

EMERGENCY EVACUATION PROGRAM (EEP) Packet

Last, First, MI

Last Name, First Name, Middle Initial



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EMERGENCY EVACUATION PROGRAM (EEP) Checklist

SPONSOR'S NAME:		RANK:	SPONSOR'S UNIT:	UNIT PHONE NUMBER:	CURRENT ADDRESS:		
Documents for EEP Packet							
SECTION 1: Administration and Reference					YES	NO	N/A
1	Emergency Bag/Kit Checklist						
2	USFJ Command Policy Memo						
3	Unit, Wardens, and Community Contact Information						
4	* Map from Residence to Rally Point/Evacuation Control Center						
SECTION 2: Identification					YES	NO	N/A
1	* USFJ Form 178-R: EEP/NEO Data Card (Complete and turn in a copy to Warden)						
2	** DoD ID (No copy, have on person)						
3	** US Passport w/SOFA Stamp (copy and have on person)						
SECTION 3: Evacuation and Finance Orders/Forms					YES	NO	N/A
1	** Orders or Letters of Employment/Assigning SOFA members to Japan						
2	DD Form 1610: Evacuation Orders						
3	DD Form 2585: Repatriation Processing Form						
4	DD Form 2461: (Civilian) Authorization for Emergency Evac Advance &						
5	DD Form 1337: (Military) Authorization for Emergency Pay & Allowances						
6	Change of Address form (local post office form)						
7	DS-3072 Repatriation Emergency Medical & Dietary Assistance Loan Application						
8	DS-5528 Evacuee Manifest and Promissory Note						
SECTION 4: Vehicle, Residence and Household Goods Forms					YES	NO	N/A
1	Inventory of Household Goods (DD Form 1701 or other like inventory)						
2	DD Form 1299: Application for Shipment/Storage (2 copies)						
3	Residence Key Envelope						
4	Vehicle Key Envelope						
5	Military Vehicle Registration/Certificate of Title (2 copies)						
6	DD form 788: Vehicle Inspection Document						
7	DD 2506: Vehicle Impound Document (2 copies)						
SECTION 5: Family and Pets					YES	NO	N/A
1	Family Care Plan / Certification (Forms for each branch)						
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)						
SECTION 6: (Not required) Other Important Personal Documents					YES	NO	N/A
1-12	** Various others, such as Power of Attorneys (you may want to give a person who would remain in Japan a POA to sell your vehicle, care for pets that are not eligible for evacuation, etc.)						
DATE OF INSPECTION:		INSPECTOR'S NAME (PRINTED):		INSPECTOR'S SIGNATURE:		SPONSORS SIGNATURE:	

* Required Documents (Must be maintained by EEP Warden for every Evacuee)
 ** No example provided in this packet



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SECTION 1 - Administration and Reference

	DOCUMENT NAME	PURPOSE/NOTES
1 <input type="checkbox"/>	Emergency Bag/Kit Checklist	Suggested items needed during crisis and or evacuation.
2 <input type="checkbox"/>	USFJ Command Policy Memo	Outlines the Sub-Unified Commander's intent for the EEP and compliance requirements.
3 <input type="checkbox"/>	Unit, Wardens, and Community Contact Information	Important contact information needed during a crisis. Identifies who your Warden is and contact information.
4 <input type="checkbox"/>	Map from Residence to Rally Point/Evacuation Control Center	The purpose of the map is to send a representative to your residence in case you are unaccounted for. If you live on post, use the post map with your residence clearly marked. If you live off post, use a clearly marked strip map to/from your residence.

Privacy and Security. EEP packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, evacuees or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to an EEP warden to inspect without being present). EEP wardens should inspect the contents of the EEP packet in the presence of either the sponsor or the adult evacuee.



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SECTION 2 - Identification

	DOCUMENT NAME	PURPOSE/NOTES
1 <input type="checkbox"/>	** USFJ Form 178-R: EEP/NEO Data Card	Complete this form and turn in to your organization EEP Warden. (Also keep a copy in your EEP packet)
2 <input type="checkbox"/>	DoD ID	ID/CAC Cards with passports will be the first ID requested at processing centers. (do not copy ID, have on person)
3 <input type="checkbox"/>	US Passport w/SOFA Stamp	ID/CAC Cards with passports will be the first ID requested at processing centers. (1 copy)

If identification documents are unavailable you may need one or more of the following: VISA, Birth Certificates, Citizenship Document, Adoption paperwork, Marriage/Divorce Cert, etc.

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SECTION 3 - Evacuation and Finance Orders/Forms

	DOCUMENT NAME	PURPOSE/NOTES
1 <input type="checkbox"/>	Orders or Letters of Employment	Orders or Letters of Employment/Authorization assigning SOFA sponsor and family members to Japan. Command Sponsorship paperwork if not on original PCS orders.
2 <input type="checkbox"/>	DD Form 1610: Evacuation Orders	Fill in these forms as much as possible. They might be required during the evacuation process as Evacuation Orders. Lines of Accounting and approval signatures will be provided at processing centers if this document is used.
3 <input type="checkbox"/>	DD Form 2585: Repatriation Processing Form	This is an important document. To speed up the evacuation process, fill in as much of the document as you can now. Complete it after boarding your evacuation flight/vessel.
4 <input type="checkbox"/>	* DD Form 2461: (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments	(DoD Civilian Employees & family members) This form will help you expedite emergency pay and allowances if needed.
5 <input type="checkbox"/>	* DD Form 1337: (Military Personnel) Authorization/Designation for Emergency Pay & Allowances	This form will help you expedite emergency pay and allowances if needed.
6 <input type="checkbox"/>	Change of Address Form	This form can redirect mail from your local address to your new address. (Use your local post office form)
7 <input type="checkbox"/>	DS-3072 Repatriation Emergency Medical and Dietary Assistance Loan Application	This form can be used to apply for emergency loan, repatriation, or medical assistance.
8 <input type="checkbox"/>	DS-5528 Evacuee Manifest and Promissory Note	Important information for evacuation and manifests – fill in as much as possible prior to being assigned a flight, and complete at Evacuation Coordination Center (ECC).

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SECTION 4 - Vehicle, Residence, and Household Goods Forms		
	DOCUMENT NAME	PURPOSE/NOTES
1 <input type="checkbox"/>	Inventory of Household Goods (DD Form 1701 or similar inventory)	Your inventory and photos will help you file a claim if your goods cannot be recovered. Be sure to document all valuable property. Recommend you email a copy to your home of record. (2 copies)
2 <input type="checkbox"/>	DD Form 1299: Application for Shipment/Storage	In the event household goods need to be shipped or placed in storage. (1 per shipment)
3 <input type="checkbox"/>	Residence Key Envelope	This envelope provides authorities a means to access your residence for security reasons or to ship your household goods if required.
4 <input type="checkbox"/>	Vehicle Key Envelope	This envelope provides authorities a means to safely relocate vehicles or move them to shipping ports if required.
5 <input type="checkbox"/>	Military Vehicle Registration/Certificate of Title	This document would be used to help you file a claim if your vehicles cannot be recovered. (2 copies)
6 <input type="checkbox"/>	* DD form 788 series: Private Vehicle Shipping Document	Facilitates VPC processing of POV shipment, if it is possible. Use appropriate 788 series for Sedans, Vans, and Motorcycles. , (5 copies per POV; 1 with family, 4 turned in to ECC)
7 <input type="checkbox"/>	* DD 2506: Vehicle Impound Document	This form will provide a disposition of your vehicle (2 copies)

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SECTION 5 - Family and Pets

	DOCUMENT NAME	PURPOSE/NOTES
1 <input type="checkbox"/>	*Family Care Plan/ Certification (Service Specific)	Contact your Legal Office for Powers of Attorney if needed. Military and Emergency Essential sponsors who will rely on others to escort their children must provide powers of attorney and Family Care Plans to alleviate complications. Family Care Plans are required under normal circumstances for sole/dual-military parents or Emergency Essential Civilians. Ensure a copy is filed in your Evacuation Information Packet.
2 <input type="checkbox"/>	DD Form 2208: Rabies Vaccination Certificate	(2 copies in waterproof pouch for your airline-approved pet carrier)
3 <input type="checkbox"/>	DD Form 2209: Pet Health Certificate	(2 copies in waterproof pouch for your airline-approved pet carrier)
4 <input type="checkbox"/>	Pet NEO Card	(2 copies, attach 1 copy to your airline-approved pet carrier)

Pets. If the government is able to evacuate your pets, you will be responsible for transportation costs from the Repatriation site to your Home of Record.

Privacy and Security. EEP packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, evacuees or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to an EEP warden to inspect without being present). EEP wardens should inspect the contents of the EEP packet in the presence of either the sponsor or the adult evacuee.



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SECTION 6 - (Not required) - Other Important Personal Documents		
1		Power Of Attorneys (POA)
2		Marriage License / Divorce Decree / Adoption paperwork
3		Copies of Medical & Dental Information
4		Immunizations Records
5		Insurance (health, life, etc.)
6		Financial Records (checkbook/bank books/credit cards/tax records/current bills, etc.)
7		Valid U. S. Driver's License
8		Employment Records (resume, latest pay voucher, SF50, etc.)
9		Prescriptions for Important Medications
10		Last Will and Testament
11		Important Contacts / Personal Address Book
12		Estimate: \$100 Cash Per Person (dollars and yen)

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- **Additional items that can be essential for those stationed abroad:**

- Passports
- Birth abroad certificates for children born overseas
- Cash in the local currency
- Card with local translations of basic terms
- Electrical current converter

Portable Emergency Kit

- Take this kit with you when you are ordered to evacuate.
- Place items in a designated area that will be easily accessible in the event of an emergency.
- Make sure every member of your family knows where the kit is.
- If you are required to shelter in place, keep this kit with you.
- Consider adding enough supplies to last two weeks.

Workplace Emergency Kit

- This kit should be in one container to be kept at your work station in case you must evacuate from work.
- Make sure you have comfortable walking shoes at your work place in case you have to walk long distances.
- This kit should include at least food, water and a first aid kit.
- Make sure you include your family's communications procedure.

Vehicle Emergency Kit

- In the event that you are stranded while driving, keep this kit in your vehicle at all times.
- This kit should contain at a minimum food, water, a first aid kit, signal flares, jumper cables and seasonal clothing (coats, rain gear).
- Make sure you include your family's communications procedure.

Maintaining Your Kits

- Routinely evaluate your kits and their relevance to the threats in your area.
- Throw away and replace any expired or damaged medications, food or water.

Where to Find Additional Information

- Federal Emergency Management Agency (FEMA)—
 - <https://www.ready.gov/build-a-kit>
 - <https://www.ready.gov/kids/build-a-kit>
 - <https://www.ready.gov/kit-storage-locations>
 - <https://www.ready.gov/maintaining-your-kit>
- American Red Cross—
 - www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/get-a-kit
- Ready Army—www.ready.army.mil

It's up to you. Prepare strong. Get an emergency supply kit with enough supplies for at least three days, make an emergency plan with your family and be informed about what might happen.





**HEADQUARTERS
UNITED STATES FORCES, JAPAN
APO AREA PACIFIC 96328-5068**

MEMORANDUM FOR COMMANDER, FIFTH AIR FORCE
COMMANDER, MARFORJ
COMMANDER, CNFJ
COMMANDER, USARJ
DEPUTY COMMANDER, U.S. FORCES, JAPAN
COMMANDERS OF TENANT UNITS IN JAPAN
ALL MILITARY PERSONNEL IN JAPAN

APR 06 2018

FROM: COMUSFJ

SUBJECT: IMPLEMENTATION OF A STANDARDIZED EMERGENCY EVACUATION
PROCEDURES CHECKLIST

1. PURPOSE:

This memorandum directs the implementation of a standardized NEO/EEP checklist across USFJ. The attached checklist is designed to replace each service component's individual emergency evacuation checklist and provide all SOFA status members, regardless of their location and service component affiliation, with one standardized emergency evacuation checklist.

2. AUTHORITY AND APPLICABILITY

USPACOMINST 0530.1, Command Relationships in U.S. PACOM (S), 14 January 2018
USPACOM FY 18/19 Theater Campaign Order, 3 August 2017
Joint Publication 1, Doctrine for the Armed Forces of the United States, 25 March 2013
Joint Publication 3-0, Joint Operations, 11 August 2011

3. BACKGROUND:

In order to standardize service component NEO/EEP procedures a NEO/EEP Working Group began meeting in July 2017. SMEs from USFJ, CNFJ, 5 AF, USARJ, MARFORJ, and DODEA were present and reviewed each service specific NEO/EEP checklists. The working group developed the attached standardized checklist. The checklist was then staffed with each service component for comment. Based on the comments received, the checklist was further modified to the attached checklist for implementation.

4. REQUIREMENTS:

a. All service components and tenant units in Japan will ensure that the attached USFJ NEO/EEP checklist is implemented and utilized by their respective commands and NEO/EEP coordinators. Personnel who are present in Japan and have already prepared a service specific NEO/EEP checklist will have 90 days to update their NEO/EEP checklist IAW the attached standardized checklist. Personnel arriving in Japan after today will utilize the attached checklist. Standardizing the NEO/EEP checklist will ensure that in the event of an emergency evacuation all USFJ personnel will be utilizing a common checklist. This will simplify and expedite personnel handling during an emergency evacuation.

b. Service component commanders in Japan will publish and direct implementation of this directive to all assigned military personnel, military dependents, and SOFA members assigned to Japan. Military and Department of Defense civilian personnel who fail to prepare a NEO/EEP checklist within 180 days of this memorandum using the attached updated checklist are subject to UCMJ punishment and/or adverse administrative action.

c. Questions concerning this memorandum should be directed to the USFJ J35, at (DSN) 225-5601.



JERRY P. MARTINEZ,
Lieutenant General, USAF
Commander, United States Forces, Japan

Attached:
USFJ EEP Packet



UNITED STATES MARINE CORPS

MARINE CORPS AIR STATION IWAKUNI JAPAN
OPC 561 BOX 3
FPO AP 96310-9001

3500
OPS
24 Jan 25

MEMORANDUM FOR H&HS PERSONNEL

From: Emergency Manager, Marine Corps Air Station Iwakuni
To: H&HS Personnel and Families

SUBJECT: H&HS Noncombat Evacuation Operations (NEO) Contact Letter

1. The MCAS Iwakuni, Emergency Manager has appointed the following Noncombatant Evacuation Operation (NEO) personnel to assist you and your family:

H&HS - Noncombatant Evacuation Operation Officers:

Table with 4 columns: Rank, Name, Phone, Email. Rows include LT German, Jeovani and ENS Kalani, Aaron.

Provost Marshal Office (PMO) - Noncombatant Evacuation Operation Wardens:

Table with 4 columns: Rank, Name, Phone, Email. Rows include GySgt Dempsey, Jason, SSgt Goodson, Antonio, and SSgt Dube, Mitchell.

3. The assigned NEO Warden will guide you in establishing your Emergency Evacuation Program (EEP) packet and be available to answer any questions you might have about preparing for and responding to disasters.

4. Noncombatant Evacuation Operation is an important aspect of your personal, and our unit's overall, readiness posture. While the Emergency Evacuation Program (EEP) packet is your responsibility, your NEO Warden will assist you in preparing and maintaining its accuracy.

5. If you have any questions or concerns relating to the Noncombatant Evacuation Operation (NEO) processes, please do not hesitate to contact them.

TAZ D. TOMOTA
Emergency Manager
MCASI, Installation Protection

EXAMPLE EXAMPLE EXAMPLE

Name: John Doe
Address: 740-0011 Yamaguchi, Iwakuni
Tateishi 2 chome 1-2-3

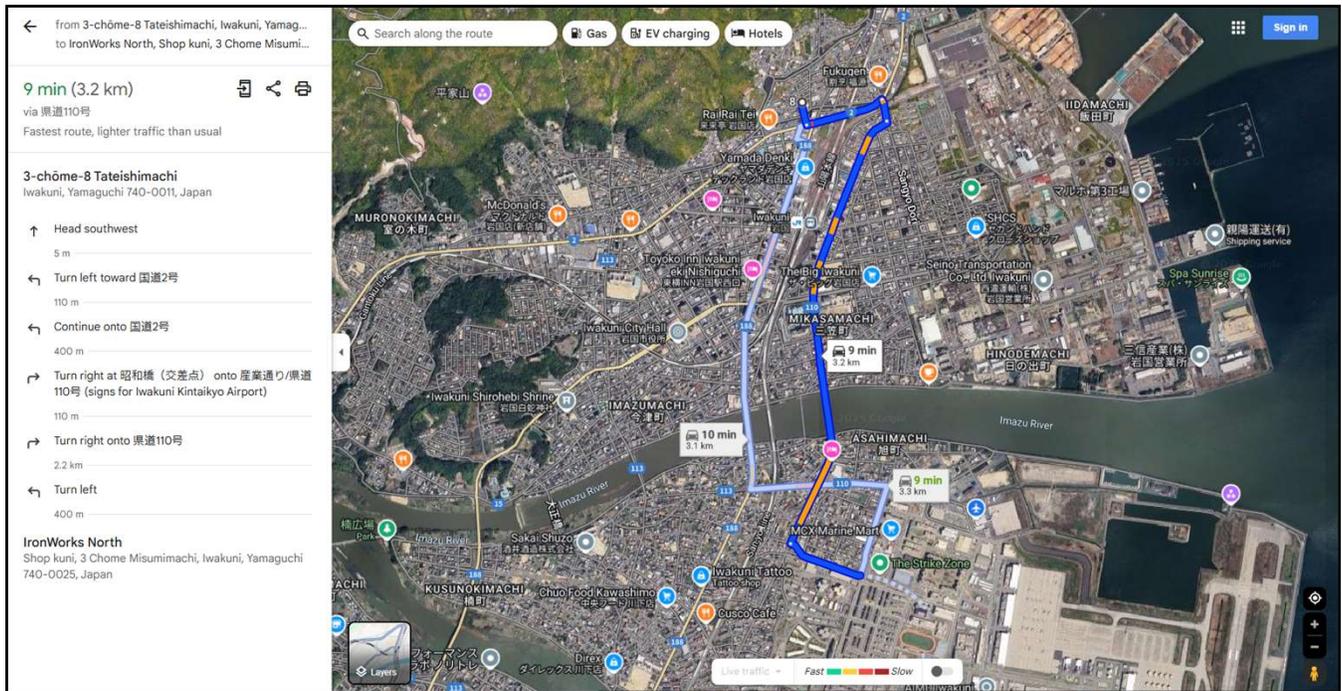
Picture of Residence

Directions:

1. Turn Left onto Nat'l Rte 2
2. Turn Right on Industrial Rd.
3. Turn Right on Showahashi
4. Turn Right on Airport St.
5. Turn Right at North Gate
6. Turn Right at Fort Nassau Ave.



Residence to ECC (Map)



EXAMPLE EXAMPLE EXAMPLE

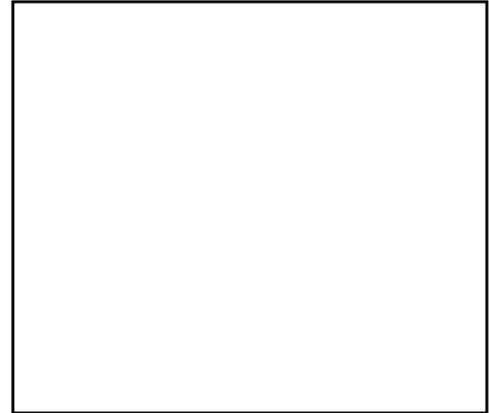
Notes: Develop map from personal residence to the Emergency Control Center (ECC) at the MCAS Iwakuni North Side Gym. Use of Google Maps Screenshot with additional pictures and information as required.

Name: _____

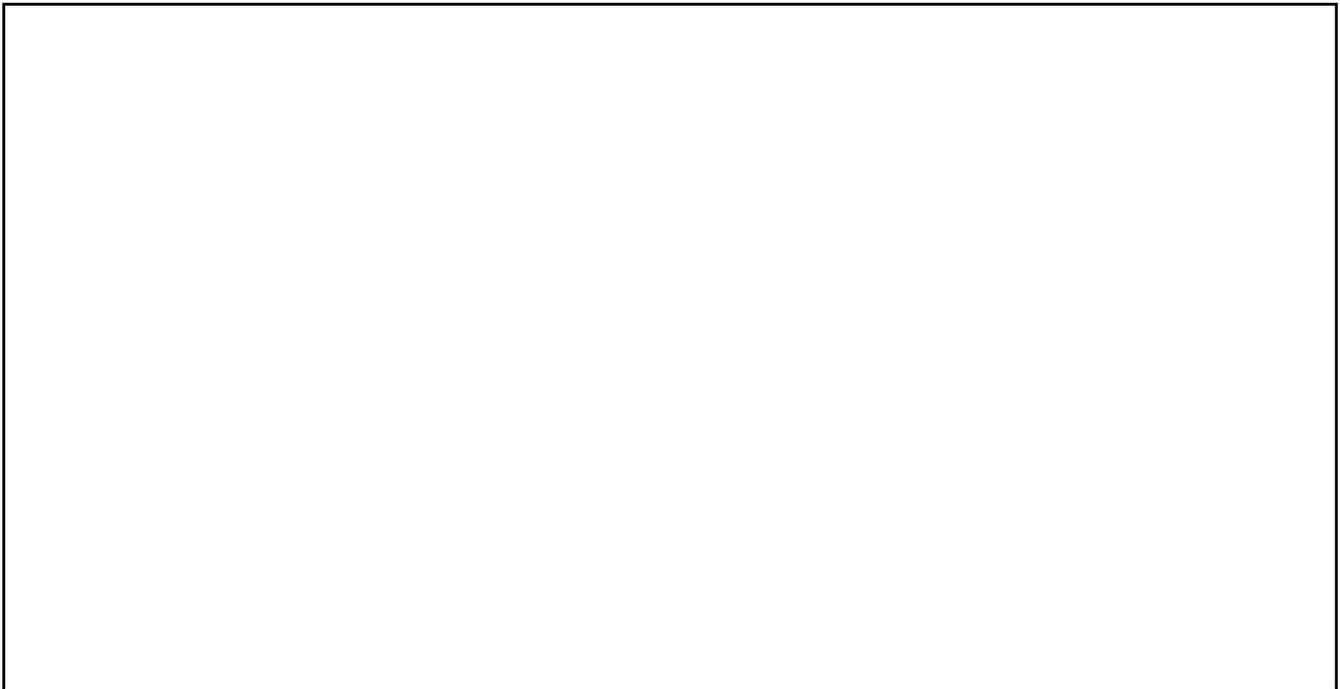
Address: _____

Picture of Residence

Directions:



Residence to ECC (Map)



Notes: Develop map from personal residence to the Emergency Control Center (ECC) at the MCAS Iwakuni North Side Gym. Use of Google Maps Screenshot with additional pictures and information as required.

NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD

(USFJ FORM 178-R)

USA
 USAF
 USN
 USMC
 DODCIVILIAN
 OTHER ()

SPONSOR NAME <i>(Last, First, MI)</i>	SEX	GRADE	SSN
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DEROS (DD Month YY)	DUTY TELEPHONE NUMBER	HOME TELEPHONE NUMBER
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UNIT	APO AP
------	--------

NONCOMBATANT NAMES <i>(Last, First, MI)</i>	SEX	SSN	DATE OF BIRTH <i>(DD Month YY)</i>	CITIZENSHIP <i>(See Legend)</i>	RELATIONSHIP <i>(See Legend)</i>	PASSPORT NUMBER

NONCOMBATANT LOCAL ADDRESS

EMERGENCY CONTACT/DESTINATION *(Address and telephone number)*

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY *(Only sole parent/EEC or dual military/EEC)*

NAME, ADDRESS & TELEPHONE NUMBER OF SCHOOL ATTENDED BY CHILDREN *(If applicable)*

AUTOMOBILE <i>(If applicable)</i>	MAKE	MODEL	YEAR	LICENSE NUMBER

PETS <i>(If applicable)</i>	TYPE OF PET	WEIGHT OF PET <i>(In pounds)</i>	LEGEND:	
			CITIZENSHIP	RELATIONSHIP
			U = U.S. R = ROK T = OTHER EEC = Emergency Essential Civilian	S = SON D = DAUGHTER H = HUSBAND W = WIFE F = FATHER/IN-LAW M = MOTHER/IN-LAW A = OTHER MALE B = OTHER FEMALE

MEDICAL NEEDS

REMARKS:

SPONSOR'S SIGNATURE	DATE (DD Month YY)
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PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. **PRINCIPAL PURPOSE:** To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. **ROUTINE USES:** Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. **MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.

Evacuation DD 1610 Instructions. Ensure you are using the DD 1610 dated May 2003

Applicable for: Civilians employees not on TDY Orders and their dependents; Military dependents
Soldiers will complete their authorizations / orders separately in DTS.

***Mileage reimbursement limited to location identified in Evacuation Order.**

Per Diem and lodging based on actual safe haven location. If location other than safe haven location, reimbursement not to exceed the lesser of (1) locality rate or (2) Safe Haven location.

1. Date you are filling out the form.
2. Last name, First name, Middle Initial. (Civilian Employee not on TDY orders, Eldest military dependent or Eldest Civilian dependent if Civilian employee is on TDY orders)
3. Dependent SSN (should be the SSN of the individual named in block #2)
4. DEP for (Dependent) or CIV for (Civilian Employee not on TDY orders)
5. PDS
6. Organization
7. Phone # (Personal Cell or Home)
8. Evacuation
9. Evacuation
- 10a Number of days evacuation is anticipated
- 10b Date you began the evacuation/travel. This date cannot be earlier than date evacuation was ordered.
11. Fill in the Departure location on the Top line i.e. Home address, depending on the location you departed from. For the 2nd Line fill in the ordered Safe Haven location. On the 3rd line put your return to location AKA Home address.
12. Fill in the Transportation mode Other
13. Leave blank
14. Estimated Cost: Leave blank
15. Leave this block blank
16. Purpose needs to state Evacuation.
 - ✓ Sample- Purpose of TDY is due to mandatory evacuation due to "Event". Traveler is exempt from mandatory use of Government Travel Card. Reimbursement for Lodging, mileage (if incurred) and per diem is authorized. Alternate means of communication (i.e. Secure Video Teleconference (SVTC) or other web-based communication) is not adequate to accomplish mission objective, therefore, Temporary Duty (TDY) travel is required. Submit the FINAL voucher (DD Form 1351-2) with this authorization within 5 business days of the termination of your eligibility for Safe Haven. All required receipts must be attached to this authorization/voucher.

*Box 16 must contain Sponsors Name, SSN, and Rank and list the following information for all dependents to include claimant: Name, Date of Birth or Date of Marriage, and Relationship

17. Needs to be signed by travel requesting official
 18. Designated unit approver will sign this block.
 19. Fill in the accounting citation:
Refer to JTR
 20. Fill in the information of the authorizing/order issuing official
 21. Fill in the date issued/todays date.
 22. Travel Authorization Number
- *Use the Continuation form to list additional dependents.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>											1. DATE OF REQUEST (YYYYMMDD)	
REQUEST FOR OFFICIAL TRAVEL												
2. NAME <i>(Last, First, Middle Initial)</i>				3. SOCIAL SECURITY NUMBER				4. POSITION TITLE AND GRADE/RATING				
5. LOCATION OF PERMANENT DUTY STATION (PDS)						6. ORGANIZATIONAL ELEMENT			7. DUTY PHONE NUMBER <i>(Include Area Code)</i>			
8. TYPE OF AUTHORIZATION			9. TDY PURPOSE <i>(See JTR, Appendix H)</i>				10a. APPROX. NO. OF TDY DAYS <i>(Including travel time)</i>			b. PROCEED DATE (YYYYMMDD)		
11. ITINERARY		<input type="checkbox"/> VARIATION AUTHORIZED										
12. TRANSPORTATION MODE												
a. COMMERCIAL				b. GOVERNMENT			c. LOCAL TRANSPORTATION					
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE <i>(Check one)</i>		
										RATE PER MILE: _____		
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <i>(Overseas Travel only)</i>										<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR		
13.	a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.					b. OTHER RATE OF PER DIEM <i>(Specify)</i>						
14. ESTIMATED COST										15. ADVANCE AUTHORIZED		
a. PER DIEM		b. TRAVEL			c. OTHER			d. TOTAL				
\$		\$			\$			\$			\$	
16. REMARKS <i>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</i>												
17. TRAVEL-REQUESTING OFFICIAL <i>(Title and signature)</i>							18. TRAVEL-APPROVING/DIRECTING OFFICIAL <i>(Title and signature)</i>					
AUTHORIZATION												
19. ACCOUNTING CITATION												
20. AUTHORIZING/ORDER-ISSUING OFFICIAL <i>(Title and signature)</i>								21. DATE ISSUED (YYYYMMDD)				
								22. TRAVEL AUTHORIZATION NUMBER				

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS *(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? *(X one)*

YES

NO

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER

2. DATE OF ARRIVAL *(YYYYMMDD)*

3. REPATRIATION CENTER

4. PROCESSING DATE *(YYYYMMDD)*

5. PROCESSING TIME *(Military)*

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE *(Last, First, Middle Initial)*

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH *(YYYYMMDD)*

9. PLACE OF BIRTH *(City, State, and Country)*

10. COUNTRY OF CITIZENSHIP

11. GENDER *(X one)*

12. SOCIAL SECURITY NUMBER

MALE

FEMALE

13. MARITAL STATUS *(X one)*

SINGLE

MARRIED

WIDOWED

SEPARATED

DIVORCED

14.a. PASSPORT NUMBER

b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER

b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued) (Read before completing Items 16 and 23)*

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER 1a DoD: Service Member b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) 2a DoD: Civilian Employee WITH Transportation Agreement b DoD: Dependent of Civilian Employee WITH Transportation Agreement c DoD: Civilian Employee WITHOUT Transportation Agreement d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement 3a Non-DoD U.S. Government (USG): Employee b Non-DoD USG: Employee Dependent and/or Family Member 4 Citizen Residing Abroad (Child, Student, Private Business) 5 Tourist 6 Citizen on Business-Related Travel 7 U.S. Government Contractor	CLASSIFICATION NUMBER 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) 11 Non-U.S. Civilian Employee (Works for U.S. Government) 12 Citizen of Country Other Than U.S. 13 Other, None of the Above <i>(Specify)</i>	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)</i>		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/> ADULTS <i>(Include yourself)</i>	<input type="text"/> CHILDREN <i>(Include all children)</i>
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU <i>(If applicable)</i>	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/> DOGS	<input type="text"/> CATS
		<input type="text"/> BIRDS	<input type="text"/> OTHER

19. EMERGENCY CONTACT IN U.S. <i>(For person named in Item 6 above)</i>			
a. NAME <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>		

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT <i>(If applicable)</i> <i>(If same as Item 19, enter "SAME")</i>			
a. NAME <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>		

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS <i>(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)</i>			
a. BRANCH OF SERVICE/DOD AGENCY <i>(X one)</i>			
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS
<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> DOD AGENCY		
b. NAME OF SPONSOR <i>(Remaining in Country) (Last, First, Middle Initial)</i>		c. SSN	d. RANK/GRADE
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND <i>(Include APO#/FPO#)</i>			

22. ESCORT FOR UNACCOMPANIED MINOR CHILD(REN) <i>(Complete if applicable)</i>			
a. NAME OF ESCORT <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Final Destination of Escort) (Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Escort) (Include Area Code)</i>		

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES

(Fill out for each accompanying person.)

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
c.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
d.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

25. SERVICES NEEDED (*X all that apply*)

	CLOTHING		
	HOUSING		PERMANENT
			TEMPORARY
	MEDICAL		
	DOD INFORMATION		
	DOD LEGAL SERVICES		
	CHILD CARE		
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE		
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS		
	TRANSPORTATION TO ONWARD DESTINATION		
	FINANCIAL ASSISTANCE		
	MENTAL HEALTH		
	GENERAL INFORMATION		
	CHAPLAIN ASSISTANCE		
	FUNERAL ASSISTANCE		
	DOD RELOCATION INFORMATION		
	TRANSLATOR (<i>Indicate language</i>)		
	OTHER (<i>Specify</i>)		

26. ADDITIONAL REMARKS

STOP HERE.

**AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS
FOR DOD CIVILIAN EMPLOYEES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)				
8. EVACUATED INSTALLATION		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
		9. EVACUATION ORDER NO.	10. DATE OF ORDER (YYYYMMDD)	11. DATE EVACUATED (YYYYMMDD)
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP	

14. OTHER DEPENDENTS (If additional space is needed, use back.)

a. NAME	b. DATE OF BIRTH (YYYYMMDD)	a. NAME	b. DATE OF BIRTH (YYYYMMDD)

15. I hereby authorize payment of \$ _____ per pay period and/or advance of pay of \$ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: \$ _____ b. EVACUATION TRAVEL AND TRANSPORTATION: \$ _____

17. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
--------------	---------------------------

19. AUTHORIZED OFFICIAL

a. TYPED NAME	b. TITLE
c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

20. I request the amount of \$ _____ per pay period as an allotment or assignment of monies due dependent named above (to be completed only when, because of emergency conditions, certification by employee is not available). I (dependent or designated representative named above) certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
--------------	---------------------------

21. PAYMENT RECORD (If additional space is needed, use back.)

a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c), Advance Payments; P.L. 102-484, Section 602, Title VI, Advance payments in connection with evacuations of personnel; DoDFMR 7000.14-R, Vol 7A, Under Secretary of Defense (Comptroller); Joint Travel Regulation, Chap 6, Evacuation Travel.

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 Privacy 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. SORN T7340, Defense Joint Military Pay System - Active Component (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/>); T7344, Defense Joint Military Pay System - Reserve Component (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/>); M01040-3, Marine Corps-Manpower Management Information Systems Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>)

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

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

1. 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.

2. 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 DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one 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 wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount -

"\$ _____".

4. If you have been receiving a military 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 area. If 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 checks.

5. 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 evacuation, 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.**



EMERGENCY LOAN APPLICATION AND EVACUATION DOCUMENTATION

Personal Principal Adult Family Member Information or Unaccompanied U.S. Citizen Minor

1. Name (Last, First, Middle)		2. Social Security Number	3. Nationality
4. Date of Birth (mm-dd-yyyy)	5. Place of Birth		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

7. Accompanying Family Members (Immediate family: spouse, children, etc. not household staff) Other eligible persons must apply individually.

Name	Sex	Date (mm-dd-yyyy) and Place of Birth	Relationship to Principal	Nationality (Specify)	Minor (Yes/No)	Medical (Specify)

8. Verifiable Address at Final Destination in United States or other Home of Record (Not a Post Office Box)

Street Address	City	Country
ZIP/Postal Code	Telephone Number (Include Country Code, City Code, Phone Number)	

9. Identify Whose Address is Listed in Item 8

Applicant's Permanent Address _____

Parent's Residence (Insert Name of Owner/Resident) _____

Sibling's Residence (Insert Name of Owner/Resident) _____

Friend's Residence (Insert Name of Friend) _____

Hospital (Insert Name) _____

Other (Insert Name of Owner/Resident) _____

PART 1 - EMERGENCY LOAN APPLICATION: Applicants should complete pages 1, 2 and 3

I HEREBY APPLY FOR A U.S. GOVERNMENT ASSISTANCE LOAN (Check all that are applicable)

10. Evacuation: (International Crisis) Emergency Medical and Dietary Assistance Repatriation Escort Required

U.S. Citizen Prisoner Medical Repatriation of U.S. Citizen (and/or accompanying immediate family members)

11. Promissory Note: (Check Appropriate Box(es))

I am a citizen of the United States and I hereby promise to repay to the United States Government within 90 days after the signing of this (or upon release, if imprisoned), and at an interest rate established in accordance with Federal Law, all applicable expenses (including, but not limited to, transportation, subsistence, medical attention) incurred by the U.S. Government incident to my evacuation/repatriation/emergency medical and dietary assistance. (Box should be checked by U.S. Citizens applying for crisis evacuation, emergency medical and dietary assistance or repatriation loans.)

I further understand that as the principal adult U.S. citizen applicant(s) for repatriation or emergency medical and dietary assistance my U.S. passport will be canceled and I will be issued a passport limited for direct return to the U.S. (upon release, if imprisoned). As the principal adult U.S. citizen applicant(s), my name will be included in the passport lookout system until the debt has been repaid. (Box should be checked by U.S. citizen adults applying for repatriation or emergency medical and dietary assistance loans.)

I am a citizen of (Country - not U.S.) _____, and I understand that my government and the U.S. will determine the amount and means of repayment. I also understand that my government may seek reimbursement from me for funds expended. (Box should be checked by all non U.S. citizens applying for crisis evacuation loan/assistance.)

I clearly understand that I am accepting evacuation/repatriation of my own free will and at my own risk. In a crisis evacuation, the cost of transportation charged to me will be based on the most recent full coach fare to the flight destination. I further understand that the evacuation flight may not comply with normal international and safety regulations, and in the case of military aircraft travel, the U.S. Government acts only as agent and not as contracting carrier. (Box should be checked by all U.S.citizens and non-U.S. citizens applying for crisis evacuation loan/assistance.)

I understand that assistance requested from the Department of Health and Human Services (HHS) will be provided based on availability upon arrival in the United States. In addition, reception and resettlement assistance provided by HHS is in the form of a loan which has to be paid back to the U.S. Government. (Box should be checked by all persons requiring HHS reception and resettlement assistance in the United States.)

Last Name

First Name

Middle Name

Social Security Number

TO BE COMPLETED BY U.S. CONSULAR OFFICER**12. Repatriation to United States or Emergency Medical or Dietary Assistance Abroad (EMDA) Loan Amount**

Amount in Foreign Currency

Amount in U. S. Currency

The Above Total Includes DOL (U.S. Dollars) for Subsistence

Date From (mm-dd-yyyy)

Date To (mm-dd-yyyy)

And DOL (U.S. Dollars) For Repatriation/Emergency Medical and Dietary Assistance

TO BE COMPLETED BY U.S. CONSULAR OFFICER**13. Evacuation from Crisis to Safe Haven Loan Amount (Equivalent to most recent full coach fare to flight destination.)**

Amount in Foreign Currency

Amount in U. S. Currency

Evacuation From _____ to _____ on Date (mm-dd-yyyy) _____

14. Loan Repayment Agreement: TO BE COMPLETED BY LOAN APPLICANTS

1. I understand that:

- (a) my obligation to repay the funds provided will not be discharged until payment in full has cleared through the account of the Treasurer of the United States;
- (b) the loan will be subject to the interest, penalties, and other such charges for late payment as directed by law and regulation;
- (c) I will not be eligible for a full validity U.S. passport for travel abroad if the loan is in default until the funds provided have been repaid in full; and
- (d) I may not be eligible for a full validity U.S. passport for travel abroad if the loan has not been paid in full.

2. I promise to repay (Insert Amount) _____ representing the U.S. dollar equivalent of the funds advanced within 90 days after the signing of this note (or upon release, if imprisoned), and to keep the Department of State, Bureau of Resource Management, Accounts Receivable, informed of my address(es), until such time as the funds are repaid in full.

3. I agree that if I fail to make full payment within 90 days, the Department of State may declare this promissory note in default, and turn the account over to the U.S. Department of Treasury, the Department of Justice or a private collection agency.

4. I further understand that in the event I am unable to pay this loan in full within 90 days, Bureau of Resource Management, Accounts Receivable of the Department of State, may, at its discretion and upon my request, determine and forward to me a new promissory note containing an installment plan for repayment of the loan.

5. I understand that I will be liable to pay any costs for collection.

6. I will make payment by check or money order payable to the Department of State, Accounts Receivable and mail to Accounts Receivable Division, PO Box 979005, St. Louis, MO 63197-9000.

7. Inquiries should be sent to: Accounts Receivable Division, Global Financial Services, PO Box 150008, Charleston, SC 29415-5008.

Inquiries via DHL, FEDEX, UPS, etc., should be sent to: Accounts Receivable Division, Global Financial Services 1969 Dyess Ave., Building 646-B, Charleston, SC 29405 Telephone Number 1-800-521-2116.

15. Signature Block for Applicant(s)

The undersigned hereby accepts responsibility for repayment of the funds provided under the conditions outlined in the foregoing. For joint applications by spouses each party is individually responsible for the loan.

Full Typed or Printed Name _____ Signature _____

Full Typed or Printed Name of Spouse _____

Spouse's signature (if a joint application, both must sign.) _____

Date (if a joint application, both must sign.) _____

16. If Applying Jointly

Spouse's Date of Birth (mm-dd-yyyy)

Spouse's Social Security Number

Spouse's Place of Birth (City, State/Province, Country)

Last Name

First Name

Middle Name

Social Security Number

17. Verifiable Addresses of Applicant (s)

Complete Address Abroad

Complete Address in the United States of America

18. Emergency Contacts (Name, Address, Phone Number, Fax, E-Mail, Relationship)

19. AUTHORIZATIONS FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT

(Your decision whether or not to sign these authorizations is optional and will not affect the Department of State's processing of your application for assistance.)

1. I do hereby authorize the U.S. Department of State, as well as U.S. Diplomatic and Consular Missions, to release information concerning my welfare and emergency evacuation/repatriation/emergency medical and dietary assistance to family, friends, individual members of Congress, members of the press, and the general public (Strike Out Inapplicable Items).

Signature(s) _____ Date (mm-dd-yyyy) _____

2. By signing here you authorize the Department of State to provide HHS (Repatriation Program) and/or its partners and grantees information regarding your medical and other pertinent personal information. Information received by HHS and/or its partners and grantees will be used in accordance with the U.S. HIPAA (Health Insurance Portability and Accountability Act) law. This statute protects the privacy of individuals receiving health services in the United States by limiting the ways providers can use patients' personal medical information. HIPAA also protects medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally.

Signature(s) _____ Date (mm-dd-yyyy) _____

PART 2

EVACUATION DOCUMENTATION For Official Use Only: Not to be completed by the applicant

Check Block(s)

Total Number

Documented U.S. Citizen(s) (Check Evidence Presented) :

U.S. Passport

Naturalization Certificate

U.S. Birth Certificate

Certificate of Citizenship

Consular Report of Birth Abroad of a U.S. Citizen

Probable U.S. Citizen(s). (Consular officer satisfied as to U.S. citizenship claim, but post unable to issue passport due to crisis.) (The case should be reviewed and name cleared before passport issued or admitted to U.S. Explain: Cite Evidence Examined or Basis for Conclusion)

Lawful/Probable U.S. Permanent Resident. Evidence for Conclusion _____

Host Country National with a U. S. Visa (Type) _____

Third Country National (List Country of Nationality) with a U.S. Visa (Type) _____

Orphan Approved for Visa. Issuance Not Possible Due to Crisis

Other (Example: Refugee, Humanitarian Parole, etc.) (Specify) _____

Immediate Relative Alien (non-parent) accompanying a U.S. citizen Minor (with a U.S. Visa) (Type) OR (Eligible for a U.S. Visa) (No U.S. Visa) (Only one escort permitted per child).

Medical Need (Specify) _____

U.S. Citizen Minor(s), Alien Minor(s) and escort (with a U.S. Visa) (Type) or eligible for a U.S. visa

Group Affiliation _____

PART 3 - CONSULAR CERTIFICATION - For Official Use

Consular officer should use this space to explain:

- lack of signature by beneficiary of loan;
- lack of signature by other person who may take responsibility for loan on behalf of citizens adjudged to be mentally incompetent by a court of competent jurisdiction;
- lack of signature by unaccompanied minors under 18;
- lack of Social Security Number(s);
- lack of verifiable U.S. address;
- Consular officers should insert dollar/foreign currency amounts of loans in items 12, 13 and 14/2.

20. Consular Adjudication Notes: (e.g., *Minor Child Found Alone Abroad, No Next-of-Kin Located; U.S. Citizen Found Mentally Incompetent by Court; Medical Patient Gravely Ill, Insufficient Time to Apply for and Obtain Social Security Number from SSA*) ; Impossible to Obtain Signature of Loan Recipient (Why) .

21. CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above.

Signature of Consular Officer

Name of Post

Typed or Printed Name of Consular Officer

Date (mm-dd-yyyy)

Title of Consular Officer

SEAL

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2670, 2671, 2715 and 4802, 24 U.S.C. § 322, 42 U.S.C. § 1313, 22 C.F.R. Part 71 including §§ 71.1, 71.6, 71.7 and 45 C.F.R. Parts 211 and 212. The Secretary of State is required by law at 22 U.S.C. § 2671(d)(1) to request both a verifiable address and Social Security number at the time of loan application. Although furnishing the information, including Social Security number, is voluntary, applicants may not be eligible for the requested assistance if they do not provide the required information.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuation, repatriation of citizens to the U.S. (destitute or medical emergency cases), and

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation, and requests for related services, and for law enforcement and administrative purposes, such as debt collection by the U.S. Government. It may also be disclosed pursuant to court order. Information may be made available to other U.S. agencies and their contractors, and to commercial air carriers to assist in aviation security and resettlement of the family/individual and to foreign emergency medical personnel if critical medical care is needed. The information may be made available to foreign government agencies to fulfill passport control and immigration duties, to investigate or prosecute violations of law, or when a request for information is made pursuant to customary international practice. The information may also be made available to private U.S. citizen "wardens" designated by U.S. embassies and consulates to assist in emergency and evacuation situations and to the Red Cross. For further information on routine uses, please visit <http://foia.state.gov/issuances/priviss.asp>.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400, SA-22, U.S. Department of State, Washington, DC 20522-2202.



EVACUEE MANIFEST AND PROMISSORY NOTE

PART 1 - EVACUATION APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY

1. Last Name <i>(Print Clearly)</i>		2. First Name		3. Middle Name	
4. Social Security Number	5. Date of Birth <i>(DD-MMM-YYYY)</i>	6. Place of Birth	7. Identity Document Issuing Country Passport Number or National ID No.		8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Current lodging where you may be contacted now					
10. Phone number where you may be contacted now			11. Email address where you may be contacted now		
12. Medical condition, current injuries, or limited mobility relevant to evacuation					
13. Verifiable Billing Address at Final Destination in United States or other Permanent Address (Not a Post Office Box) (Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members)					
14. Address Line 1					
15. Address Line 2					
16. City		17. State/Province		18. Country	
19. Postal Code		20. Telephone Number <i>(Include Country/City Codes)</i>		21. Email Address	
22. Emergency Contact (Do not list someone traveling with you)					
23. Last Name <i>(Print Clearly)</i>			24. First Name		
25. Address Line 1					
26. Address Line 2					
27. City		28. State/Province		29. Country	
30. Postal Code		31. Telephone Number <i>(Include Country/City Codes)</i>		32. Email Address	
33. Relationship to you					
34. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, list below. <input type="checkbox"/> Check here if none					
35. Last Name <i>(Print Clearly)</i>		36. First Name		37. Middle Name	
38. Social Security Number	39. Date of Birth <i>(DD-MMM-YYYY)</i>	40. Place of Birth	41. Identity Document Issuing Country Passport No. or National ID No.		42. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
43. This Person is My:					
44. Last Name <i>(Print Clearly)</i>		45. First Name		46. Middle Name	
47. Social Security Number	48. Date of Birth <i>(DD-MMM-YYYY)</i>	49. Place of Birth	50. Identity Document Issuing Country Passport No. or National ID No.		51. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
52. This Person is My:					

53. Last Name <i>(Print Clearly)</i>	54. First Name	55. Middle Name
--------------------------------------	----------------	-----------------

56. Social Security Number	57. Date of Birth <i>(DD-MMM-YYYY)</i>	58. Place of Birth	59. Identity Document Issuing Country Passport No. or National ID No.	60. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	61. This Person is My:
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62. Last Name <i>(Print Clearly)</i>	63. First Name	64. Middle Name
--------------------------------------	----------------	-----------------

65. Social Security Number	66. Date of Birth <i>(DD-MMM-YYYY)</i>	67. Place of Birth	68. Identity Document Issuing Country Passport No. or National ID No.	69. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	70. This Person is My:
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71. Last Name <i>(Print Clearly)</i>	72. First Name	73. Middle Name
--------------------------------------	----------------	-----------------

74. Social Security Number	75. Date of Birth <i>(DD-MMM-YYYY)</i>	76. Place of Birth	77. Identity Document Issuing Country Passport No. or National ID No.	78. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	79. This Person is My:
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80. Last Name <i>(Print Clearly)</i>	81. First Name	82. Middle Name
--------------------------------------	----------------	-----------------

83. Social Security Number	84. Date of Birth <i>(DD-MMM-YYYY)</i>	85. Place of Birth	86. Identity Document Issuing Country Passport No. or National ID No.	87. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	88. This Person is My:
----------------------------	--	--------------------	--	---	------------------------

89. PART 2 - Promissory Note and Repayment Agreement (FOR ALL EVACUEES, including Third Party Contractors. Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members.)

1. I clearly understand that I am accepting evacuation of my own free will and at my own risk to a location chosen by the U.S. Government. The mode of transportation may be via charter or military transport. I also understand that the evacuation flight may not comply with normal international safety or luggage/cargo regulations/standards. In the case of military aircraft travel, the U.S. Government acts only as an agent and not as a contract carrier.
2. U.S. Citizens: I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for all applicable expenses for my/our evacuation. This evacuation loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.
3. I understand that:
 - (a) I will be billed for the cost of my/our transportation no greater than the amount of a full-fare economy flight, or comparable alternate transportation, to the designated destination(s) that would have been charged immediately prior to the events giving rise to the evacuation.
 - (b) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
 - (c) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
 - (d) If my loan is in default, I and all listed U.S. citizen family members will not be eligible for a limited validity U.S. passports.
 - (e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
 - (f) I will be liable to pay any costs for collection.
4. I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 979005, St. Louis, MO 63197-9000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1969 Dyess Ave., Building 646-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2116 or internationally, call 843-746-0592. To make inquiries by email, contact: FMPARD@state.gov.)
5. Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.

90. Signature Block for Applicant (Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. **I understand that refusal to sign does not relieve me of my debt if the persons listed used the transport.**

91. Full Name Printed _____

92. Signature _____ 93. Date *(DD-MMM-YYYY)* _____

PART 3 - CONSULAR NOTES - For Official Use Only

- No Signature of Loan Recipient - Minor
- No Signature of Loan Recipient - Incapacitated/Incompetent Adult
- Loan Includes Temporary Subsistence Associated with Evacuation
- No Social Security Number
- Escort of the Primary Applicant *(No Familial Relationship)*
- Other *(Please Explain)*

If applicable, List below U.S. citizen associated with Third Country National/Host Country National, accompanying spouse or partner, or escort primary applicant.

Name of the U.S. Citizen	Date of Birth	Place of Birth	Social Security Number
--------------------------	---------------	----------------	------------------------

FOR OFFICIAL USE ONLY TO BE COMPLETED 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 Country National Loan Recipient
 - Foreign Diplomat Loan Recipient

Evacuation from _____ to _____ on date *(DD-MMM-YYYY)*

PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above and certifies the persons listed boarded the transport.

Signature of Consular Officer

Name of Post

Typed or Printed Name of Consular Officer

Date *(DD-MMM-YYYY)*

Title of Consular Officer

SEAL

94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.

I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to:
(Please place a check in the following boxes for the people to whom you authorize information to be released.) family, friends, individual members of congress, members of the press, and the general public.

95. Signature _____ 96. Date *(DD-MMM-YYYY)* _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2671, 2715, 4802, and 2357; and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuations.

ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes. Also see the Department of State's routine uses for Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, 4th Floor, SA-29, U.S. Department of State, Washington, DC 20522-2202.

INVENTORY OF HOUSEHOLD GOODS

PROPERTY OF	HOME PHONE NUMBER	DUTY PHONE NUMBER	DATE
FROM	TO (Destination)		

ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.
LIVING ROOM				CHILDRENS ROOM (Con't)				PROFESSIONAL ITEMS (Con't)			
Bench, fireside or piano	5			Chest	12			Reference material	0		
Bookcase	20			Chest, Toy	5			Tools	0		
Bookshelves, sectional	5			Crib, baby	10			Books	0		
Cabinet	10			Play pen	10			Papers	0		
Cartons, books	2			Table, child's	5			Equipment	0		
Chair, arm	10										
Chair, occasional	15			KITCHEN							
Chair, overstuffed	25			Boxes, pots/pans	5						
Chair, rocker	12			Cabinet, kitchen	30			MISCELLANEOUS			
Chair, straight	5			Cabinet, utility	10			Ash or trash can	7		
Clock, grandfather/grandmother	20			Chairs, breakfast	5			Auto tires	2		
Credenza	35			Ironing board	2			Basket, clothes	5		
Davenport, 2, 3, 4 cushions	35			Rotisserie	5			Bicycle	5		
Day bed	30			Stool	3			Bird cage and stand	5		
Desk, small or Winthrop	22			Table	5			Brooms and mops bundle	2		
Desk, secretary	35			Table, breakfast	10			Cabinet, filing	20		
Footstool, hassock, ottoman	0			Vegetable bin	3			Carriage, baby	20		
Hideabed	50							Carriage, doll or folding	5		
Lamp, floor, table	3			APPLIANCES (Large)				Chairs, folding	2		
Magazine rack	2			Air conditioner, window	30			Clothes hamper	5		
Organ, electric	60			Dehumidifier	10			Cot, folding	3		
Piano, baby grand or upright	70			Dishwasher	20			Golf bag	2		
Parlor grand	80			Dryer, electric or gas	25			Golf cart/go cart	3		
Spinnet	60			Freezer: (Cubic capacity)	0			Fan	5		
Radio, table or phonograph	2			10 or less	30			Fernery or plant stand	0		
Sectional, 2, 3, 4 piece	50			11 to 15	45			Foot locker	0		
Stereo, Hi Fi	10			16 and over	60			Heater, gar or electric	5		
Studio couch	50			Mangle	12			Incinerator	10		
Tables, drop leaf or occasional	12			Range, electric	30			Linens, cartons	5		
Tables, coffee, end or nest	5			Refrigerator (cubic cap.)	0			Mirrors	0		
Table, library	20			6 cu. ft. or less	30			Pictures	0		
Telephone stand and chair	5			7 to 10 cu. ft.	45			Power tools	0		
Television combination/color	25			11 cu. ft. and over	60			Rollaway bed	20		
Television, table model/color	10			Vacuum cleaner	0			Rugs, large roll or pad	0		
				Washing machine	0			Rugs, small roll or pad	0		
DINING ROOM				Washer/dryer combination	0			Sewing cabinet	2		
Barrel, dishes	15							Sewing machine	10		
Buffet	30			PORCH, OUTDOOR				Shop smith	0		
Chair, arm	8			FURNITURE & EQUIPMENT				Sled	2		
Chair, straight	5			bar	15			Table, card	1		
China closet	25			Bar stools	3			Tricycle	5		
Server	15			Bird bath	5			Trunk, steamer	10		
Table, dinette	15			Chair, porch	10			Trunk, wardrobe	15		
Table, extension	30			Chair, lawn	5			TV trays	2		
				Fireplace equipment	5			Typewriter	2		
BEDROOM				Garden hose	5			OTHER ITEMS			
Bed, include. spring and mattress	0			Glider	20						
Double	60			Grill, barbecue, portable	10						
Single or Hollywood	40			Gym, outdoor child's	20						
Bunk (set of 2)	70			Ladder, extension	10						
King size/Queen size	70			Lawn mower (hand)	5						
Cartons, clothes	10			Mower, power	15						
Chair, boudoir	10			Picnic table	20						
Chair, straight or rocker	5			Picnic bench	5						
Chaise lounge	25			Rack, outdoor dryer	5						
Chest, cedar	15			Rocker, swing	15						
Dresser, bureau, chest of drawers, chiffr. or chifnr.	25			Sandbox	10			CONTAINERS PREPACKED BY OWNER, e.g.,			
Dresser bench	3			Settee	20			Footlockers or Trunks	0		
Dresser, double, triple	50			Slide, outdoors, child's	10						
Lamps, floor, table	3			Swings, outdoor porch	30						
Table, night	5			Table	10						
Wardrobe, small	20			TV antenna	5						
Wardrobe, large	40			Tool chest	10						
Wardrobe, carton	10			Umbrella	5						
				Wheelbarrow	3						
CHILDRENS ROOM								Subtotal Column 3	180		
Bathinette	5							TOTAL Column 1	1460		
Bed, youth	30			PROFESSIONAL ITEMS				TOTAL Column 2	793		
cartons, clothes	10			Clothing, specialized	0			TOTAL Column 3	180		
Chair, child's	3			Instruments	0						
Chair, high	5			MARS equipment	0			GRAND TOTAL	2433		
Chair, rocker	3							Summary 0 cu. ft. @ 7 lbs. per cu. ft.			0 lbs.
Subtotal Column 1	1460			Subtotal Column 2	793			Estimated Total Weight			0 lbs.

APPLIANCES TO BE SERVICED

TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
WASHING MACHINE AUTOMATIC <input type="checkbox"/> NON AUTOMATIC <input type="checkbox"/>		
IRONER <input type="checkbox"/> MANGLE <input type="checkbox"/>		
FREEZER CHEST <input type="checkbox"/> UPRIGHT <input type="checkbox"/>		
REFRIGERATOR GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SINGLE DOOR <input type="checkbox"/> DOUBLE DOOR <input type="checkbox"/>		
TELEVISION TABLE <input type="checkbox"/> PORTABLE <input type="checkbox"/> CONSOLE <input type="checkbox"/>		
STOVE GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
DISHWASHER		
AIR CONDITIONER		
STEREO		
HI-FI RADIO		
RECORD PLAYER		

OTHER (Specify)

THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Name	Grade	Service Number/SSAN

NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.

INTERVIEWER'S NOTES

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY <i>(Read Privacy Act Statement on back before completing form.)</i>		1. DATE PREPARED (YYYYMMDD)	2. SHIPMENT NUMBER
3. NAME OF PREPARING OFFICE		4. TO <i>(Responsible Origin Personal Property Shipping Office)</i>	
		a. NAME	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE		b. ADDRESS <i>(Street, Suite Number, City, State, ZIP Code)</i>	
6. MEMBER OR EMPLOYEE INFORMATION			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SSN	d. AGENCY
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:			
a. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS <i>(Enter quantity estimate)</i>			
(1) POUNDS	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) <i>(Enter "NONE" if not applicable)</i>	(3) EXPENSIVE AND VALUABLE ITEMS <i>(Number of cartons)</i>	
b. MOBILE HOME INFORMATION <i>(Enter dimensions in feet and inches)</i>			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT
(5) TYPE EXPANDO <i>(Describe)</i>			
c. MOBILE HOME SERVICES REQUESTED <i>(X as applicable)</i>			
<input type="checkbox"/> CONTENTS PACKED	<input type="checkbox"/> MOBILE HOME BLOCKED	<input type="checkbox"/> MOBILE HOME UNBLOCKED	<input type="checkbox"/> STORED AT ORIGIN <input type="checkbox"/> STORED AT DESTINATION
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:			
a. TYPE ORDERS <i>(X one)</i>		b. ISSUED BY	c. NEW DUTY ASSIGNMENT
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY		
d. DATE OF ORDERS (YYYYMMDD)	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. <i>(Include Area Code)</i>
h. IN TRANSIT ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>			
9. PICKUP (ORIGIN) INFORMATION		10. DESTINATION INFORMATION	
a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i> <i>(If a mobile home park, include mobile home court name)</i>		a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i> <i>(If a mobile home park, include mobile home court name)</i>	
b. TELEPHONE NUMBER <i>(Include Area Code)</i>		b. AGENT DESIGNATED TO RECEIVE PROPERTY	
11. EXTRA PICKUP/DELIVERY ADDRESS <i>(If applicable)</i>		12. SCHEDULED DATE FOR (YYYYMMDD)	
		a. PACK	b. PICKUP
		c. DELIVERY	
13. REMARKS			
14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW <i>(If none, indicate "NONE.")</i>			
a. FROM	b. TO	c. NET POUNDS <i>(Actual or estimated)</i>	d. POUNDS OF PBP&E <i>(Actual or estimated)</i>
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS I certify that I have read and understand my shipping responsibilities and storage conditions printed on the back side of this form.			
a. SIGNATURE OF MEMBER/EMPLOYEE	b. DATE SIGNED	c. ADDRESS OF CONTRACTOR <i>(Street, Suite No., City, State, ZIP Code)</i>	
d. NAME OF CONTRACTOR <i>(Origin DPM or non-temporary storage)</i>			
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.			
a. REASON FOR NONAVAILABILITY OF SIGNATURE		b. CERTIFIED BY <i>(Signature)</i>	
		c. TITLE	

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406, 5 USC 5726; and E.O. 9397.

PRINCIPAL PURPOSE(S): Primarily used for evaluating requests submitted by Service members and eligible individuals for shipment and/or storage of personal property. Also used to prepare the Government bill of lading and other shipping documents (as applicable) to move the personal property. Used by the Finance Office for collection from the member in case goods to be shipped exceed Government entitlement limits.

ROUTINE USE(S): DD Form 1299 is provided to commercial carriers and shipping agents as the official shipping and storage order.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay shipping dates and impede storage arrangements.

CERTIFICATION OF SHIPMENT RESPONSIBILITIES

In consideration of said household goods or mobile homes being shipped at Government expense, I hereby agree that:

1. This shipment/storage lot consists of my property or the property awarded to my ex-spouse incident to a divorce which was acquired by me prior to the effective date of my orders.
2. If my orders are modified or cancelled and affect this shipment, I will immediately notify the shipping office at point of origin (or port, if any) and destination.
3. I will remit the proper amount or consent to the collection from my pay as may be necessary to cover all excess costs occasioned by this shipment.

4. I agree, prior to shipment and at my expense to place my mobile home in condition to withstand transportation.
5. I understand that transportation of my mobile home and shipment of baggage and household goods within the United States are provided in Chapter 10, JTR.
6. I understand the Government will not be responsible for goods remaining in storage after the expiration of the authorized period.
7. Professional books, papers and equipment are or were necessary in the performance of official duties.

CONDITION FOR STORAGE

In consideration of said household goods being stored at Government expense, I hereby agree as follows:

1. I will notify the transportation office responsible for storing my nontemporary storage account of any changes in my storage entitlement.
2. The Government is authorized to enter into any agreement and to do all acts and things which may be convenient or necessary to store the household goods. Storage of the household goods is furnished subject to such applicable laws and regulations as are now or may hereafter be in effect.
3. The Government may store the household goods in Government facilities or in commercial storage under a Government contract.
4. The Government may move or transfer by any appropriate means the household goods from their present location to Government or commercial storage facilities and from such facilities to an appropriate destination upon termination of storage.
5. When the household goods are stored in Government facilities and the authorized period for storage at Government expense expires, the Government may require me to remove the household goods from their place of storage. In the event, after 30 days notice, I fail to remove the

household goods, or if, after diligent effort, notice to me cannot be effected, the Government may proceed as follows: (a) place and store the household goods in commercial storage at my expense, or (b) if a commercial warehouse will not accept the household goods for commercial storage at my expense, the Government is hereby authorized to take whatever action in accordance with law and regulation may be deemed appropriate to effect disposition of the household goods.

6. When the household goods are stored in commercial facilities and the authorized period of storage at Government expense expires, all storage and incidental charges accruing after the last day of the authorized period of storage shall be at my expense.
7. The Government shall not be liable for charges incident to storage or services in connection with the household goods (1) not authorized by law or regulation to be at Government expense, (2) in excess of weight limitations imposed by law or regulation, or (3) after the expiration of the period of which storage at Government expense is authorized.
8. Government contracts for the storage of household goods limit the liability of the warehouseperson to \$50 per article or package as listed on the warehouse receipt. Applicants are advised to consider obtaining insurance on their household goods while such goods are in storage.

RESIDENCE KEY ENVELOPE

Owner's Information

Last Name: _____

First Name: _____

Grade: _____ Unit: _____

Social (Last 4): _____

On Base Housing

Location: _____

House Number: _____

Off Base Address

(enclose a map with written instructions to your house)

Appliances Off/Unplugged

Yes No

Special Instructions

VEHICLE KEY ENVELOPE

Owner's Information

Last Name: _____

First Name: _____

Grade: _____ Unit: _____

Social (Last 4): _____

Vehicle # 1

License Plate: _____

Make: _____

Model: _____

Color: _____ Year: _____

JCI Exp: _____ Ins Exp: _____

Current Location:

Vehicle # 2

License Plate: _____

Make: _____

Model: _____

Color: _____ Year: _____

JCI Exp: _____ Ins Exp: _____

Current Location:

番号 00792 A

平成 24 年 1 月 18 日

東京運輸支局長

自動車検査証

自動車登録番号又は車両番号 Rego Number	平成 24 年 1 月 18 日	平成 20 年 3 月 30 日	自動車の種別	用途	自家用・事業用の別	車体の形状
	車	モ	通	乗用	自家用	ステーションワゴン [603]
トヨタ	Year of Car [194]		車定員	最大積載量	車列重量	車両総重量
	車台番号					1850kg 2235kg
Chassis Number	型式	自動車の型式	燃料の種類	型式指定番号	類別区分番号	
	2GR		3.45 ガソリン	15269	0850	
所有者の氏名又は名称 Owners Name	所有者の住所 Owners Address					[21453]
使用者の氏名又は名称 Users Name	使用者の住所 Users Address					[13022 0421]
使用の本拠の位置	有効期間の満了する日 Shaken Expiry Date					
	平成 25 年 3 月 30 日					
備考 【足立】、移転登録 【21年度税制】平成23年3月25日 継続検査 受検済み 平成22年度燃費基準10%向上達成車 【走行距離計表示値】60,900km (平成23年3月25日) 平成11年騒音規制車、近接排気騒音規制値 95.1dB 以下余白						

EXAMPLE

EXAMPLE

If your car is under lease or finance your name will appear here.



PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE

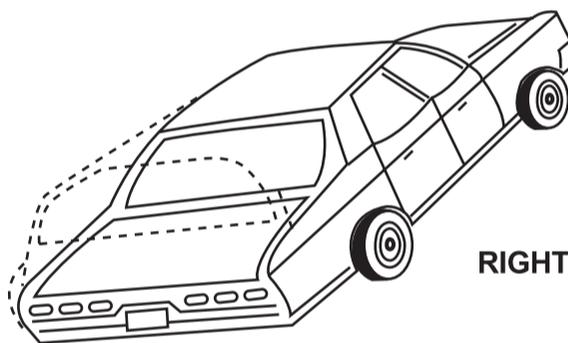
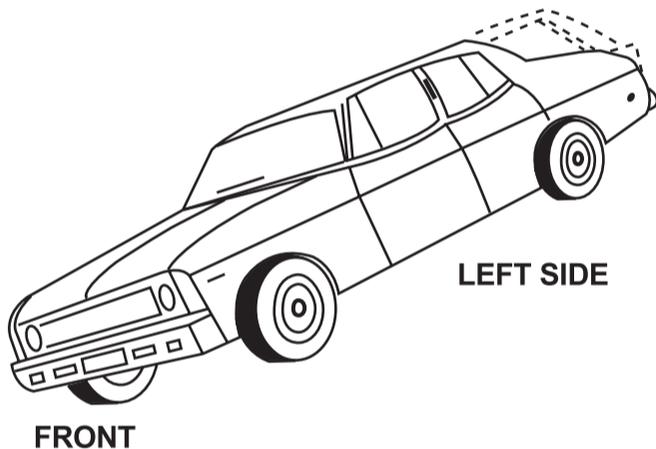
TCMD DATA	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	15. DOC ID (1-3) TP8	16. POV YR, MAKE (9-14)		17. OWNER'S LAST NAME (54-66)		18. F & MI (67-68)	19. GRADE (69-70)
20. STATE (71-72)	21. LICENSE NUMBER (73-77)		21. COLOR (78-80)	22. BODY TYPE	23. VEHICLE IDENTIFICATION NUMBER		
24. ODOMETER READING		25. VESSEL (Voyage Number)		26. AUTHORIZATION CHARGES PAID, ETC.		27. DATE LOADED (YYYYMMDD)	

28. STOWAGE LOCATION	29. BILLING ADDRESS FOR NOTIFICATION PURPOSES
----------------------	---

30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.	f. (1) USER CODE	(2) INSPECTION	(3) DATE (YYYYMMDD)	(4) INSPECTOR'S PRINTED NAME (Last, First, Middle Initial)
	X	(a) Turn in joint inspection - owner/agent & Government representative		
	a. DATE (YYYYMMDD)	T	(b) POE use (Optional)	
	b. SIGNATURE OF OWNER OR AGENT	<input type="checkbox"/>	(c) POE check in stow/condition when stuffed in container	
	c. NAME OF AGENT (Last, First, Middle Initial) (Print)	<input type="checkbox"/>	(d) POD check in stow/condition when removed from container	
	d. STREET ADDRESS	<input type="checkbox"/>	(e) Release of custody by discharge stevedore	
e. CITY, STATE, AND ZIP CODE	*	(f) POD use (Optional)		

Retain this form for proof of shipment for return transport at government expense or proof of POV Import Control Program participation.

31. AFTER INITIAL INSPECTION, RECORD ONLY MARS EXPOSING BARE METAL AND/OR STRUCTURAL DAMAGE.



32. ENTRY NUMBER (US Customs use only)

POV CONDITION CODES	BE - Bent BR - Broken CH - Chipped	CR - Cracked DE - Dent GO - Gouged	LO - Loose MA - Marred MG - Missing	MI - Mildewed PF - Paint Faded RS - Rusted	RU - Rubbed SC - Scratched SO - Soiled	TO - Torn WO - Badly Worn
---------------------	--	--	---	--	--	------------------------------

33. INTERIOR CONDITION		CODE	34. ACCESSORIES		IN BOX	LOOSE	35. PROCESSING SERVICE		POE	POD
a. FRONT SEATS			a. CATALYTIC CONVERTER/PELLETS				a. ADD/DRAIN FUEL			
b. REAR SEAT			b. SIDE MIRRORS				b. CONNECT/DISCONNECT BATTERY			
c. REAR MIRROR			c. ANTENNA				c. PACK ACCESSORIES			
d. FRONT SEAT BELTS			d. FAN BELT				d. OTHER			
e. REAR SEAT BELTS			e. FENDER SKIRTS							
f. ASH TRAYS			f. FIRE EXTINGUISHER							
g. FLOOR MATS			g. FIRST AID KITS							
h. DOOR PANELS			h. CIGARETTE LIGHTER							
i. ARM RESTS			i. HAND TOOLS/FLASHLIGHT							
j. REAR SPEAKERS (Additional)			j. HUB CAPS							
k. CUSHION			k. JACK/LUG WRENCH							
l. UPHOLSTERY			l. JUMPER CABLES							
m. RADIO (AM, FM, Tape)			m. LUGGAGE RACK							
n. CB RADIO			n. BLANKET							
o. CARPET			o. WARNING TRIANGLE/TROUBLE LIGHT							
p. CLOCK			p. SPARE TIRE							

36. DOD POV IMPORT CONTROL PROGRAM (X appropriate box for all vehicles)

a. THE VEHICLE DESCRIBED ABOVE:

(1) Does not have a manufacturer's label affixed certifying its conformance with US EPA emission standards. (Bonding with US Customs required.)

(2) Does not have a manufacturer's label affixed and is pre 75 diesel powered or pre 68 gasoline powered vehicle and is not regulated under CAA.

(3) Was certified as meeting US EPA emission standards without using a catalyst or was shipped overseas prior to 1 March 1976.

(4) Requires a catalyst and/or operable oxygen sensor to meet US EPA emissions standards (Select appropriate options under Import or Export sections.)

b. IMPORT (If POV is equipped with an oxygen sensor, option 3 may also have to be marked.)

(1) The catalyst was removed prior to use overseas and:

(a) Has been reinstalled prior to shipment. (Proof of installation required.)

(b) Will be reinstalled in accordance with the EPA Waiver.

(2) The catalyst was not removed prior to use overseas and:

(a) A new catalyst has been installed prior to shipment. (Proof of installation required.)

(b) A new catalyst is accompanying the vehicle and will be installed in accordance with the EPA Waiver.

(3) This POV requires an oxygen sensor to meet US EPA emissions standards and:

(a) An operable sensor has been installed prior to shipment. (Proof of installation required.)

(b) An operable sensor is accompanying the vehicle and will be installed in accordance with the EPA Waiver.

(4) No replacement catalyst and/or operable oxygen sensor is accompanying this vehicle. The owner must post bond with US Customs prior to vehicle release at the US Port of Entry, except if a NEW catalyst and/or oxygen sensor is presented to Customs prior to the release of the vehicle.

c. EXPORT (If POV is equipped with an oxygen sensor, X as applicable.)

(1) Catalyst Oxygen sensor has been removed and is accompanying the vehicle.

(2) Catalyst Oxygen sensor will be removed at the overseas port prior to using leaded gasoline.

(3) Catalyst Oxygen sensor will be replaced overseas just prior to turn-in or a new catalyst/oxygen sensor will accompany the vehicle when it is returned to the US.

(4) The vehicle owner does not desire to participate in the DoD POV Import Control Program. (Bond with US Customs required upon return.)

CONDITIONS GOVERNING SHIPMENT

I UNDERSTAND AND ACCEPT THE TERMS UNDER WHICH THIS VEHICLE WILL BE TRANSPORTED OVERSEAS AS SET FORTH IN EXISTING REGULATION, i.e.:

1. That only one (1) privately-owned vehicle is being transported overseas under permanent change of station orders for the owner and/or his family as personal property, and that it is free of any legal encumbrance that would preclude its shipment and is not intended for resale. Owner must also retain a second (extra) set of keys.

2. That this vehicle contains no personal property in excess of that authorized in regulations of the Service concerned. I further understand that personal property shipped will only include those items that can fit in the container normally provided for vehicular tools and accessories.

(3) That no land transportation is authorized at Government expense except as specified in Section 12 of the Missing Persons Act, as amended, and 10 USC Section 2634(a).

(4) That failure of the owner to provide sufficient permanent type antifreeze to protect the cooling system to minus 20 degrees F (or lower if determined to be necessary by the shipping port) relieves the Government of any liability for damage due to freezing.

THIS CERTIFICATE constitutes authority for the placing in available storage chosen by the port, at the complete expense of the owner and at no cost whatsoever to the Government, the vehicle herein property of above named owner, (1) by the port of embarkation in the event that shipment of privately-owned vehicles therefrom is suspended or terminated because of a national emergency, and (2) by the port of debarkation in the event that the automobile is not picked up by the owner or his agent within forty-five (45) days after dispatch of the notification of its arrival.

I further understand that should the vehicle be placed in such storage, the Government, thenceforth, would not be responsible for its release or return to the owner or agent.

37. DELIVERY RECEIPT

a. EXCEPTIONS

(1) BY OWNER

(2) VERIFICATION OR DISAGREEMENT WITH REASONS

b. TERMINAL SERVICE - PICKUP *(X as applicable. If unsatisfactory, specify.)*

SATISFACTORY

UNSATISFACTORY

38. MISCELLANEOUS INFORMATION

39. I HEREBY ACKNOWLEDGE RECEIPT OF MY VEHICLE IN THE CONDITION IN WHICH I TURNED IT IN TO THE U.S. GOVERNMENT REPRESENTATIVE FOR TRANSSHIPMENT, EXCEPT AS NOTED ABOVE.

a. SIGNATURE OF OWNER OR AGENT

b. DATE (YYYYMMDD)

40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIVE

41. NAME OF PORT

VEHICLE IMPOUNDMENT REPORT

PART I - IDENTIFICATION

1. VEHICLE IDENTIFICATION

a. MAKE	b. MODEL	c. YEAR	d. COLOR	e. VEHICLE IDENTIFICATION NO.
f. VEHICLE LICENSE (1) NUMBER	(2) STATE	(3) YEAR	g. MILEAGE	h. DECAL NO.

2. REGISTERED OWNER

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

3. VEHICLE OPERATOR

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

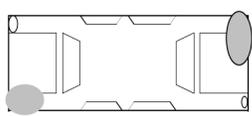
PART II - DESCRIPTION

4. REASON FOR IMPOUNDMENT (X all that apply)

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED
<input type="checkbox"/> BURNED	<input type="checkbox"/> ILLEGALLY PARKED
<input type="checkbox"/> DWI	<input type="checkbox"/> STOLEN
<input type="checkbox"/> OTHER (Specify)	

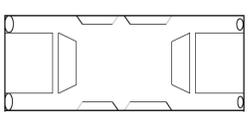
5. DAMAGE TO VEHICLE

EXAMPLE



a. SHADE DAMAGED AREA OF VEHICLE

FRONT



b. X ALL THAT APPLY

Intact	Missing		Intact	Missing	
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY
<input type="checkbox"/>	<input type="checkbox"/>	MIRROR(S)	<input type="checkbox"/>	<input type="checkbox"/>	JACK
<input type="checkbox"/>	<input type="checkbox"/>	LUG WRENCH	<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input type="checkbox"/>	<input type="checkbox"/>	TAPE DECK	<input type="checkbox"/>	<input type="checkbox"/>	SPARE WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	LR WHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	RR WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	RF WHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	LF WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	WHEEL COVERS	<input type="checkbox"/>	<input type="checkbox"/>	CB RADIO

6. CONDITION OF VEHICLE WHEN IMPOUNDED (X all that apply)

<input type="checkbox"/> DOOR LOCKED	<input type="checkbox"/> DOOR UNLOCKED
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> TRUNK UNLOCKED
<input type="checkbox"/> KEYS IN CAR	<input type="checkbox"/> KEYS MISSING
<input type="checkbox"/> OTHER (Specify)	

7. LOCATION OF VEHICLE

8. CONDITION OF VEHICLE (Attach additional pages if more space is needed.)

9. PERSONAL PROPERTY CONTAINED IN VEHICLE (Attach additional pages if more space is needed.)

10. REMARKS (Attach additional pages if more space is needed.)

PART III - DISPOSITION

11. DATE IMPOUNDED (YYYYMMDD)	12. TIME IMPOUNDED	13. REPORTED BY		
14. TOWED AT		a. NAME (Last, First, Middle Initial)		b. RANK
		c. DATE		
15. STORED AT		d. ORGANIZATION		e. SIGNATURE
		16. WITNESSED BY		17. RELEASED BY
a. NAME (Last, First, Middle Initial)	b. RANK	c. DATE	a. NAME (Last, First, Middle Initial)	b. RANK
d. ORGANIZATION		e. SIGNATURE		c. DATE
d. ORGANIZATION		e. SIGNATURE		

VEHICLE IMPOUNDMENT REPORT

PART I - IDENTIFICATION

1. VEHICLE IDENTIFICATION

a. MAKE	b. MODEL	c. YEAR	d. COLOR	e. VEHICLE IDENTIFICATION NO.
f. VEHICLE LICENSE (1) NUMBER	(2) STATE	(3) YEAR	g. MILEAGE	h. DECAL NO.

2. REGISTERED OWNER

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

3. VEHICLE OPERATOR

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

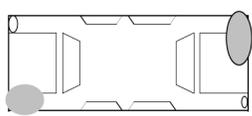
PART II - DESCRIPTION

4. REASON FOR IMPOUNDMENT (X all that apply)

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED
<input type="checkbox"/> BURNED	<input type="checkbox"/> ILLEGALLY PARKED
<input type="checkbox"/> DWI	<input type="checkbox"/> STOLEN
<input type="checkbox"/> OTHER (Specify)	

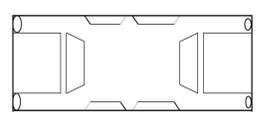
5. DAMAGE TO VEHICLE

EXAMPLE



a. SHADE DAMAGED AREA OF VEHICLE

FRONT



b. X ALL THAT APPLY

Intact	Missing		Intact	Missing	
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY
<input type="checkbox"/>	<input type="checkbox"/>	MIRROR(S)	<input type="checkbox"/>	<input type="checkbox"/>	JACK
<input type="checkbox"/>	<input type="checkbox"/>	LUG WRENCH	<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input type="checkbox"/>	<input type="checkbox"/>	TAPE DECK	<input type="checkbox"/>	<input type="checkbox"/>	SPARE WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	LR WHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	RR WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	RF WHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	LF WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	WHEEL COVERS	<input type="checkbox"/>	<input type="checkbox"/>	CB RADIO

6. CONDITION OF VEHICLE WHEN IMPOUNDED (X all that apply)

<input type="checkbox"/> DOOR LOCKED	<input type="checkbox"/> DOOR UNLOCKED
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> TRUNK UNLOCKED
<input type="checkbox"/> KEYS IN CAR	<input type="checkbox"/> KEYS MISSING
<input type="checkbox"/> OTHER (Specify)	

7. LOCATION OF VEHICLE
8. CONDITION OF VEHICLE (Attach additional pages if more space is needed.)

9. PERSONAL PROPERTY CONTAINED IN VEHICLE (Attach additional pages if more space is needed.)

10. REMARKS (Attach additional pages if more space is needed.)

PART III - DISPOSITION

11. DATE IMPOUNDED (YYYYMMDD)	12. TIME IMPOUNDED	13. REPORTED BY		
14. TOWED AT		a. NAME (Last, First, Middle Initial)		b. RANK
		c. DATE		
15. STORED AT		d. ORGANIZATION		e. SIGNATURE
16. WITNESSED BY		17. RELEASED BY		
a. NAME (Last, First, Middle Initial)	b. RANK	c. DATE	a. NAME (Last, First, Middle Initial)	b. RANK
			c. DATE	
d. ORGANIZATION	e. SIGNATURE		d. ORGANIZATION	e. SIGNATURE

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy and OPNAVINST 1740.4D

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

ROUTINE USES: Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

DISCLOSURE: Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4D paragraph 7.d.(6)).

PART I. SERVICEMEMBERS ACKNOWLEDGEMENT

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty without dependents, as required.	INITIALS
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be given special privileges because I have dependents.	
5. My normal working hours are from _____ to _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless I have been excused by my commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 60 days (90 days for Ready Reserve) of any change in my family or caregiver status.	
8. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents by the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
9. In the event of my death or incapacity, (name, address, telephone number) _____ has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
10. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	
11. TYPED OR PRINTED NAME OF MEMBER:	12. RANK/RATE:
13. BLOCK (NOT USED)	
14. DATE (YYYYMMDD):	15. MEMBER'S SIGNATURE:

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE (CONTINUED)

PART II. CAREGIVER ACKNOWLEDGEMENT

16. Member's absence is for a duration of less than 30 days.

16A. TYPED OR PRINTED NAME OF CAREGIVER:

16B. ADDRESS OF CAREGIVER:

16C. SIGNATURE OF CAREGIVER:

16D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE):

16E. TYPED OR PRINTED NAME OF WITNESS:

16F. WITNESS' SIGNATURE:

17. Member's absence is for a duration of greater than 30 days.

17A. TYPED OR PRINTED NAME OF CAREGIVER:

17B. ADDRESS OF CAREGIVER:

17C. SIGNATURE OF CAREGIVER:

17D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE):

17E. TYPED OR PRINTED NAME OF WITNESS:

17F. WITNESS' SIGNATURE:

18. Applies to single servicemember sponsors & dual military couples with dependents serving overseas and accompanied by dependents.

18A. I agree to be responsible for accompanying and caring for the family members of _____
as an escort if evacuation from an overseas area becomes necessary.

18B. TYPED OR PRINTED NAME OF ESCORT:

18C. SIGNATURE OF ESCORT:

18D. TYPED OR PRINTED NAME OF WITNESS:

18E. WITNESS' SIGNATURE:

PART III. FOR DUAL MILITARY COUPLES ONLY

19. Statement of Military Spouse: I have read my spouse's plan and concur.

19A. SPOUSE'S COMMAND:

19B. COMMAND'S FAMILY CARE PLAN COORDINATOR AND
TELEPHONE NUMBER:

19C. TYPED OR PRINTED NAME OF SPOUSE:

19D. SPOUSE'S SIGNATURE:

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE (CONTINUED)

20. ADDITIONAL COMMENTS:

PART IV. CONSENTING NATURAL OR ADOPTIVE PARENT

21. I have reviewed this Family Care Plan and concur.

21A. TYPED OR PRINTED NAME:

21B. SIGNATURE:

21C. DATE (YYYYMMDD):

PART V. COMMAND CERTIFICATION

22. I have reviewed this Family Care Plan and (I am/I am not) satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

22A. TYPED OR PRINTED NAME OF COMMANDING OFFICER:

22B. SIGNATURE OF COMMANDING OFFICER:

22C. DATE (YYYYMMDD):

FAMILY CARE CERTIFICATION
(PRIVACY ACT STATEMENT OF 1974 APPLIES - SEE BELOW)

AUTHORITY; 10 U.S.C. 8013 and E.O. 9397, Secretary of the Air Force; powers and duties; delegation by.
 PRINCIPAL PURPOSE: To contact persons designated by the member as accepting family care responsibility, to verify their willingness to act for the member in this capacity, to advise the caregivers when they are expected to discharge these responsibilities and to insure member's compliance with the instruction.
 ROUTINE USES: None.
 DISCLOSURE IS VOLUNTARY; Use of the SSN is required to establish positive identification. Other information is required to ensure members have met their family care responsibilities.
 Failure to provide the information may result in discharge from the Active Air Force, Air National Guard, or Air Force Reserve.

SECTION I. MEMBER'S CERTIFICATION

- I have been counseled and fully understand Air Force policy on family care responsibilities pertaining to the performance of military duties. I have read and understand AFI 36-2908 and that I must arrange for family care so that I will remain worldwide available as defined in AFI 36-290, and I must report for duty as required without my family members. I affirm I have made and will maintain arrangements for the care of my family to permit me to be worldwide available during all the following circumstances: a. Duty Hours; b. Exercises; c. Unaccompanied Tours; d. Alerts; e. TDY; f. Extended Duty Hours; g. PCS or PCA, and h. Similar Military Obligations. I understand I am subject to deployment on short notice and I will not be guaranteed special privileges because I have family members. I understand if these arrangements for the care of my family fails, I must still report for duty.
- I understand failure to make and maintain adequate family care arrangements may be grounds for disciplinary action and separation from the Air Force, Air National Guard and/or Air Force Reserve components. I understand I must verify or revise this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or if circumstances for family care change. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) for a smooth, rapid turnover of family care responsibilities. I have arranged to complete travel that may be required to transfer my family members to the designated person. If my primary long term family caregiver is not in the local area, I understand I must arrange with a nonmilitary person in the local area to assume temporary custody of my family members until responsibility is transferred to my primary long term caregiver. I understand that while serving in an overseas area, I must arrange for escort and care of my family members if a Noncombatant Evacuation Operation (NEO) is implemented, I know I will be required to remain in place and perform my military duties.
- All my family members are 19 or older and capable of self-care, (Initials) _____.
- I understand I may be subject to action under the Uniform Code of Military Justice (UCMJ) and/or appropriate Reserve component discharge authorities if this statement is not accurate.

A. DATE	TYPED OR PRINTED NAME, GRADE, AND SSN	SIGNATURE
---------	---------------------------------------	-----------

(Complete Block B. only when a military couple with family members share a joint domicile and have the same family care plan.)

B. DATE	TYPED OR PRINTED NAME, GRADE, AND SSN	SIGNATURE
---------	---------------------------------------	-----------

SECTION II. CAREGIVER CERTIFICATION (The following statements may be signed by as many as three different individuals or as few as one)

5. PRIMARY SHORT TERM CAREGIVER: I agree to accept responsibility for the family members of _____ if he or she must report for duty for extended work hours, recall or TDY for a duration of less than _____ days. I also certify that the financial and travel arrangements made by the legal guardian are adequate for the care of their family members while in my custody. I will will not be authorized use of commissary and BX facilities. I know of possible behavioral changes in the family members and the nearest assistance center.

TYPED OR PRINTED NAME	SIGNATURE	DATE
-----------------------	-----------	------

ADDRESS - MUST BE IN LOCAL AREA (Include ZIP Code)	HOME PHONE	WORK PHONE
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6. PRIMARY LONG TERM CAREGIVER: I agree to accept responsibility for the family members of _____ if he or she is reassigned in an unaccompanied status or deployed TDY for a duration to exceed the responsibilities of the short term caregiver. I also certify the financial and travel arrangements made by the legal guardian are adequate for the care of their family members while in my custody. I will will not be authorized use of commissary and BX facilities. I know of possible behavioral changes in the family members and the nearest assistance center.

TYPED OR PRINTED NAME	SIGNATURE	DATE
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ADDRESS (Include ZIP Code)	HOME PHONE	WORK PHONE
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7. ALTERNATE CAREGIVER: In the event the caregiver in item _____ (item 5 and/or 6) is unavailable, I agree to accept responsibility for the family members of _____ I also certify that the financial and travel arrangements made by the guardian are adequate for the care of their family members while in my custody. I will will not be authorized use of commissary and BX facilities. I know of possible behavioral changes in the family members and the nearest assistance center.

TYPED OR PRINTED NAME	SIGNATURE	DATE
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ADDRESS (Include ZIP Code)	HOME PHONE	WORK PHONE
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SECTION III. TEMPORARY CUSTODY DESIGNATION OF A DUAL MILITARY COUPLE OR SINGLE PARENT

8. TEMPORARY CUSTODY DESIGNEE: I agree in the event of their death or incapacity to assume temporary custody of their family members until a legal guardian is appointed by a court of competent jurisdiction.

TYPED OR PRINTED NAME	SIGNATURE	DATE
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ADDRESS (Include ZIP Code)	HOME PHONE	WORK PHONE
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SECTION IV. CAREGIVERS CERTIFICATION FOR NONCOMBATANT EVACUATION OPERATION (NEO) *(For personnel assigned overseas only)*

9. ESCORT CAREGIVERS: I agree to accept responsibility for the family members of _____ to serve as an escort, if evacuation from an oversea area becomes necessary.

A. TYPED OR PRINTED NAME - (PRIMARY)	SIGNATURE	DATE
ADDRESS - MUST BE IN SAME OVERSEA AREA(Include ZIP Code)		HOME PHONE WORK PHONE
B. TYPED OR PRINTED NAME - (PRIMARY)	SIGNATURE	DATE
ADDRESS - MUST BE IN SAME OVERSEA AREA(Include ZIP Code)		HOME PHONE WORK PHONE
C. TYPED OR PRINTED NAME - (ALTERNATE)	SIGNATURE	DATE
ADDRESS - MUST BE IN SAME OVERSEA AREA(Include ZIP Code)		HOME PHONE WORK PHONE
D. TYPED OR PRINTED NAME - (ALTERNATE)	SIGNATURE	DATE
ADDRESS - MUST BE IN SAME OVERSEA AREA(Include ZIP Code)		HOME PHONE WORK PHONE

10. POST EVACUATION CAREGIVER: I agree to accept responsibility for the family members of _____ after they have arrived at their Continental United States (CONUS) destination, if evacuation from an oversea area becomes necessary. I also certify that arrangements made by the legal guardian are adequate for the care of their family members while in my custody. I know of possible behavioral changes in the family members and the nearest assistance center.

TYPED OR PRINTED NAME	SIGNATURE	DATE
ADDRESS (Include ZIP Code)		HOME PHONE WORK PHONE

SECTION V. STEPPARENT CERTIFICATION

11. STEPPARENT CERTIFICATION: I have read the Family Care Plan of my spouse. In no way will the presence of my spouse's family members in my household preclude me from performing the full range of military duties as outlined in AFI 36-2908. I am also aware that at anytime I cannot perform my duties because of these family members, I am subject to disciplinary action under the UCMJ and/or separation outlined in AFI 36-3908.

TYPED OR PRINTED NAME	SIGNATURE OF STEPPARENT	DATE
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SECTION VI. COMMANDER CERTIFICATION *(If additional space is needed, continue on bond paper)*

12. I have reviewed this Family Care Certification and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined in AFI 36-2908.

A. SIGNATURE OF COMMANDER OR FIRST SERGEANT	DATE
B. SIGNATURE OF COMMANDER OR FIRST SERGEANT	DATE
C. SIGNATURE OF COMMANDER OR FIRST SERGEANT	DATE
D. SIGNATURE OF COMMANDER OR FIRST SERGEANT	DATE

SECTION VII. RECERTIFICATION *(If additional space is needed, continue on bond paper)*

13. I have reviewed this family care and certify they are still current

A. RECERTIFICATION REASON		B. RECERTIFICATION REASON	
SIGNATURE OF MEMBER	DATE	SIGNATURE OF MEMBER	DATE
C. RECERTIFICATION REASON		D. RECERTIFICATION REASON	
SIGNATURE OF MEMBER	DATE	SIGNATURE OF MEMBER	DATE
E. RECERTIFICATION REASON		F. RECERTIFICATION REASON	
SIGNATURE OF MEMBER	DATE	SIGNATURE OF MEMBER	DATE

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397.

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None

DISCLOSURE: Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

PART I - SOLDIER'S FAMILY CARE

INITIALS

- A. I was counseled on _____ (date), and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.
- B. I have made and will maintain arrangements for the care of my family members during all the following:
- | | | |
|--------------------------------|---------------------------|-------------------------|
| 1. Duty | 6. Temporary Duty | 11. Deployment |
| 2. Exercises/field duty | 7. Unit Training Assembly | 12. Other Military Duty |
| 3. Permanent Change of Station | 8. Active Duty Training | 13. Emergencies |
| 4. Alerts | 9. Unaccompanied Tours | 14. Leave/non-duty Time |
| 5. Annual Training | 10. Mobilization | |
- C. I understand the importance of ensuring the proper care for my family members, and ensuring my own readiness and deployability as well. I further understand that in light of the critical nature of both these requirements:
1. Failure to make and maintain adequate family member care arrangements in accordance with the Army's policy is grounds for disciplinary action or separation.
 2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army.
 3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment.
 4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ.
 5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander.
 6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 600-75.
- D. I have made all necessary arrangements (legal, educational, financial, religious, special, etc.) to ensure a smooth, rapid turnover of family member care responsibilities in case this plan is implemented.
- E. I have arranged for necessary travel required to transfer my family members to a designated person. If my principal designee is not in the local area, I have arranged with a nonmilitary person in the local area to assume temporary guardianship of my family members until they are transferred to my principal care designee, or that designee arrives to assume responsibility for their care.
- F. A copy of DA Form 5841 (Power of Attorney) or **equivalent documents** and a copy of DA Form 5840 (Certificate of Acceptance as Guardian or Escort) for each escort or guardian whether temporary or long-term is attached to this plan.
- G. The following additional required documents are completed, included in this plan, and will be put into effect as part of my Family Care Plan.
1. DD Form 1172 (Application for Uniformed Services Identification Card - DEERS Enrollment) for each family member whether they have a currently valid ID card or not.
 2. DD Form 2558 (Authorization to Start, Stop or Change an Allotment) or other proof of financial support for expenses incurred by guardian and family members.
 3. Copies of Letters of Instruction (which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents), outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.
- H. I have thoroughly briefed escorts and guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family members.
- I. I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian (s) and escort(s) I have designated will be both willing and able to carry out the responsibilities of caring for my family members.

PART II - DESIGNATION OF GUARDIANS/ESCORTS

- A. I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort or principal (long-term) guardian.
- | | |
|--|--|
| <p>1. TYPED OR PRINTED NAME</p> | <p>2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)</p> |
| <p>3. TELEPHONE NUMBER (Include Area Code)</p> | <p>2b. E-MAIL ADDRESS</p> |

B. I (We) have designated the following individual(s) as principal long-term guardian(s) for my(our) family member(s). The designated guardian(s) reside in the continental United States or United States territories.

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

C. I (We) have designated the following individual(s) as escort for my(our) family member(s) if evacuation from OCONUS becomes necessary (applies only to persons assigned OCONUS):

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

**PART III - DUAL MILITARY COUPLES ONLY
MILITARY SPOUSE AND COMMANDER CERTIFICATION**

A. **Spouse:** We have made arrangements and will maintain arrangements for the care of our family member(s) in all circumstances required by our commitment to the military and our family.

1. SIGNATURE OF SPOUSE	2. DATE (YYYY/MM/DD)
3. TYPED OR PRINTED NAME OF SPOUSE	

4. Recertification	a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE
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B. **Commander:** I have counseled the military spouse assigned to my unit, reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements.

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF COMMANDER		

5. Recertification	a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE
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PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** I (We) have made arrangements and will maintain arrangements for the care of my(our) family member(s) in all circumstances required by my(our) commitment to the military and my(our) family.

1. SIGNATURE OF SOLDIER	2. DATE (YYYY/MM/DD)
3. TYPED OR PRINTED NAME OF SOLDIER	

4. Recertification	a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE
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B. **Commander:** I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF COMMANDER		

5. Recertification	a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE
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PROVIDED BY STATION VET CLINIC

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 <i>(Last, First, Middle Initial)</i>	2. TELEPHONE NUMBER <i>(Include Area Code)</i>
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3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i>
--

4. ANIMAL			
a. NAME	b. MICROCHIP NUMBER(S)	c. SPECIES	d. SEX
e. AGE	f. WEIGHT	g. PREDOMINANT BREED	h. COLOR(S)

5. VACCINE				
a. PRODUCER <i>(First 3 letters)</i>	b. LOT NUMBER	c. EXPIRATION DATE	d. VIRUS TYPE	e. ADMINISTRATION SITE

6. VACCINATION		7. VETERINARIAN	
a. RABIES TAG NUMBER	b. DATE VACCINATED	a. NAME	b. LICENSE NUMBER
c. VACCINATION DURATION	d. VACCINATION DUE	c. SIGNATURE	

8. FACILITY ADDRESS <i>(Street, City, State, ZIP Code)</i>

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
 - a. **NAME.** Self-explanatory.
 - b. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
 - c. **SPECIES.** Self-explanatory.
 - d. **SEX.** Self-explanatory.
 - e. **AGE.** Self-explanatory.
 - f. **WEIGHT.** Self-explanatory.
 - g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
 - h. **COLOR(S).** Self-explanatory.
5. **VACCINE.**
 - a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
 - b. **LOT NUMBER.** Production lot number of the vaccine used.
 - c. **EXPIRATION DATE.** Expiration date of the vaccine used.
 - d. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - e. **ADMINISTRATION SITE.** Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
6. **VACCINATION.**
 - a. **RABIES TAG NUMBER.** Self-explanatory.
 - b. **DATE VACCINATED.** Self-explanatory.
 - c. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
 - d. **VACCINATION DUE.** Date that next rabies vaccination is due.
7. **VETERINARIAN.**
 - a. **NAME.** Name of the veterinarian responsible for the vaccination.
 - b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. **SIGNATURE.** Self-explanatory.
8. **FACILITY ADDRESS.** Self-explanatory.

PROVIDED BY STATION VET CLINIC

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. 9397 (SSN).

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.

1. OWNER'S NAME <i>(Last, First, Middle Initial)</i>	2. TELEPHONE NUMBER <i>(Include Area Code)</i>
--	--

3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i>

4. ANIMAL				
a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED		h. COLOR(S)	

5. RABIES IMMUNIZATION DATA				
a. PRODUCER <i>(First 3 letters)</i>	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION

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 rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS <i>(Street, City, State, ZIP Code)</i>
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7. VETERINARIAN	
a. NAME	b. LICENSE NUMBER
c. SIGNATURE	d. DATE (YYYYMMDD)

PROVIDED BY STATION VET CLINIC

INSTRUCTIONS

The following specific instructions apply to the items on the DD Form 2209:

- 1. OWNER'S NAME** - Self-explanatory.
- 2. TELEPHONE NUMBER** - Self-explanatory.
- 3. ADDRESS** - Self-explanatory.
- 4. ANIMAL** - Enter animal's data:
 - a. NAME - Self-explanatory.
 - b. SPECIES - Self-explanatory.
 - c. SEX - Self-explanatory; indicate if spayed or neutered.
 - d. AGE - Self-explanatory.
 - e. WEIGHT - Self-explanatory.
 - f. MICROCHIP NUMBER(S) - List all scannable microchips implanted in this animal.
 - g. PREDOMINANT BREED - List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S) - Self-explanatory.
- 5. RABIES IMMUNIZATION DATA** - Information derived from valid Rabies Vaccination Certificate for described animal:
 - a. PRODUCER - The first three letters of the company name of the company that produced the vaccine.
 - b. LOT NUMBER - Production lot number of the vaccine used.
 - c. VIRUS TYPE - Virus type of the vaccine used (*e.g., killed, modified live, recombinant*).
 - d. DATE VACCINATED - Self-explanatory.
 - e. VACCINATION DURATION - Length of time in years that the vaccination is valid for.
- 6. FACILITY ADDRESS** - Self-explanatory.
- 7. VETERINARIAN** - Enter veterinarian's data:
 - a. NAME - Name of the veterinarian performing the examination and verifying the rabies vaccination information.
 - b. LICENSE NUMBER - Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. SIGNATURE - Self-explanatory.
 - d. DATE - Self-explanatory.

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN _____ ANIMAL NAME _____

UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____

HOME OF RECORD PHONE _____

ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____

MALE _____ FEMALE _____ COLOR(S) _____ MARKINGS _____

MICROCHIP # _____ DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE

MEDICATION _____ Times a day 1 2 3 4

MEDICATION _____ Times a day 1 2 3 4

MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS



ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN _____ ANIMAL NAME _____

UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____

HOME OF RECORD PHONE _____

ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____

MALE _____ FEMALE _____ COLOR(S) _____ MARKINGS _____

MICROCHIP # _____ DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE

MEDICATION _____ Times a day 1 2 3 4

MEDICATION _____ Times a day 1 2 3 4

MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS