

# 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: |                     |
| <b>Documents for EEP Packet</b>                                     |  |                             |                 |                        |                  |                     |
| <b>SECTION 1: Administration and Reference</b>                      |  |                             |                 | 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  |                             |                 |                        |                  |                     |
| <b>SECTION 2: Identification</b>                                    |  |                             |                 | 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)  |                             |                 |                        |                  |                     |
| <b>SECTION 3: Evacuation and Finance Orders/Forms</b>               |  |                             |                 | 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   |                             |                 |                        |                  |                     |
| <b>SECTION 4: Vehicle, Residence and Household Goods Forms</b>      |  |                             |                 | 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)   |                             |                 |                        |                  |                     |
| <b>SECTION 5: Family and Pets</b>                                   |  |                             |                 | 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)  |                             |                 |                        |                  |                     |
| <b>SECTION 6: (Not required) Other Important Personal Documents</b> |  |                             |                 | 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



## EMERGENCY EVACUATION PROGRAM (EEP) Packet

### 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.



## EMERGENCY EVACUATION PROGRAM (EEP) Packet

### SECTION 2 - Identification

|                            | DOCUMENT NAME                            | PURPOSE/NOTES   |
|----------------------------|--|---|
| 1 <input type="checkbox"/> | ** USFJ Form 178-R:<br>EEP/NEO Data Card | Complete this form and turn in to your organization EEP Warden.<br>(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<br>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<br>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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## EMERGENCY EVACUATION PROGRAM (EEP) Packet

### 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:<br>(Civilian Personnel)<br>Authorization for Emergency Evacuation Advance & Allotment Payments | (DoD Civilian Employees & family members)<br>This form will help you expedite emergency pay and allowances if needed.  |
| 5 <input type="checkbox"/> | * DD Form 1337:<br>(Military Personnel)<br>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<br>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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## EMERGENCY EVACUATION PROGRAM (EEP) Packet

### 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)                                     |

**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.




To prepare your family for an emergency, assemble one or more emergency kits that include enough supplies for at least three days. Think of items that have multiple uses and are long lasting. Keep a kit prepared at home and consider also having kits in your car, at work, and a portable version in your home ready to take with you. These kits will enable you and your family to respond to an emergency more quickly. Your emergency kits will be useful whether you have to shelter in place or evacuate.

## What to Put in Your Basic Home Kit

- **Necessary**

- ☐ Water—at least one gallon per person per day for at least three days
- ☐ Food—nonperishable food for at least three days; select items that require no cooking, preparation, or refrigeration such as high energy foods and ready-to-eat canned meat, vegetables, fruit
- ☐ Manual can opener (if the food is canned), preferably on a multi-tool
- ☐ Reusable plates, cups, utensils, saucepan (a metal bowl can double as a cup or plate)
- ☐ First aid kit
- ☐ Prescription medications and medical equipment/care aids
- ☐ N95- or N100-rated dust masks
- ☐ Personal sanitation supplies, such as moist towelettes, garbage bags and plastic ties
- ☐ Hand-crank or battery operated flashlight
- ☐ Hand-crank radio or battery operated cell phone charger
- ☐ All-hazards NOAA (National Oceanic and Atmospheric Administration) weather radio
- ☐ Extra batteries at the size required
- ☐ Brightly colored plastic poncho (can be used as shelter, clothing or a marker)
- ☐ Weather appropriate clothing to keep your family warm and dry
- ☐ Cash in the local currency
- ☐ Any tools needed for turning off utilities
- ☐ Local maps and your family emergency plan
- ☐ Important documents, including will, medical and financial power of attorney, property documents, medical instructions
- ☐ Emergency preparedness handbook
- ☐ Your command reporting information – know the Army Disaster Personnel Accountability and Assessment System (ADPAAS)

- **Additional considerations**

- ☐ Infant formula and diapers if you have young children
  - ☐ Pets supplies, including food, water, medication, leash, travel case and documents
  - ☐ Sleeping bag or other weather-appropriate bedding for each person
  - ☐ Disinfectant
  - ☐ Matches or flint in a waterproof container
  - ☐ Coats, jackets and rain gear
  - ☐ Fire extinguisher
  - ☐ Paper and pencil
  - ☐ Books, games, puzzles, toys and other activities for children
  - ☐ Any items necessary for a specific type of disaster
- 
- A photograph showing various emergency supplies. In the foreground, there is a black lantern with a silver handle, a red thermos, a white water bottle, a black water bottle, a green water bottle, and a small first aid kit. In the background, a red sleeping bag is visible. The items are arranged on a white surface.



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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***

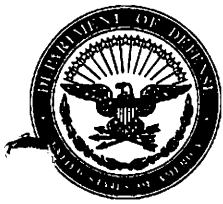
- Routinely evaluate your kits and their relevance to the threats in your area.
- Throw away and replace any expired or damaged medications, food or water.

### ***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](http://www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/get-a-kit)
- Ready Army—[www.ready.army.mil](http://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



EXAMPLE EXAMPLE EXAMPLE

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:**

| Rank | Name            | Phone    | Email                       |
|------|-----------------|----------|-----------------------------|
| LT   | German, Jeovani | 253-4135 | jeovani.german@usmc.mil     |
| ENS  | Kalani, Aaron   | 253-4556 | aaron.m.kalani.mil@usmc.mil |

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

| Rank  | Name             | Phone    | Email                          |
|-------|------------------|----------|--------------------------------|
| GySgt | Dempsey, Jason   | 253-4864 | jason.dempsey.mil@usmc.mil     |
| SSgt  | Goodson, Antonio | 253-3060 | antonio.e.goodson.mil@usmc.mil |
| SSgt  | Dube, Mitchell   |          | mitchell.dube@usmc.mil         |
|       |                  |          |                                |
|       |                  |          |                                |

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



EXAMPLE EXAMPLE EXAMPLE

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

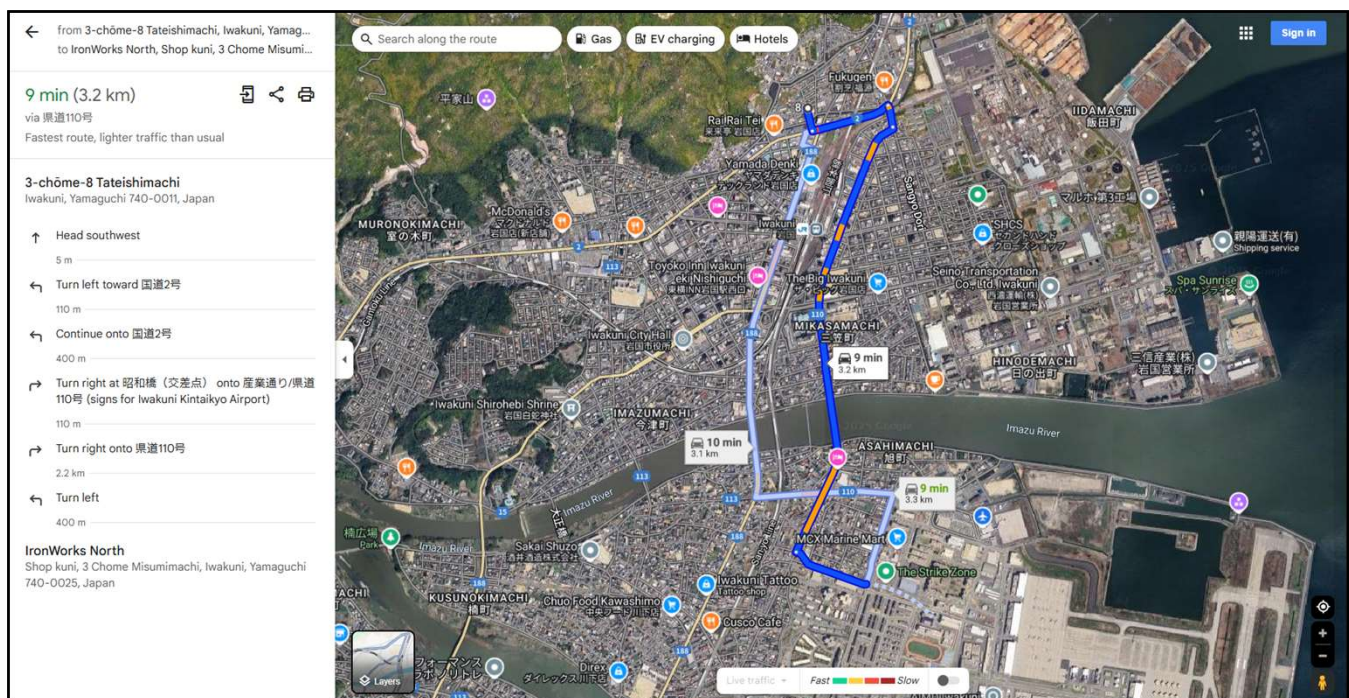
### Picture of Residence

### 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

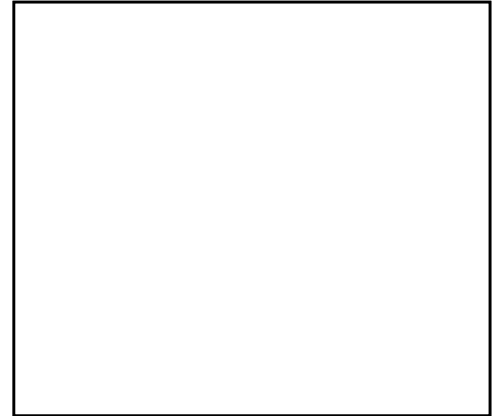
Notes: Develop map from personal residence to the Emergency Control Center (ECC) at the MCAS Iwakuni North Side Gym. Use of Google Maps Screenshot with additional pictures and information as required.

Name: \_\_\_\_\_

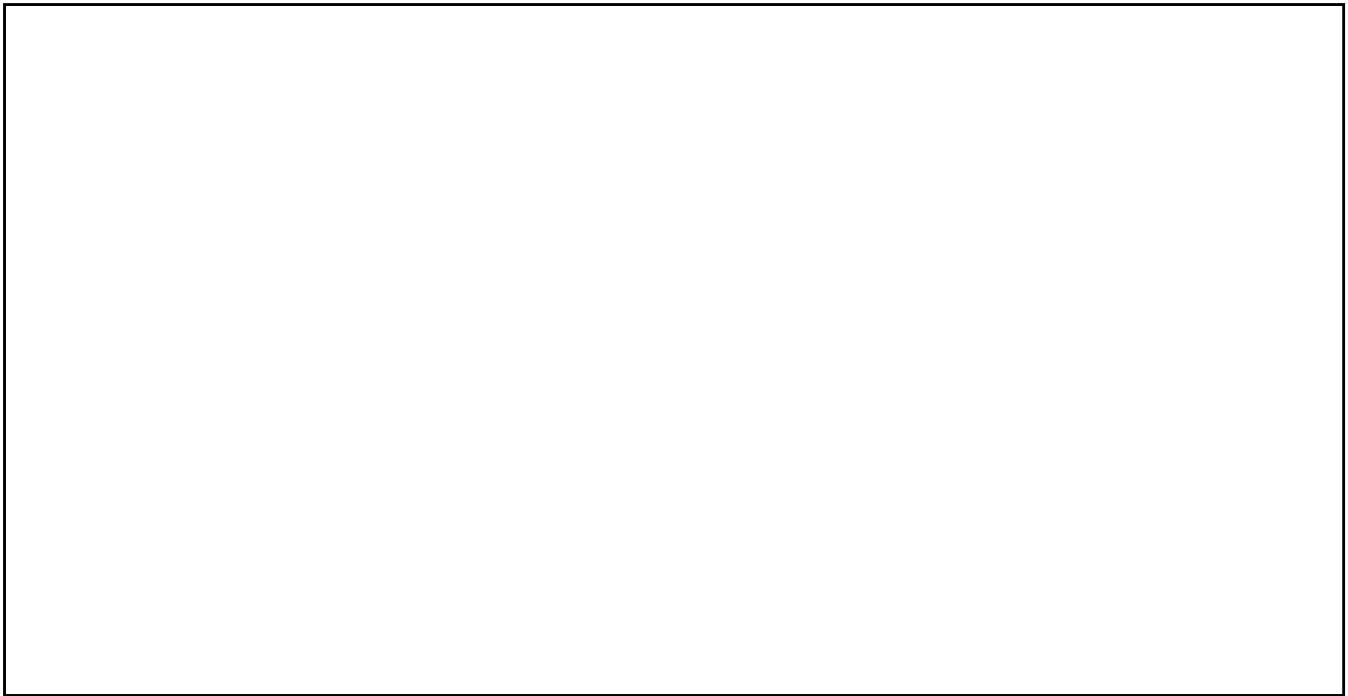
Address: \_\_\_\_\_

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.



(USFJ FORM 178-R)

### PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5, United States Code, Section 3012; 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 2<sup>nd</sup> Line fill in the ordered Safe Haven location. On the 3<sup>rd</sup> 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.

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

## 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*)☐**MALE**☐**FEMALE****12. SOCIAL SECURITY NUMBER****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  |  |
|---|-------------------------------|---|---|--|--|
| <b>CLASSIFICATION NUMBER</b><br><b>1a</b> DoD: Service Member<br><b>b</b> DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent)<br><b>c</b> DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent)<br><b>2a</b> DoD: Civilian Employee WITH Transportation Agreement<br><b>b</b> DoD: Dependent of Civilian Employee WITH Transportation Agreement<br><b>c</b> DoD: Civilian Employee WITHOUT Transportation Agreement<br><b>d</b> DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement<br><b>3a</b> Non-DoD U.S. Government (USG): Employee<br><b>b</b> Non-DoD USG: Employee Dependent and/or Family Member<br><b>4</b> Citizen Residing Abroad (Child, Student, Private Business)<br><b>5</b> Tourist<br><b>6</b> Citizen on Business-Related Travel<br><b>7</b> U.S. Government Contractor |                               | <b>CLASSIFICATION NUMBER</b><br><b>8</b> Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen)<br><b>9</b> Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date)<br><b>10</b> Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.)<br><b>11</b> Non-U.S. Civilian Employee (Works for U.S. Government)<br><b>12</b> Citizen of Country Other Than U.S.<br><b>13</b> Other, None of the Above ( <i>Specify</i> ) |   | <b>AGENCY CODE</b><br><b>A</b> Army<br><b>N</b> Navy<br><b>F</b> Air Force<br><b>M</b> Marine Corps<br><b>G</b> Coast Guard<br><b>D</b> DoD Agency<br><b>O</b> Other U.S. Government Agency<br><b>X</b> Not Applicable |  |
| <b>16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)  |                               |   | <b>17. NUMBER OF FAMILY MEMBERS WITH YOU</b>  |  |  |
| <b>a. CLASSIFICATION NUMBER</b>   |                               | <b>b. AGENCY CODE</b>   |   | <input type="text"/> <b>ADULTS</b><br>(Include yourself)   | <input type="text"/> <b>CHILDREN</b><br>(Include all children) |
| <b>c. CLASSIFICATION NUMBER</b>   |                               |   | <b>d. AGENCY CODE</b>   |  |  |
| <b>e. CLASSIFICATION NUMBER</b>   |                               |   | <b>f. AGENCY CODE</b>   |  |  |
| <b>19. EMERGENCY CONTACT IN U.S.</b><br>(For person named in Item 6 above)  |                               |   | <b>18. NUMBER OF ANIMALS WITH YOU</b> (If applicable)                                   |  |  |
| <b>a. NAME</b> (Last, First, Middle Initial)  |                               |   | <b>b. ADDRESS</b> (Street, City, State/Country, ZIP Code)                               |  |  |
| <b>c. HOME TELEPHONE NUMBER</b><br>(Include Area Code)  |                               | <b>d. WORK TELEPHONE NUMBER</b><br>(Include Area Code)  |   | <input type="text"/> <b>DOGS</b>   | <input type="text"/> <b>CATS</b>                               |
|   |                               |   |   | <input type="text"/> <b>BIRDS</b>  | <input type="text"/> <b>OTHER</b>                              |
| <b>20. FINAL DESTINATION AND NAME OF POINT OF CONTACT</b> (If applicable)<br>(If same as Item 19, enter "SAME")   |                               |   |   |  |  |
| <b>a. NAME</b> (Last, First, Middle Initial)  |                               |   | <b>b. ADDRESS</b> (Street, City, State/Country, ZIP Code)                               |  |  |
| <b>c. HOME TELEPHONE NUMBER</b><br>(Include Area Code)  |                               | <b>d. WORK TELEPHONE NUMBER</b><br>(Include Area Code)  |   |  |  |
| <b>21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS</b><br>(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)  |                               |   |   |  |  |
| <b>a. BRANCH OF SERVICE/DOD AGENCY</b> (X one)  |                               |   |   |  |  |
| <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>b. NAME OF SPONSOR</b> (Remaining in Country) (Last, First, Middle Initial)  |                               |   | <b>c. SSN</b>   |  | <b>d. RANK/GRADE</b>   |
| <b>e. ORGANIZATION/ADDRESS AND MAJOR COMMAND</b> (Include APO#/FPO#)  |                               |   |   |  |  |
| <b>22. ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)</b><br>(Complete if applicable)  |                               |   |   |  |  |
| <b>a. NAME OF ESCORT</b> (Last, First, Middle Initial)  |                               |   | <b>b. ADDRESS</b> (Final Destination of Escort) (Street, City, State/Country, ZIP Code) |  |  |
| <b>c. HOME TELEPHONE NUMBER</b><br>(Final Destination of Escort)<br>(Include Area Code)   |                               | <b>d. WORK TELEPHONE NUMBER</b><br>(Escort) (Include Area Code)   |   |  |  |

### 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><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                  | (5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i><br><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)<br><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><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                  | (5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i><br><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)<br><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><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                  | (5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i><br><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)<br><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><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                  | (5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i><br><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)<br><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 *(Indicate language)*

OTHER *(Specify)*

26. ADDITIONAL REMARKS

**STOP HERE.**

**SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER  
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK 

**28. SERVICES PROVIDED BY DHHS**

| (1) SERVICES                      | (2) COSTS |                        | (3) TOTAL |
|-----------------------------------|-----------|------------------------|-----------|
| a. ONWARD TRANSPORTATION          | PERSONS   | DOLLARS                |           |
|                                   | X         | =                      |           |
|                                   | PERSONS   | DOLLARS                |           |
|                                   | X         | =                      |           |
| b. TEMPORARY LODGING AND PER DIEM | PERSONS   | DOLLARS                |           |
|                                   | X         | =                      |           |
| c. MISCELLANEOUS <i>(Specify)</i> | PERSONS   | DOLLARS                |           |
|                                   | X         | =                      |           |
|                                   |           | =                      |           |
|                                   |           | =                      |           |
|                                   |           | =                      |           |
|                                   |           | =                      |           |
|                                   |           | <b>29. TOTAL COSTS</b> | =         |

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* 

YES

NO

31. ADDITIONAL REMARKS

**SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER  
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

|  | <i>(X one)</i>                                  |    |
|--|---|----|
|  | YES   | NO |
| 32. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?   |   |    |
| 33. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM? |   |    |
| 34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? <i>(Agreement must be attached to file.)</i>   |   |    |
| 35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?  |   |    |
| 36. NAME OF INTERVIEWER <i>(Last, First, Middle Initial)</i>   | 37. TELEPHONE NUMBER <i>(Include Area Code)</i> |    |

**SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL -  
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

38. IF NO SERVICES WERE PROVIDED, X THIS BLOCK 

39. SERVICES PROVIDED (*X as applicable*)

40. COSTS

|  |  |      |
|--|--|------|
| a. TRANSPORTATION                        | a. TRANSPORTATION                      |      |
| b. FINANCIAL ( <i>Advance per diem</i> ) | b. FINANCIAL ( <i>Amount paid</i> )    |      |
|  | VOUCHER NUMBER ( <i>for per diem</i> ) |      |
| c. AMERICAN RED CROSS (ARC)              | c. AMERICAN RED CROSS (ARC)            |      |
| d. HOUSING                               | 41. TOTAL COST                         | 0.00 |
| e. MEDICAL/OTHER                         |  |      |
| f. LEGAL SERVICES                        |  |      |
| g. CHAPLAIN ASSISTANCE                   |  |      |
| h. FAMILY CENTER ASSISTANCE              |  |      |

**SECTION VII - EXIT INFORMATION -  
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

|   |   |  |  |
|---|---|--|--|
| 42. EXIT FROM PROCESSING CENTER<br>DATE ( <i>YYYYMMDD</i> ) | 43. EXIT FROM PROCESSING<br>CENTER TIME ( <i>Military</i> ) | 44. DESTINATION ( <i>City, State, Country</i> )      |  |
| 45. TRANSPORTATION CARRIER(S)                               |   | 46.a. ETA AT DESTINATION<br>( <i>Military Time</i> ) | b. DATE OF ARRIVAL AT<br>DESTINATION ( <i>YYYYMMDD</i> ) |

47. ADDITIONAL REMARKS

# 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.

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

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

| a. NAME | b. DATE OF BIRTH<br><i>(YYYYMMDD)</i> | a. NAME | b. DATE OF BIRTH<br><i>(YYYYMMDD)</i> |
|---------|---------------------------------------|---------|---------------------------------------|
|         |                                       |         |                                       |
|         |                                       |         |                                       |
|         |                                       |         |                                       |

**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:

|  |  |
|--|--|
| <b>a. EVACUATION SUBSISTENCE ALLOWANCE:</b> \$ _____ | <b>b. EVACUATION TRAVEL AND TRANSPORTATION:</b> \$ _____ |
|--|--|

**17. EMPLOYEE**

|                     |   |
|---------------------|---|
| <b>a. SIGNATURE</b> | <b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i> |
|---------------------|---|

**18. DEPENDENT OR DESIGNATED REPRESENTATIVE**

|                     |   |
|---------------------|---|
| <b>a. SIGNATURE</b> | <b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i> |
|---------------------|---|

**19. AUTHORIZED OFFICIAL**

|                      |   |
|----------------------|---|
| <b>a. TYPED NAME</b> | <b>b. TITLE</b>                         |
| <b>c. SIGNATURE</b>  | <b>d. DATE SIGNED</b> <i>(YYYYMMDD)</i> |

**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.

|                     |   |
|---------------------|---|
| <b>a. SIGNATURE</b> | <b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i> |
|---------------------|---|

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

| a. DATE<br><i>(YYYYMMDD)</i> | b. PAID BY (ADSN) | c. VOUCHER NO. | d. TYPE OF PAYMENT | e. AMOUNT |
|------------------------------|-------------------|----------------|--------------------|-----------|
|                              |                   |                |                    |           |

**AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES***(Read Privacy Act Statement on back before completing form)*

|   |                        |                  |
|---|------------------------|------------------|
| 1. MEMBER (Last Name, First Name, Middle Initial) | 2. GRADE, RATE OR RANK | 3. DoD ID NUMBER |
|---|------------------------|------------------|

|                                     |
|-------------------------------------|
| 4. MEMBER'S STATION OR ORGANIZATION |
|-------------------------------------|

|   |                 |
|---|-----------------|
| 5.A. PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name) | B. RELATIONSHIP |
|---|-----------------|

**6. DEPENDENTS OTHER THAN PRIMARY**

| A. NAME<br>(Last Name, First Name, Middle Initial) | B. DATE OF BIRTH<br>(YYYYMMDD) | C. RELATIONSHIP | A. NAME<br>(Last Name, First Name, Middle Initial) | B. DATE OF BIRTH<br>(YYYYMMDD) | C. RELATIONSHIP |
|--|--------------------------------|-----------------|--|--------------------------------|-----------------|
| (1)  |                                |                 | (5)  |                                |                 |
| (2)  |                                |                 | (6)  |                                |                 |
| (3)  |                                |                 | (7)  |                                |                 |
| (4)  |                                |                 | (8)  |                                |                 |

**7. PAYMENT DESIGNATION**

☐ **A. ADVANCE OF PAY - MAXIMUM AMOUNT**  
I hereby authorize an advance of basic pay, as indicated above, to be paid to my above named dependent or representative, in the event of an emergency declared by proper authority. I understand that any amount of my basic pay paid to my dependent or representative will be deducted from pay and allowances due me.

☐ **B. EVACUATION ALLOWANCE** (Designated dependent or representative)

☐ **C. EVACUATION DISLOCATION ALLOWANCE** (Designated dependent or representative)  
I hereby designate the above named individual to receive the payment checked in the event of an evacuation ordered or approved by competent authority.

|                       |                        |
|-----------------------|------------------------|
| D. DATE<br>(YYYYMMDD) | E. SIGNATURE OF MEMBER |
|-----------------------|------------------------|

|  |
|--|
| F. SIGNATURE OF PRIMARY DEPENDENT (or designated representative for minor dependent) |
|--|

|                       |  |  |
|-----------------------|--|--|
| G. DATE<br>(YYYYMMDD) | H. NAME OF AUTHENTICATING OFFICIAL(S)      | I. TITLE OF AUTHENTICATING OFFICIAL(S) |
|                       | J. SIGNATURE OF AUTHENTICATING OFFICIAL(S) |  |

**8. RECORD OF PAYMENTS**

| A. DATE<br>(YYYYMMDD) | B. DISBURSING OFFICER | C. SYMBOL NUMBER | D. PAYROLL NO. OR VOUCHER NO. | E. TYPE OF PAYMENT<br>(Advance of Pay - Dislocation Allowance - Evacuation Allowance) | F. AMOUNT PAID |
|-----------------------|-----------------------|------------------|-------------------------------|---|----------------|
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |
|                       |                       |                  |                               |   |                |

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

# OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)

☐ Individual (#5) ☐ Entire Family (#5) ☐ Business (#6)

2. Is This Move Temporary?

☐ Yes ☐ No

3. Start Date:  
(ex. 02/27/14)

4. TEMPORARY move, print date to  
discontinue forwarding: (ex. 03/27/14)

5a. LAST  
Name &  
Jr./Sr./etc.

5b. FIRST  
Name  
and MI

MOUSE  
MICKY

6. If BUSINESS  
Move, Print  
Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD  
Mailing  
Address

518 Crestview Dr

7a. OLD  
APT or  
Suite

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

7c. OLD  
CITY

Beverly Hills

7d.  
State

7e.  
ZIP

CA 90210

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW  
Mailing  
Address

Moved Left NO Forwarding

8a. NEW  
APT/Ste  
or PMB

Address

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

8c. NEW  
CITY

8d.  
State

8e.  
ZIP

9. Print and Sign Name (see conditions on reverse)

Print:

Sign:

10. Date  
Signed:

(ex. 01/27/14)

OFFICIAL USE ONLY

## OFFICIAL USE ONLY

Zone/Route ID No.

Date Entered on Form 3982  
M M D D Y Y

Expiration Date  
M M D D Y Y

Clerk/Carrier Endorsement



**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<br><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)<br>and Place of Birth | Relationship to Principal | Nationality<br>(Specify) | Minor<br>(Yes/No) | Medical<br>(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.)

## 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<br>(DD-MMM-YYYY)  | 6. Place of Birth  | 7. Identity Document<br>Issuing Country<br>Passport Number<br>or National ID No. |                   | 8. Sex<br><input type="checkbox"/> Male<br><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   |                                    |  |  |                   |   |
| <b>13. Verifiable Billing Address at Final Destination in United States or other Permanent Address (<i>Not a Post Office Box</i>) (<i>Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members</i>)</b> |                                    |  |  |                   |   |
| 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 |   |
| <b>22. Emergency Contact (<i>Do not list someone traveling with you</i>)</b>  |                                    |  |  |                   |   |
| 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   |                                    |  |  |                   |   |
| <b>34. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, list below. <input type="checkbox"/> Check here if none</b>  |                                    |  |  |                   |   |
| 35. Last Name ( <i>Print Clearly</i> )  |                                    | 36. First Name   |  | 37. Middle Name   |   |
| 38. Social Security Number  | 39. Date of Birth<br>(DD-MMM-YYYY) | 40. Place of Birth   | 41. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No.   |                   | 42. Sex<br><input type="checkbox"/> Male<br><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<br>(DD-MMM-YYYY) | 49. Place of Birth   | 50. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No.   |                   | 51. Sex<br><input type="checkbox"/> Male<br><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<br><i>(DD-MMM-YYYY)</i> | 58. Place of Birth | 59. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No. |                 | 60. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| 62. Last Name <i>(Print Clearly)</i>  |   | 63. First Name     |  | 64. Middle Name |   |
| 65. Social Security Number  | 66. Date of Birth<br><i>(DD-MMM-YYYY)</i> | 67. Place of Birth | 68. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No. |                 | 69. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| 71. Last Name <i>(Print Clearly)</i>  |   | 72. First Name     |  | 73. Middle Name |   |
| 74. Social Security Number  | 75. Date of Birth<br><i>(DD-MMM-YYYY)</i> | 76. Place of Birth | 77. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No. |                 | 78. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| 80. Last Name <i>(Print Clearly)</i>  |   | 81. First Name     |  | 82. Middle Name |   |
| 83. Social Security Number  | 84. Date of Birth<br><i>(DD-MMM-YYYY)</i> | 85. Place of Birth | 86. Identity Document<br>Issuing Country<br>Passport No.<br>or National ID No. |                 | 87. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| <b>89. PART 2 - Promissory Note and Repayment Agreement <i>(FOR ALL EVACUEES, including Third Party Contractors. Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members.)</i></b>  |   |                    |  |                 |   |
| <p>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.</p> <p>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.</p> <p>3. I understand that:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.</p> <p>(f) I will be liable to pay any costs for collection.</p> <p>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.)</p> <p>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.</p> |   |                    |  |                 |   |
| <b>90. Signature Block for Applicant <i>(Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)</i></b>   |   |                    |  |                 |   |
| <p>I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. <b>I understand that refusal to sign does not relieve me of my debt if the persons listed used the transport.</b></p> <p>91. Full Name Printed _____</p> <p>92. Signature _____ 93. Date <i>(DD-MMM-YYYY)</i> _____</p>   |   |                    |  |                 |   |

**PART 3 - CONSULAR NOTES - For Official Use Only**

- ☐ No Signature of Loan Recipient - Minor
 ☐ No Social Security Number  
☐ No Signature of Loan Recipient - Incapacitated/Incompetent Adult
 ☐ Escort of the Primary Applicant *(No Familial Relationship)*  
☐ Loan Includes Temporary Subsistence Associated with Evacuation
 ☐ 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.<br>PER<br>PC. | NO<br>OF<br>PCS | CU<br>FT. | ARTICLE                   | CU<br>FT.<br>PER<br>PC. | NO<br>OF<br>PCS | CU<br>FT. | ARTICLE                                | CU FT.<br>PER<br>PC. | NO<br>OF<br>PCS | CU.<br>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                    |                 |           |                           |                         |                 |           | Chairs, folding                        | 2                    |                 |            |
| Magazine rack                     | 2                    |                 |           |                           |                         |                 |           | Clothes hamper                         | 5                    |                 |            |
| Organ, electric                   | 60                   |                 |           | APPLIANCES (Large)        |                         |                 |           | Cot, folding                           | 3                    |                 |            |
| Piano, baby grand or upright      | 70                   |                 |           | Air conditioner, window   | 30                      |                 |           | Golf bag                               | 2                    |                 |            |
| Parlor grand                      | 80                   |                 |           | Dehumidifier              | 10                      |                 |           | Golf cart/go cart                      | 3                    |                 |            |
| Spinet                            | 60                   |                 |           | Dishwasher                | 20                      |                 |           | Fan                                    | 5                    |                 |            |
| Radio, table or phonograph        | 2                    |                 |           | Dryer, electric or gas    | 25                      |                 |           | Fernery or plant stand                 | 0                    |                 |            |
| Sectional, 2, 3, 4 piece          | 50                   |                 |           | Freezer: (Cubic capacity) | 0                       |                 |           | Foot locker                            | 0                    |                 |            |
| Stereo, Hi Fi                     | 10                   |                 |           | 10 or less                | 30                      |                 |           | Heater, gar or electric                | 5                    |                 |            |
| Studio couch                      | 50                   |                 |           | 11 to 15                  | 45                      |                 |           | Incinerator                            | 10                   |                 |            |
| Tables, drop leaf or occasional   | 12                   |                 |           | 16 and over               | 60                      |                 |           | Linens, cartons                        | 5                    |                 |            |
| Tables, coffee, end or nest       | 5                    |                 |           | Mangle                    | 12                      |                 |           | Mirrors                                | 0                    |                 |            |
| Table, library                    | 20                   |                 |           | Range, electric           | 30                      |                 |           | Pictures                               | 0                    |                 |            |
| Telephone stand and chair         | 5                    |                 |           | Refrigerator (cubic cap.) | 0                       |                 |           | Power tools                            | 0                    |                 |            |
| Television combination/color      | 25                   |                 |           | 6 cu. ft. or less         | 30                      |                 |           | Rollaway bed                           | 20                   |                 |            |
| Television, table model/color     | 10                   |                 |           | 7 to 10 cu. ft.           | 45                      |                 |           | Rugs, large roll or pad                | 0                    |                 |            |
|                                   |                      |                 |           | 11 cu. ft. and over       | 60                      |                 |           | Rugs, small roll or pad                | 0                    |                 |            |
| DINING ROOM                       |                      |                 |           | Vacuum cleaner            | 0                       |                 |           | Sewing cabinet                         | 2                    |                 |            |
| Barrel, dishes                    | 15                   |                 |           | Washing machine           | 0                       |                 |           | Sewing machine                         | 10                   |                 |            |
| Buffet                            | 30                   |                 |           | Washer/dryer combination  | 0                       |                 |           | Shop smith                             | 0                    |                 |            |
| Chair, arm                        | 8                    |                 |           |                           |                         |                 |           | Sled                                   | 2                    |                 |            |
| Chair, straight                   | 5                    |                 |           |                           |                         |                 |           | Table, card                            | 1                    |                 |            |
| China closet                      | 25                   |                 |           | PORCH, OUTDOOR            |                         |                 |           | Tricycle                               | 5                    |                 |            |
| Server                            | 15                   |                 |           | FURNITURE & EQUIPMENT     |                         |                 |           | Trunk, steamer                         | 10                   |                 |            |
| Table, dinette                    | 15                   |                 |           | bar                       | 15                      |                 |           | Trunk, wardrobe                        | 15                   |                 |            |
| Table, extension                  | 30                   |                 |           | Bar stools                | 3                       |                 |           | TV trays                               | 2                    |                 |            |
|                                   |                      |                 |           | Bird bath                 | 5                       |                 |           | Typewriter                             | 2                    |                 |            |
|                                   |                      |                 |           | Chair, porch              | 10                      |                 |           |  |                      |                 |            |
|                                   |                      |                 |           | Chair, lawn               | 5                       |                 |           | OTHER ITEMS                            |                      |                 |            |
| BEDROOM                           |                      |                 |           | Fireplace equipment       | 5                       |                 |           |  | 0                    |                 |            |
| Bed, include. spring and mattress | 0                    |                 |           | Garden hose               | 5                       |                 |           |  | 0                    |                 |            |
| Double                            | 60                   |                 |           | Glider                    | 20                      |                 |           |  | 0                    |                 |            |
| Single or Hollywood               | 40                   |                 |           | Grill, barbecue, portable | 10                      |                 |           |  | 0                    |                 |            |
| Bunk (set of 2)                   | 70                   |                 |           | Gym, outdoor child's      | 20                      |                 |           |  | 0                    |                 |            |
| King size/Queen size              | 70                   |                 |           | Ladder, extension         | 10                      |                 |           |  | 0                    |                 |            |
| Cartons, clothes                  | 10                   |                 |           | Lawn mower (hand)         | 5                       |                 |           |  | 0                    |                 |            |
| Chair, boudoir                    | 10                   |                 |           | Mower, power              | 15                      |                 |           |  | 0                    |                 |            |
| Chair, straight or rocker         | 5                    |                 |           | Picnic table              | 20                      |                 |           |  | 0                    |                 |            |
| Chaise lounge                     | 25                   |                 |           | Picnic bench              | 5                       |                 |           |  | 0                    |                 |            |
| Chest, cedar                      | 15                   |                 |           | Rack, outdoor dryer       | 5                       |                 |           |  | 0                    |                 |            |
| Dresser, bureau, chest of         |                      |                 |           | Rocker, swing             | 15                      |                 |           |  |                      |                 |            |
| drawers, chifrb. or chifnr.       | 25                   |                 |           | Sandbox                   | 10                      |                 |           | CONTAINERS PREPACKED                   |                      |                 |            |
| Dresser bench                     | 3                    |                 |           | Settee                    | 20                      |                 |           | BY OWNER, e.g.,                        |                      |                 |            |
| Dresser, double, triple           | 50                   |                 |           | Slide, outdoors, child's  | 10                      |                 |           | Footlockers or Trunks                  | 0                    |                 |            |
| Lamps, floor, table               | 3                    |                 |           | Swings, outdoor porch     | 30                      |                 |           |  | 0                    |                 |            |
| Table, night                      | 5                    |                 |           | Table                     | 10                      |                 |           |  | 0                    |                 |            |
| Wardrobe, small                   | 20                   |                 |           | TV antenna                | 5                       |                 |           |  | 0                    |                 |            |
| Wardrobe, large                   | 40                   |                 |           | Tool chest                | 10                      |                 |           |  | 0                    |                 |            |
| Wardrobe, carton                  | 10                   |                 |           | Umbrella                  | 5                       |                 |           |  | 0                    |                 |            |
|                                   |                      |                 |           | Wheelbarrow               | 3                       |                 |           |  |                      |                 |            |
| CHILDRENS ROOM                    |                      |                 |           |                           |                         |                 |           | Subtotal Column 3                      | 180                  |                 |            |
| Bathinette                        | 5                    |                 |           |                           |                         |                 |           |  |                      |                 |            |
| Bed, youth                        | 30                   |                 |           |                           |                         |                 |           | TOTAL Column 1                         | 1460                 |                 |            |
| cartons, clothes                  | 10                   |                 |           | PROFESSIONAL ITEMS        |                         |                 |           | TOTAL Column 2                         | 793                  |                 |            |
| Chair, child's                    | 3                    |                 |           | Clothing, specialized     | 0                       |                 |           | TOTAL Column 3                         | 180                  |                 |            |
| Chair, high                       | 5                    |                 |           | Instruments               | 0                       |                 |           |  |                      |                 |            |
| Chair, rocker                     | 3                    |                 |           | MARS equipment            | 0                       |                 |           | GRAND TOTAL                            | 2433                 |                 |            |
| Subtotal Column 1                 | 1460                 |                 |           | Subtotal Column 2         | 793                     |                 |           | Summary 0 cu. ft. @ 7 lbs. per cu. ft. |                      |                 | 0<br>lbs.  |
|                                   |                      |                 |           |                           |                         |                 |           | Estimated Total Weight                 |                      |                 | 0<br>lbs.  |

| APPLIANCES TO BE SERVICED   |       |                     |
|---|-------|---------------------|
| TYPE<br>(Place "X" in applicable boxes)   | MAKE  | YEAR                |
| CLOTHES DRYER<br>GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>   |       |                     |
| WASHING MACHINE<br>AUTOMATIC <input type="checkbox"/> NON AUTOMATIC <input type="checkbox"/>  |       |                     |
| IRONER <input type="checkbox"/><br>MANGLE <input type="checkbox"/>  |       |                     |
| FREEZER<br>CHEST <input type="checkbox"/> UPRIGHT <input type="checkbox"/>  |       |                     |
| REFRIGERATOR<br>GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/><br>SINGLE DOOR <input type="checkbox"/> DOUBLE DOOR <input type="checkbox"/>   |       |                     |
| TELEVISION<br>TABLE <input type="checkbox"/> PORTABLE <input type="checkbox"/><br>CONSOLE <input type="checkbox"/>  |       |                     |
| STOVE<br>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   |       |                     |
|   |       |                     |

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY</b><br><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><br><i>(If a mobile home park, include mobile home court name)</i>   |   |   | a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i><br><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)

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---

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### **Appliances Off/Unplugged**

Yes ☐ No ☐

### **Special Instructions**

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## **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


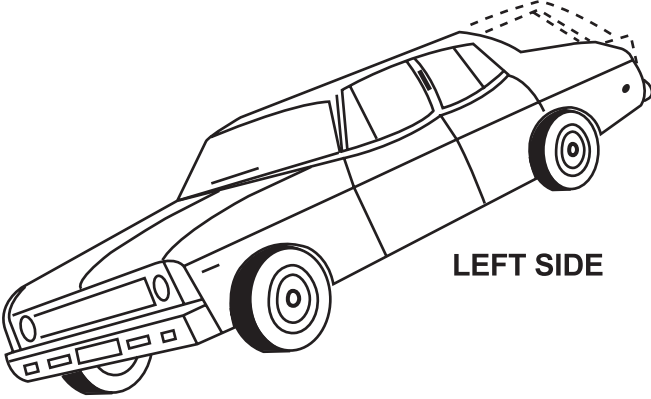
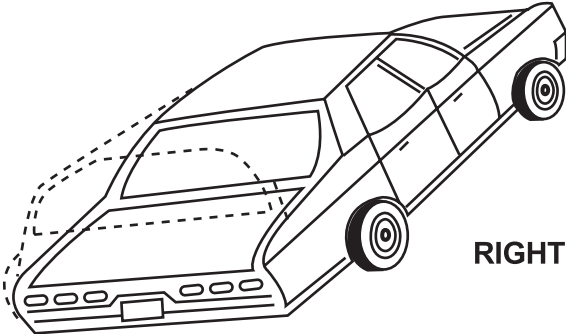
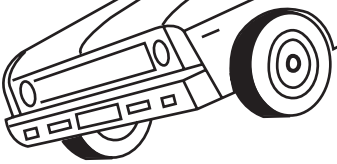
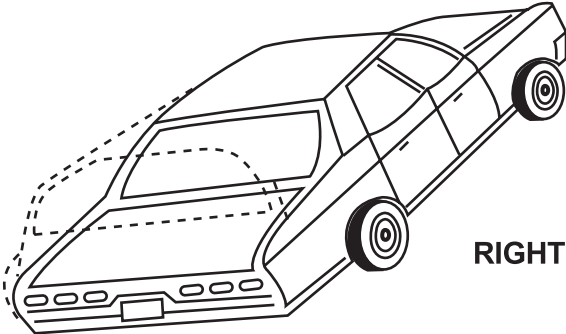
# 自動車検査証

|   |  |             |        |        |           |                 |
|---|--|-------------|--------|--------|-----------|-----------------|
| 自動車登録番号又は車両番号   | 登録年月日/交付年月日  | 右記登録年月日     | 自動車の種別 | 用途     | 自家用・事業用の別 | 車体の形状           |
| Rego Number   | 平成 24 年 1 月  | 平成 20 年 3 月 | 普通     | 乗用     | 自家用       | ステーションワゴン [603] |
| 車名  | Year of Car [194]  |             | 車定員    | 最大積載量  | 車両重量      | 車両総重量           |
| トヨタ   | 1850kg   |             |        |        |           | 2235kg          |
| 型式  | Chassis Number   |             | 前軸軸重   | 前軸軸重   | 後軸軸重      | 後軸軸重            |
| 2GR   | 180kg  |             | 117kg  | 1100kg |           | 750kg           |
| 型式  | 型式   |             | 型式     | 型式     | 型式        | 型式              |
| 2GR   | 3.45L ガソリン   |             | 型式     | 型式     | 型式        | 型式              |
| 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  |             |        |        |           |                 |
| 使用の本拠の位置  | If your car is under lease or finance your name will appear here. [13022 0421] |             |        |        |           |                 |
| 有効期間の満了する日  | Shaken Expiry Date   |             |        |        |           |                 |
| 平成 25 年 3 月 30 日  |  |             |        |        |           |                 |
| 【足立】、移転登録<br>【21年度税制】平成23年3月25日 継続検査 受検済み<br>平成22年度燃費基準10%向上達成車<br>【走行距離計表示値】60,900km (平成23年3月25日)<br>平成11年騒音規制車、近接排気騒音規制値 95.1dB<br>以下余白 |  |             |        |        |           |                 |

EXAMPLE

EXAMPLE



| 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 |  |                               |  |  |                               |                    |                    |                   |     |  |
|   |  |  |                            |  | T   |   | (b) POE use (Optional)  |  |                               |  |  |                               |                    |                    |                   |     |  |
|   |  |  |                            |  | <input type="checkbox"/>                      |   | (c) POE check in stow/condition when stuffed in container               |  |                               |  |  |                               |                    |                    |                   |     |  |
|   |  |  |                            |  | <input type="checkbox"/>                      |   | (d) POD check in stow/condition when removed from container             |  |                               |  |  |                               |                    |                    |                   |     |  |
|   |  |  |                            |  | <input type="checkbox"/>                      |   | (e) Release of custody by discharge stevedore                           |  |                               |  |  |                               |                    |                    |                   |     |  |
| 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.  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <div><div><p>LEFT SIDE</p></div><div><p>RIGHT SIDE</p></div><div><p>FRONT</p></div><div><p>BACK</p></div></div> |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| 32. ENTRY NUMBER (US Customs use only)  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| POV CONDITION CODES   |  | BE - Bent<br>BR - Broken<br>CH - Chipped |                            | CR - Cracked<br>DE - Dent<br>GO - Gouged |   | LO - Loose<br>MA - Marred<br>MG - Missing |   | MI - Mildewed<br>PF - Paint Faded<br>RS - Rusted |                               | RU - Rubbed<br>SC - Scratched<br>SO - Soiled |  | TO - Torn<br>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:   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (1) Does not have a manufacturer's label affixed certifying its conformance with US EPA emission standards. (Bonding with US Customs required.)  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (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.   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (3) Was certified as meeting US EPA emission standards without using a catalyst or was shipped overseas prior to 1 March 1976.   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (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:   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (a) Has been reinstalled prior to shipment. (Proof of installation required.)  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (b) Will be reinstalled in accordance with the EPA Waiver.   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| (2) The catalyst was not removed prior to use overseas and:   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (a) A new catalyst has been installed prior to shipment. (Proof of installation required.)   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (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:  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (a) An operable sensor has been installed prior to shipment. (Proof of installation required.)   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (b) An operable sensor is accompanying the vehicle and will be installed in accordance with the EPA Waiver.  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (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) <input type="checkbox"/> Catalyst <input type="checkbox"/> Oxygen sensor has been removed and is accompanying the vehicle.  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| (2) <input type="checkbox"/> Catalyst <input type="checkbox"/> Oxygen sensor will be removed at the overseas port prior to using leaded gasoline.   |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| (3) <input type="checkbox"/> Catalyst <input type="checkbox"/> 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.  |  |  |                            |  |   |   |   |  |                               |  |  |                               |                    |                    |                   |     |  |
| <input type="checkbox"/> (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. |  | (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.  |   |
| 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.  |  | 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. |   |
| (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).  |  | 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 <i>(X as applicable. If unsatisfactory, specify.)</i>   |  | <input type="checkbox"/> SATISFACTORY   | <input type="checkbox"/> 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.                  |

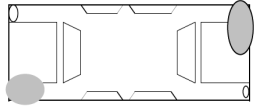
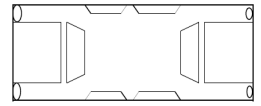
|   |   |
|---|---|
| 2. REGISTERED OWNER   | 3. VEHICLE OPERATOR   |
| a. NAME (Last, First, Middle Initial)                           | a. NAME (Last, First, Middle Initial)                           |
| b. ADDRESS (Street, Apartment Number, City, State and ZIP Code) | b. ADDRESS (Street, Apartment Number, City, State and ZIP Code) |
| c. ORGANIZATION   | d. TELEPHONE NUMBER (Include Area 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

|  |  |
|--|--|
| <b>EXAMPLE</b><br> | a. SHADE DAMAGED AREA OF VEHICLE<br><div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">FRONT</div>  </div> |
|--|--|

#### b. X ALL THAT APPLY

### 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) |   |

| 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         |

### 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 |  |
|                                       |                    |                                       |                                       |              |  |

# 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.                  |

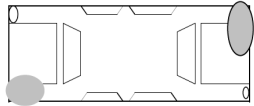
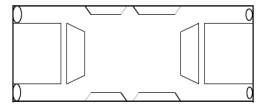
|   |   |
|---|---|
| 2. REGISTERED OWNER   | 3. VEHICLE OPERATOR   |
| a. NAME (Last, First, Middle Initial)                           | a. NAME (Last, First, Middle Initial)                           |
| b. ADDRESS (Street, Apartment Number, City, State and ZIP Code) | b. ADDRESS (Street, Apartment Number, City, State and ZIP Code) |
| c. ORGANIZATION   | d. TELEPHONE NUMBER (Include Area 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

|  |  |
|--|--|
| <b>EXAMPLE</b><br> | a. SHADE DAMAGED AREA OF VEHICLE<br><div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">FRONT</div>  </div> |
|--|--|

#### 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         |

### 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)<br><br>_____<br>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<br>(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 &amp; 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):

| <b>FAMILY CARE CERTIFICATION</b><br><small>(PRIVACY ACT STATEMENT OF 1974 APPLIES - SEE BELOW)</small>  |                                       |            |            |
|---|---------------------------------------|------------|------------|
| <p><i>AUTHORITY: 10 U.S.C. 8013 and E.O. 9397, Secretary of the Air Force: powers and duties; delegation by.</i></p> <p><i>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.</i></p> <p><i>ROUTINE USES: None.</i></p> <p><i>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.</i></p> <p><i>Failure to provide the information may result in discharge from the Active Air Force, Air National Guard, or Air Force Reserve.</i></p>   |                                       |            |            |
| <b>SECTION I. MEMBER'S CERTIFICATION</b>  |                                       |            |            |
| <p>1. 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.</p> <p>2. 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 <i>(legal, educational, monetary, religious, etc.)</i> 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.</p> <p>3. All my family members are 19 or older and capable of self-care, <i>(Initials)</i> _____.</p> <p>4. 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.</p> |                                       |            |            |
| A. DATE   | TYPED OR PRINTED NAME, GRADE, AND SSN | SIGNATURE  |            |
| <i>(Complete Block B. only when a military couple with family members share a joint domicile and have the same family care plan.)</i>   |                                       |            |            |
| B. DATE   | TYPED OR PRINTED NAME, GRADE, AND SSN | SIGNATURE  |            |
| <b>SECTION II. CAREGIVER CERTIFICATION</b> <i>(The following statements may be signed by as many as three different individuals or as few as one)</i>   |                                       |            |            |
| <p>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 <input type="checkbox"/> will <input type="checkbox"/> 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.</p>   |                                       |            |            |
| TYPED OR PRINTED NAME   |                                       | SIGNATURE  | DATE       |
| ADDRESS - MUST BE IN LOCAL AREA <i>(Include ZIP Code)</i>   |                                       | HOME PHONE | WORK PHONE |
| <p>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 <input type="checkbox"/> will <input type="checkbox"/> 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.</p>   |                                       |            |            |
| TYPED OR PRINTED NAME   |                                       | SIGNATURE  | DATE       |
| ADDRESS <i>(Include ZIP Code)</i>   |                                       | HOME PHONE | WORK PHONE |
| <p>7. ALTERNATE CAREGIVER: In the event the caregiver in item _____ <i>(item 5 and/or 6)</i> 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 <input type="checkbox"/> will <input type="checkbox"/> 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.</p>   |                                       |            |            |
| TYPED OR PRINTED NAME   |                                       | SIGNATURE  | DATE       |
| ADDRESS <i>(Include ZIP Code)</i>   |                                       | HOME PHONE | WORK PHONE |
| <b>SECTION III. TEMPORARY CUSTODY DESIGNATION OF A DUAL MILITARY COUPLE OR SINGLE PARENT</b>  |                                       |            |            |
| <p>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.</p>   |                                       |            |            |
| TYPED OR PRINTED NAME   |                                       | SIGNATURE  | DATE       |
| ADDRESS <i>(Include ZIP Code)</i>   |                                       | HOME PHONE | WORK PHONE |

|  |      |                           |            |
|--|------|---------------------------|------------|
| <b>SECTION IV. CAREGIVERS CERTIFICATION FOR NONCOMBATANT EVACUATION OPERATION (NEO)</b> <i>(For personnel assigned overseas only)</i>  |      |                           |            |
| 9. ESCORT CAREGIVERS: I agree to accept responsibility for the family members of _____ to serve as an escort, if evacuation from an overseas area becomes necessary.   |      |                           |            |
| A. TYPED OR PRINTED NAME - <i>(PRIMARY)</i>  |      | SIGNATURE                 |            |
|  |      | DATE                      |            |
| ADDRESS - MUST BE IN SAME OVERSEA AREA <i>(Include ZIP Code)</i>   |      | HOME PHONE                | WORK PHONE |
|  |      |                           |            |
| B. TYPED OR PRINTED NAME - <i>(PRIMARY)</i>  |      | SIGNATURE                 |            |
|  |      | DATE                      |            |
| ADDRESS - MUST BE IN SAME OVERSEA AREA <i>(Include ZIP Code)</i>   |      | HOME PHONE                | WORK PHONE |
|  |      |                           |            |
| C. TYPED OR PRINTED NAME - <i>(ALTERNATE)</i>  |      | SIGNATURE                 |            |
|  |      | DATE                      |            |
| ADDRESS - MUST BE IN SAME OVERSEA AREA <i>(Include ZIP Code)</i>   |      | HOME PHONE                | WORK PHONE |
|  |      |                           |            |
| D. TYPED OR PRINTED NAME - <i>(ALTERNATE)</i>  |      | SIGNATURE                 |            |
|  |      | DATE                      |            |
| ADDRESS - MUST BE IN SAME OVERSEA AREA <i>(Include ZIP Code)</i>   |      | 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 overseas 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 <i>(Include ZIP Code)</i>  |      | HOME PHONE                | WORK PHONE |
|  |      |                           |            |
| <b>SECTION V. STEPPARENT CERTIFICATION</b>   |      |                           |            |
| 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                      |            |
| <b>SECTION VI. COMMANDER CERTIFICATION</b> <i>(If additional space is needed, continue on bond paper)</i>  |      |                           |            |
| 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       |
|  |      |                           |            |
| <b>SECTION VII. RECERTIFICATION</b> <i>(If additional space is needed, continue on bond paper)</i>   |      |                           |            |
| 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       |
|  |      |                           |            |





| <b>FAMILY CARE PLAN</b><br><small>For use of this form, see AR 600-20; the proponent agency is DCS, G-1.</small>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
|--|---|-------------------------|----------------|-------------------------|---------------------------|-------------------------|--------------------------------|-------------------------|-----------------|-----------|------------------------|-------------------------|--------------------|------------------|--|--|--|
| <b>PRIVACY ACT STATEMENT</b>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>AUTHORITY:</b>  | 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397.   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>PRINCIPAL PURPOSE:</b>  | To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties. |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>ROUTINE USES:</b>   | None  |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>DISCLOSURE:</b>   | Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.        |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>PART I - SOLDIER'S FAMILY CARE</b>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   | INITIALS  |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>B. I have made and will maintain arrangements for the care of my family members during all the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Duty</td> <td style="width: 33%;">6. Temporary Duty</td> <td style="width: 33%;">11. Deployment</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>7. Unit Training Assembly</td> <td>12. Other Military Duty</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>8. Active Duty Training</td> <td>13. Emergencies</td> </tr> <tr> <td>4. Alerts</td> <td>9. Unaccompanied Tours</td> <td>14. Leave/non-duty Time</td> </tr> <tr> <td>5. Annual Training</td> <td>10. Mobilization</td> <td></td> </tr> </table> | 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 |  |  |  |
| 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  |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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:</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>F. A copy of DA Form 5841 (Power of Attorney) or <b>equivalent documents</b> 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.</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>   |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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.</p>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <b>PART II - DESIGNATION OF GUARDIANS/ESCORTS</b>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <p>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>  |   |                         |                |                         |                           |                         |                                |                         |                 |           |                        |                         |                    |                  |  |  |  |
| <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 |
|--------------------|----------|------|----------|------|----------|------|----------|------|----------|------|

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 |
|--------------------|----------|------|----------|------|----------|------|----------|------|----------|------|

**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 |
|--------------------|----------|------|----------|------|----------|------|----------|------|----------|------|

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 |
|--------------------|----------|------|----------|------|----------|------|----------|------|----------|------|

**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.

|   |                           |                               |   |                               |
|---|---------------------------|-------------------------------|---|-------------------------------|
| <b>1. OWNER'S NAME</b> <i>(Last, First, Middle Initial)</i>       |                           |                               | <b>2. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> |                               |
| <b>3. ADDRESS</b> <i>(Number, Street, City, State, ZIP Code)</i>  |                           |                               |   |                               |
| <b>4. ANIMAL</b>  |                           |                               |   |                               |
| <b>a. NAME</b>  |                           | <b>b. MICROCHIP NUMBER(S)</b> |   | <b>c. SPECIES</b>             |
| <b>d. SEX</b>   |                           |                               |   |                               |
| <b>e. AGE</b>   | <b>f. WEIGHT</b>          | <b>g. PREDOMINANT BREED</b>   |   | <b>h. COLOR(S)</b>            |
| <b>5. VACCINE</b>   |                           |                               |   |                               |
| <b>a. PRODUCER</b> <i>(First 3 letters)</i>                       | <b>b. LOT NUMBER</b>      | <b>c. EXPIRATION DATE</b>     | <b>d. VIRUS TYPE</b>                                  | <b>e. ADMINISTRATION SITE</b> |
| <b>6. VACCINATION</b>   |                           |                               | <b>7. VETERINARIAN</b>                                |                               |
| <b>a. RABIES TAG NUMBER</b>                                       | <b>b. DATE VACCINATED</b> | <b>a. NAME</b>                |   | <b>b. LICENSE NUMBER</b>      |
| <b>c. VACCINATION DURATION</b>                                    | <b>d. VACCINATION DUE</b> | <b>c. SIGNATURE</b>           |   |                               |
| <b>8. FACILITY ADDRESS</b> <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 (*Last, First, Middle Initial*)2. TELEPHONE NUMBER (*Include Area Code*)3. ADDRESS (*Number, Street, City, State, ZIP Code*)

## 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 (*First 3 letters*)

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 (*Street, City, State, ZIP Code*)

## 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 |
|-------------|----------------------|-------------|
|             |                      |             |