums of increase and idented fraings which are rout or will become single to beforing the mass a heared of such discreta control accounts on my belost, and to deposit, draw upon or expend such funds of mine as area necessary in furtherance or power granted theory.

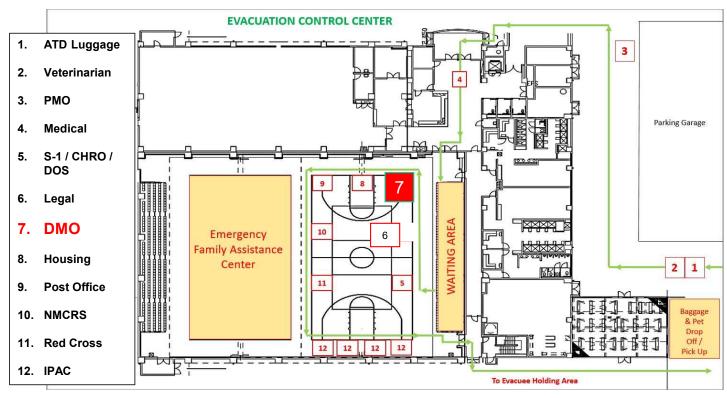
#### SPECIAL POWER OF ATTORNEY

and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.  K. TO PURCHASE REAL ESTATE IN MY NAME: To purchase in my name and for my use any real property in the City or
Contry of
L TO USE, OPERATE, AND REGISTER MY MOTOR VEHICLE(S): To use, operate, insure, tife, license, and register, any name, with any state or governmental agency any and all vehicles of which I am or may become the registered or legal owner. Make To
M. TO SELL NY MOTOR VENICLE: To sell my motor vehicle upon such terms, considerations and conditions as my agent shall finisk proper. Further, to seaccia and deliver to the proper persons and authority all documents, instruments, and pears necessary is affect the sale and transfer of organization and censor of the sale venich. To take placessary of the placessary and the sale venich to the sale venich care of presents and censors of the sale venich. To take possessor of operate, and martials this authorized and to execute and deliver all necessary forms, papers, statements of ownership, and recept to carry out the foreigning.
N. TO PURCHASE MOTOR VENCLES IN MY MARK. To purchase motor verifices in my sense and upon such human consideration and conflores an two parties fill the long true. Further losses and editive the proop present and admitted and accounted in concentration. The suffer execution and concentration is concentrationally to her repairm in prediction execution and only in submitted in the concentration is absorbed to the concentration of the accordance and concentration and the losses of the accordance and concentration and the losses of the accordance and the second and deliver all necessary forms proper, sufference of on execution and deliver all necessary forms proper, sufference of on execution and deliver all necessary forms.
O. TO SHP MY VEHICLE: To take possession of my vehicle, for the purpose of its removal and shipment from wherever may be located, and to execute any release, voucher, receipt or any other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to effect proper registration, insurance and license, in your man, of such authorities.
P. TO TAKE POSSESSION OF MY VEHICLE AFTER SHIPMENT: To take possession of my vehicle, after shipment and oblivery to any port, wearhouse, depot, dock, or other place of storage or staffnession; government or printer, to execute and obliver any insteads, voucher, recept in Sypring Facial, certification or other instrument encessary or convenient for such purpose and observed and deliver to the proper persons and authority, any and all documents, instruments and papers accessary in gentle, instrument and crosme, such vehicles in my rame, and to branged the which to the oral youtcan which officed in setting.
Q. TO TERMINATE MY RESIDENTIAL LEASE: To execute any and all documents and do all other things necessary or convenient to terminate any and all leases or rental agreements in my name.
R. TO LEASE MY HOUSEAPARTMENT TO OTHERS AND ACT AS MY LANDLOROPROPERTY MANAGER. To manage, control, lease, sublesse, and otherwise all concerning my interest in my residential property. To ordiest and receive nets for income Presenture, pay seek, charges and assessments on the same, requir, maintain protect, preserve and improve the same; commit my resources and contract on my bella fraginding the same; and to do all things recessary or specified the bed one im applied; superint in connection with the property.
S. TO ENROLL MY LAWFUL DEPENDENTS IN MILITARY BENEFITS PROGRAMS: To entit my lawful dependents in DEERS, TRICARE, SMILECARE, or any other benefits program to which I am or my dependents are entitled by virtue of my military affaition. To do all things necessary, and to execute and deliver by the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing.
T. FOR MY SPOUSE TO RECEIVE NMCRS ASSISTANCE: If my apouse is my attorney-in-fact and I am deployed, I authorise my apouse. (name of apouse) to receive necessary financial assistance from the Navy-Marina Corps Falled Society (MICRS) without my specific apposed in the amount of (not be secretly AMCRS) or Instea an alternating my copied and MICRS to Instea an alternating my copied of the Corp. I understand that assistance will be provided depending on the mark of the Station and the provided depending on the mark of the Station and the provided spending on the mark of the Station and the provided spending on the mark of the Station and the provided spending on the mark of the Station and the provided spending on the mark of the Station and
U. MISCELLANEOUS: To do the following on my behalf:



# Station 7 Distribution Management Office (DMO)



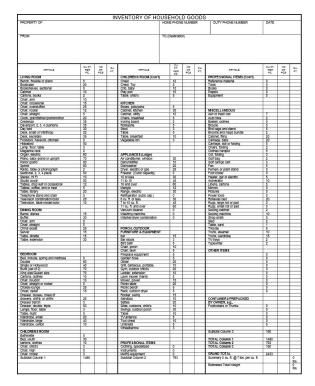




# Station 7 Inventory of Household Goods



### **DD Form 1701**



	APF	LIANCES TO BE SERVICED		
	PE pplicable boxes)	MAKE		YEAR
CLOTHES DRYER	pprioable berioe)			
WASHING MACHINE	ELECTRIC			
AUTOMATIC	NON AUTOMATIC			
IRONER				
MANGLE				
FREEZER				
CHEST	UPRIGHT			
REFRIGERATOR				
GAS	ELECTRIC			
SINGLE DOOR TELEVISION	DOUBLE DOOR			
TABLE	PORTABLE			
CONSOLE				
GAS	ELECTRIC			
DISHWASHER	ELECTRIC			
AIR CONDITIONER				
STEREO				
HI-FI RADIO				
RECORD PLAYER				
OTHER (Specify)				
		RAWN AND PLACED IN NON-TE F THE ADMINISTRATIVE WEIGH		
1.	ILIOIII IO III LAGEGO O	THE NOMINGOTOTIVE WEIGH	II ILLOIIIIOIIC	
2.				
3.				
4.				
5.				
6.				
Name			Grade	Service Number SSAN
NOTE: Disconnecting or a conne	ecting must be made by the own	water or electricity will not be performed by er. Carriers will not remove or install TV ar	the carrier. Arrang Intennes or air condi	ements for disconnecting or tioners.
		NTERVIEWER'S NOTES		

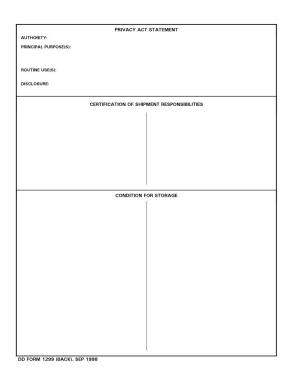


# Station 7 Shipment & Storage of Property



### **DD Form 1299**

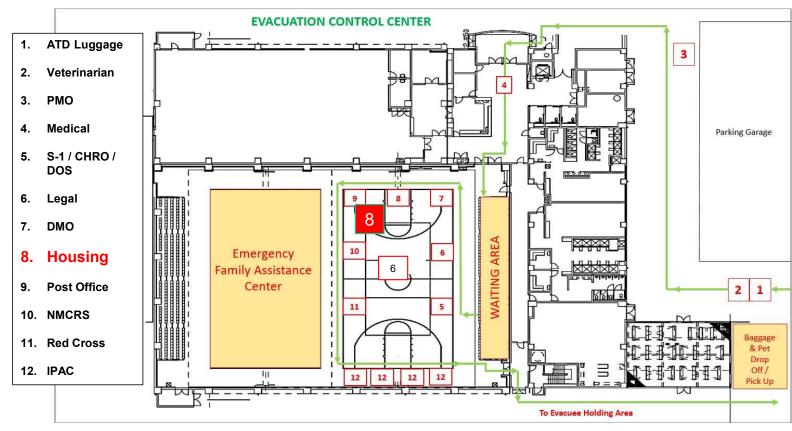
APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY (Read Privacy Act Statement on back before completing form.)					DATE PREPARED (YYYYMMDD)     2. S			2. SHIPMENT NUMBER	
3. NAME OF PREPARING OF		- Jrrig/Ne	my 10		A TO /Reserve	eible Ori	sin Personal P	ty Shinning Office)	
					4. TO (Responsible Origin Personal Property Shipping Office)  a. NAME				
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE				b. ADDRESS (Streer, Suite Number, City, State, ZIP Code)					
6. MEMBER OR EMPLOYEE	INFORMATION								
a. NAME (Lest, First, Middle In	itiel)	b. R	ANK/GF	RADE	c. SSN		d. AGENCY		
7. REQUEST ACTION BE TA									
<ul> <li>HOUSEHOLD GOODS/UNAC</li> </ul>									
(1) POUNDS	(2) POUNDS OF PRO (PBP&E) (Enter "I				ERS, AND EQUIPM	IENT	(3) EXPENSIVE ANI	VALUABLE ITEMS (Number of	
b. MOBILE HOME INFORMATIO	N (Enter dimensions in	feet and	l inches	ı					
(1) SERIAL NUMBER	(2) LENGTH		VIDTH		(4) HEIGHT		(5) TYPE EXPANDO	(Describe)	
c. MOBILE HOME SERVICES RE	QUESTED /X as applica	ible)	_						
CONTENTS PACKED					ME UNBLOCKED		ORED AT ORIGIN	STORED AT DESTINATIO	
8. THIS SHIPMENT/STORAG	GE IS REQUIRED INC				WING CHANGE	OF STA			
a. TYPE ORDERS (X one) PERMANENT	TEMPORARY	b. 15	SSUED I	BY			c. NEW DUTY ASS	IGNMENT	
d. DATE OF ORDERS (YYYYMM	400) +. ORDERS	NUMBE	ER		1. PARAGRAPH	NO.	g. IN TRANSIT TEL	EPHONE NO. (Include Area Cod	
<ol> <li>IN TRANSIT ADDRESS (Street</li> <li>PICKUP (ORIGIN) INFORM</li> </ol>	0.00	City, Sti	ato, ZIP	Code)	10. DESTINATI	ION INC	DIMATION		
ADDRESS (Street, Apartmen (if a mobile home park, inclu-	nt Number, City, County de mobile hame court n	, State, ame)	ZIP Co	de)	a. ADDRESS (5 (If a mobile h	Street, Ap home park	ertment Number, Cit , include mobile hori	y, County, State, ZIP Code) se court name)	
b. TELEPHONE NUMBER //nolud	le Area Code)				b. AGENT DES	IGNATED	TO RECEIVE PROPE	RTY	
11. EXTRA PICKUP/DELIVER	RY ADDRESS (If appl	icable)			12. SCHEDULE	D DATE	FOR (YYYYMMD)	0)	
					a. PACK		b. PICKUP	c. DELIVERY	
13. REMARKS  14. I CERTIFY THAT NO OTI INDICATED BELOW (If n	HER SHIPMENTS AN	D/OR F	NONTE	MPORAF	Y STORAGE HA	VE BEE	I MADE UNDER T	HESE ORDERS EXCEPT AS	
a. FRO		T		- 1	ь. то		c. NET POUNDS (Actual or estimate	d. POUNDS OF PBP&E (Actual or estimated)	
		-				1			
		L							
15. CERTIFICATION OF SHIP									
a. SIGNATURE OF MEMBER/E	MPLOYEE	b. D	ATE SI	GNED	c. ADDRESS OF	CONTRA	CTOR (Street, Suite	No., City, State, ZIP Code)	
d. NAME OF CONTRACTOR /	Origin DPM or non-temp	orary st	orage/						
16. CERTIFICATE IN LIEU OF	F SIGNATURE ON TH	IIS FOR	RM IS I	REQUIRE	WHEN REGUL	ATIONS	SO AUTHORIZE.		
a. REASON FOR NONAVAILAI	BILITY OF SIGNATURE				b. CERTIFIED BY	/ (Signati	rel		
					c. TITLE				
DD FORM 1299 SEP	1000								





## Station 8 Housing Office







## Station 8 Residence Key Envelope



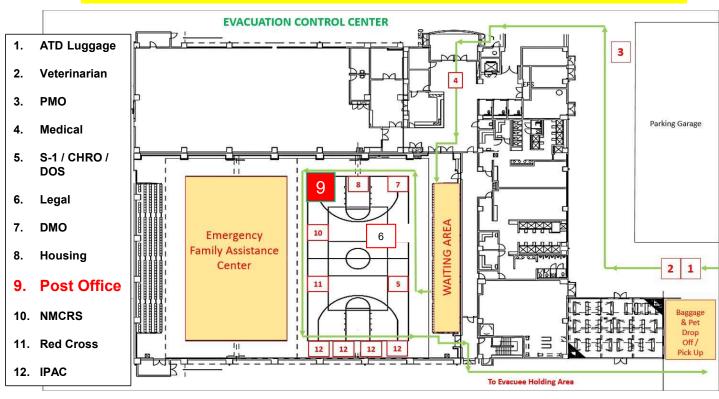
## RESIDENCE KEY ENVELOPE

Resident's Info
Last Name:
First Name:
Grade:
Grade: Unit (Work):
Last 4:
EDIPI:
Contact Information
Forwarding Address:
3
Telephone Number:
E-mail address:
D main address.
On Base Quarters:
House #:
House #:
Off Base
Address:
-
3
☐ For off-base
residents, enclose a
map with written
instructions to your
quarters
1



## Station 9 Post Office







# Station 9 Post Office



- MCASI Postal will capture any package forwarding information to ensure mail is forwarded appropriately.
- No incoming / outgoing mail
  - All Mail will stop in Chicago and will NOT depart US
  - Retail will be closed
  - Extended hours will be put in place to pick up on-hand mail
  - Northside Post Office Must turn in mail box key at checkout
- Change of Address:
  - USPS.COM
  - DD FORM 2258

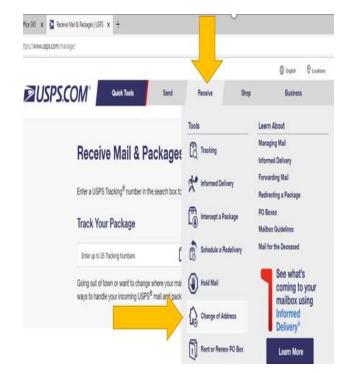


# Station 9 Post Office



### **DD Form 2258**

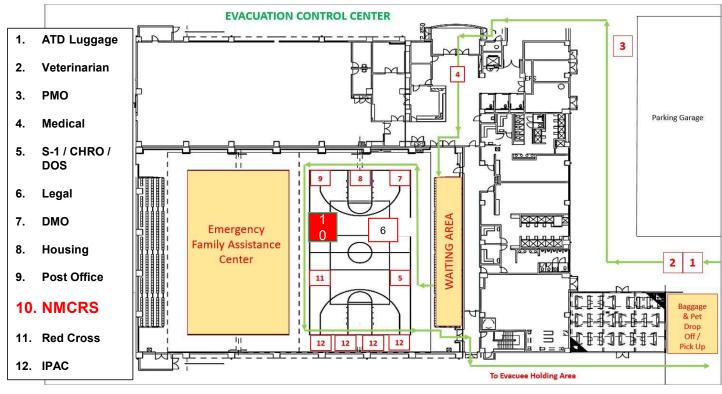
	INSTRUCT	ONS	
	5015		
NAME (Last, Fir	FOLD	IBECER	TACLE NUMBE
Devil Dog K		0161	
	STATUS		
ADV ASG	LEAVE		CONFINED
TDY	HOSPITAL	. 0	AWOL
EFFECTIVE DATE	ES TO FWD OR H	IOLD MA	AIL (Yr, Mo, Da
FROM:	TO:		
X FORWARD A			LL MAIL
	FORWARD (	NLY	
LETTERS	PARCELS	NE	WSPAPERS/M/
1775 Semper F			nst)
COMPLETE FOR	WARDING ADDR		nst)
1775 Semper F	WARDING ADDR i St 92105		nst)
COMPLETE FOR 1775 Semper F San Diego, Ca	WARDING ADDR i St 92105		nst)
COMPLETE FOR 1775 Semper F San Diego, Ca	WARDING ADDR i St 92105		nst)
COMPLETE FOR 1775 Semper F San Diego, Ca	WARDING ADDR i St 92105		nst)
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR i St 92105 JICTIONS:	ESS:	
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR i St 92105	ESS:	
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR i St 92105 JICTIONS:	ESS:	
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR i St 92105 JICTIONS:	ESS:	
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR i St 92105 JICTIONS:	ESS:	
COMPLETE FORM 1775 Semper F San Diego, Ca SPECIAL INSTRU	WARDING ADDR Fi St 92105 JCTIONS:	ESS:	
COMPLETE FORE 1775 Semper F San Diego, Ca  SPECIAL INSTRU  SIGNATURE OF I	WARDING ADDR FI St 92105 JCTIONS: JCECEPTACLE HO	LDER D	ATE (Yr, Mo, D
COMPLETE FORM 1775 Semper F San Diego, Ca  SPECIAL INSTRU  SIGNATURE OF F	WARDING ADDR FI St 92105  JETIONS:  RECEPTACLE HO  FOLD  ANCE RECEP1	LDER D	ATE (Yr, Mo, E
FOR ADVALUS T NAME	WARDING ADDR FI St 92105 JCTIONS: JCECEPTACLE HO	LDER DA	ASGN,





# Station 10 Navy Marine Corps Relief Society







## Station 10 NMCRS – Disaster Response



- Upon declaration of disaster, or on order to evacuate.
- Who is eligible? Active duty & retired service-members, and their family members (POA is waived during disaster).
- \$600 via check (case by case basis), loan paid back w/ 0% interest over 6-12 months.
- Additional assistance may be provided, case-by-case.
- Additional support available by NMCRS mobile team at POE.



## Station 10 Navy Marine Corps Relief Society





SAILORS, MARINES AND

THEIR FAMILIES

### **Disaster Response Team**

Director: Christina Grantham <a href="mailto:christina.grantham@nmcrs.org">christina.grantham@nmcrs.org</a>

Office Location:

Community Support Center, Bldg 625

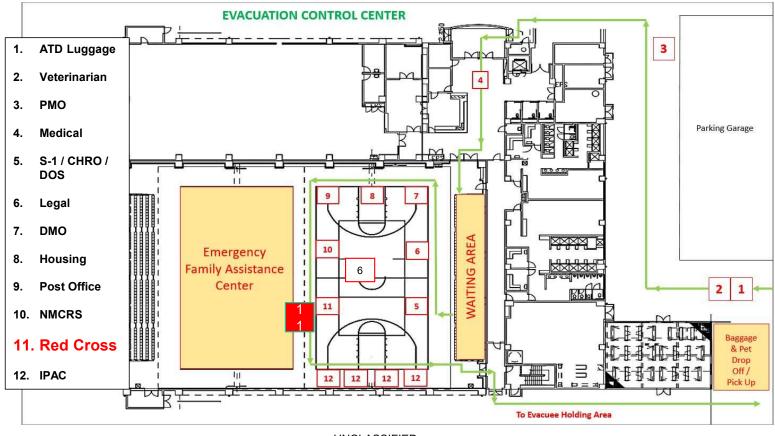
Hours: Mon-Thurs 0900-1500 Phone: 253-5311 or 253-6286

After Hours Phone: 080-6612-9307



## Station 11 American Red Cross







## Station 11 American Red Cross





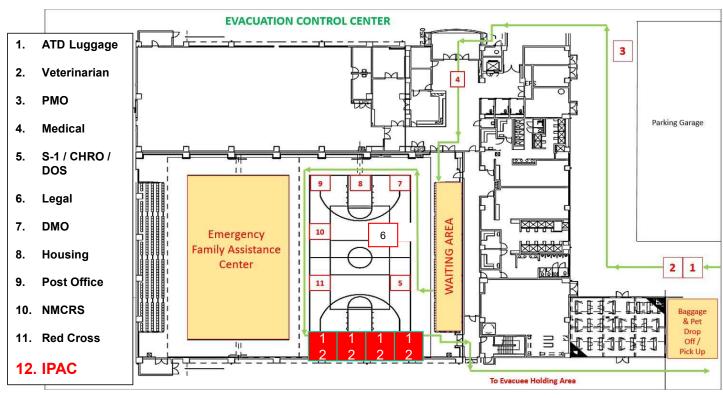
### Service to the Armed Forces

- Disaster & NEO Preparedness Training
- Disaster Response for single family home fires and base wide impacted disasters
- Restoring Family Links services
- Building 625, Suite 311B (The Community Support Center)
- Office Hours: Monday through Friday 0800-1630
- DSN: 315-253-4525
- Email: <a href="mailto:iwakuni@redcross.org">iwakuni@redcross.org</a>
- Hero Care Network: 1-877-272-7337



## Station 12 IPAC







# Station 12 IPAC

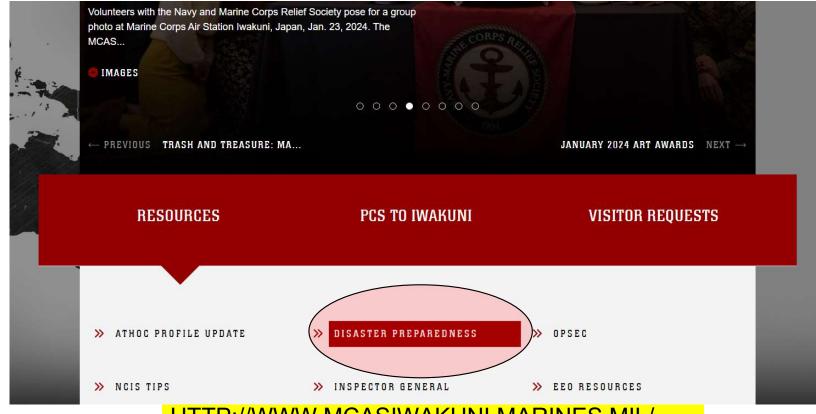


- IPAC will operate the NTS (Non-Combatant Evacuation Operation Tracking System)
- Will need Official Government Identification:
  - Passport
  - Driver's license
  - Dependent ID Card
- Each member will be issued a bar code band
- Must declare if you are traveling with a pet; each pet will be issued a NTS band
  - Pass by Vet Station (Station 2) on the way out and coordinate to tag your animal





### Emergency Evacuation Program Website (MCAS Iwakuni)

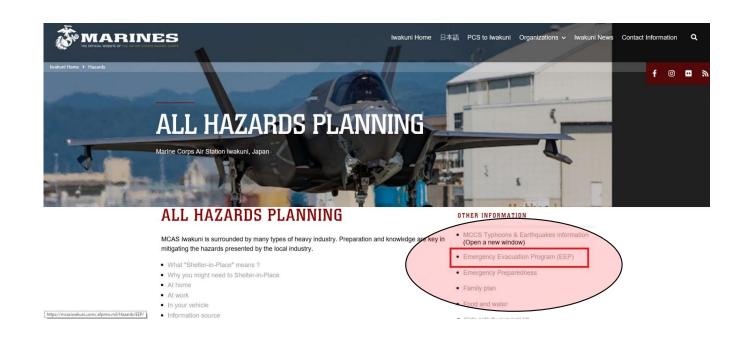


HTTP://WWW.MCASIWAKUNI.MARINES.MIL/



### Website



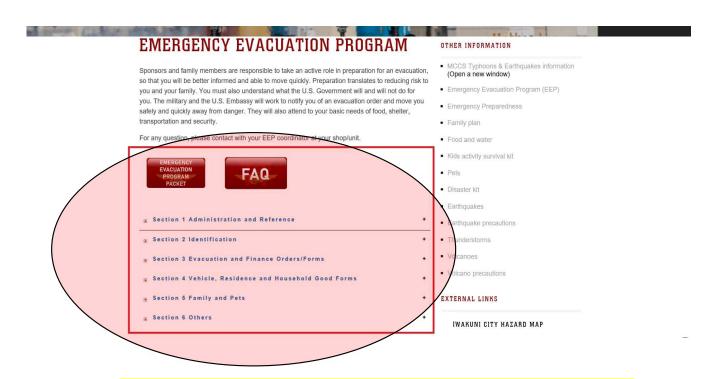


HTTP://WWW.MCASIWAKUNI.MARINES.MIL/



### Website





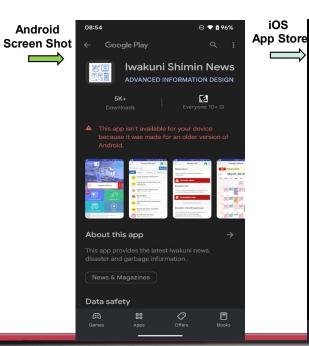
HTTP://WWW.MCASIWAKUNI.MARINES.MIL/



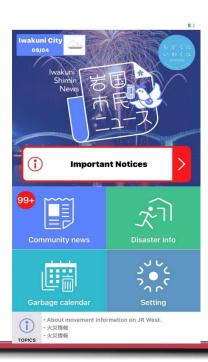
## **Iwakuni Shimin News App**



- Notify MCAS Iwakuni SOFA personnel on any off-post emergencies of public announcements.
- App is available in both the Google Play Store and Apple iOS App store for download.
- Iwakuni Shimin Homepage Link: <u>www.iwakuni-news.com</u>)











## **QUESTIONS?**

Edgar P. Duffy Jr.

**Emergency Manager** 

DSN: 315-253-7602

edgar.duffy@usmc.mil

