

TRANSFER INFORMATION SHEET (Member to Complete)

TO:			DATE:		
Rank/Rate	Name(Last, First MI)	SSN:	UIC:		
Desired Transfer Date::		Days Proceed time	Days Travel Time: POV or AIR		Leave Days Requested:
COMPLETE LEAVE ADDRESS(with Zip Code)				Leave Telephone + Area Code	
REPORT NOT LATER THAN: 2400,		TO:			
WORK PHONE:	HOME PHONE:	MARITAL STATUS:	TOTAL NUMBER OF DEPENDENTS:		
			YES	NO	NA
DO YOU DESIRE ADVANCE TRAVEL					
DO YOU DESIRE ADVANCE DEPENDENT(S) TRAVEL					
DO YOU DESIRE ADVANCE DISLOCATION ALLOWANCE (DLA)					
DO YOU DESIRE ADVANCE PAY					
WILL YOUR DEPENDENTS ACCOMPANY YOU ON YOUR TRANSFER					
DO YOU DESIRE AIRLINE TICKETS					
ARE YOU SHIPPING A POV?					
<input type="checkbox"/> Sea Duty Screening (FEMALES NEED PREGNANCY TEST). <input type="checkbox"/> Expeditionary Screening <input type="checkbox"/> Overseas Screening (MUST BE INITIATED WITHIN 15 DAYS OF PCS NOTIFICATION) <input type="checkbox"/> Special Programs Screening <input type="checkbox"/> HIV (AIDS) Test Required with 24 Months Prior. <input type="checkbox"/> Required Obligated Service is completed or will be completed on _____ <input type="checkbox"/> Passenger Reservation Request Submitted (for tickets or Port Call) NPPSCINST 4650/8 <input type="checkbox"/> Dependent Entry Request Information Sheet <input type="checkbox"/> Application for Transportation for Dependents <input type="checkbox"/> All required Page 13s'. <input type="checkbox"/> Form DD 1056 has been completed; Passport(s)/No-Fee Passport(s) Applied for on: _____ o PASSPORT NUMBER: _____ ISSUE: _____ EXP: _____ <input type="checkbox"/> Copy of the EFT Form(Electronic Funds Transfer Information Sheet) (PLEASE ENSURE YOUR ACCOUNTS ARE ACCURATE AND UPDATED). <input type="checkbox"/> PCS Orders and Pay Processing CANNOT commence until this form is returned to PSD with an Approved Transfer Date and signed by proper authority. Once this date is approved; it cannot be changed except for emergency reasons. Any change will require a Special Request Chit approved by your Commanding Officer <input type="checkbox"/> RETURN THE COMPLETED AND APPROVED FORM AND DOCUMENTS TO YOUR CPC.					
PRIMARY NEXT OF KIN(RELATIONSHIP,ADDRESS & PHONE)			SECONDARY NEXT OF KIN (RELATIONSHIP,ADDRESS & PHONE)		
MY ORDERS HAVE BEEN THOROUGHLY EXPLAINED TO ME AND I FULLY UNDERSTAND THEM.					
MEMBER'S SIGNATURE			DATE:		
COMMAND PLEASE COMPLETE THIS SECTION AND RETURN TO PSD TRANSFER SECTION.					
FORWARDED APPROVED FOR MEMBER TO TRANSFER ON: _____					
APPROVING OFFICER'S SIGNATURE			DATE		

PRIVACY ACT STATEMENT

The information requested on this form is to provide a means of making Permanent Change of Station (PCS) arrangements. This form is used as a guide for processing for an accurate transfer and remains part of the retain file. Disclosure of requested information is voluntary; however completion of this form if necessary before the Transfer can be processed. Failure to provide any of the requested information may result in Transfer not being processed.

RE-ENLISTMENT CEREMONY INTERVIEW SHEET

** NAVPERS 1336/3 (SPECIAL REQUEST CHIT) NOT REQUIRED WITH THIS FORM! ** (PRINT LEGIBLY) DATE PREPARED: _____

LAST NAME, FIRST, MI, RATE (DESIG)		SSN (last four):		DEPT:	DIV:	GENDER:	PHONE
BRANCH:	REEN DATE:	TIME:	# YEARS REEN:	UNIFORM:	ETHNIC GROUP:		

REENLISTING OFFICER (LAST NAME, FIRST MI, RANK, TITLE, BRANCH)				LOCATION: (reviewed per MPM 1160-020)			
INCENTIVE(S):							
<input type="checkbox"/> BENEFITS OF RATE	<input type="checkbox"/> SCORE	<input type="checkbox"/> GUARD 2000	<input type="checkbox"/> STAR	<input type="checkbox"/> SPLIT TOUR	<input type="checkbox"/> SRB AWARD		
<input type="checkbox"/> SCHOOL AS A REENLISTMENT INCENTIVE	<input type="checkbox"/> PTS CONVERSION	<input type="checkbox"/> OTHER:					

SRB ELIG: YES NO RATE/NEC: _____ (PER NAVADMIN 075/09) Date SRB PRE-CERT submitted: _____
 SRB AWARD LEVEL: 0.0 SRB ZONE: _____ SRB Amount (estimated): _____

Does member have an OTT/Alternative OBLISERV approval? YES NO (If yes, attach copy to request)
 Does member have a "HARD" copy of orders in hand? YES NO (If yes, attach copy to request)

PTS required: YES NO PTS ZONE: _____ PTS approved? YES NO DATE PTS APPROVED: _____
 If YES, is member reenlisting: IN RATE PTS CONVERT (RATE: _____) PG-13 completed? YES NO

Does member need a Conditional Reenlistment? YES NO High Year Tenure (HYT) waiver? YES NO
 Does member have Conditional/HYT Waiver approval? YES NO (If yes, attach copy to request)

ADSD: _____ EAOS: _____ EXTENSION (operative/executable): -48 months max- PRD: _____
 0 Months / 0 Months SEAOS: _____

MARRIED: YES NO WILL SPOUSE BE ATTENDING CEREMONY: YES NO N/A

CERTIFICATES (FULL NAME, RELATIONSHIP): _____

SELLING BACK LEAVE: YES NO # DAYS LV BALANCE: NA

LEGAL MATTERS PENDING: YES NO
 Legal Officer: _____ (Init/Date)

HOME OF RECORD: _____ (City, State)

PFA COORDINATOR: PASS / FAIL (most recent PFA)
 YES NO (# of PFA failures in 4 years: 0/1/2/3/more)
 PFA Coordinator: _____ (Init/Date)

HOMOSEXUAL CONDUCT TRAINING PERFORMED AS DIRECTED IN NAVADMIN(S) 291/99 AND 094/00?
 DATE COMPLETED: _____ (Init/Date)

MEMBER COMPLETED ARGUS ONLINE QUESTIONNAIRE:
 (<https://www.npc.navy.mil/CareerInfo/StayNavyTools/CareerTools/>)
 DATE COMPLETED: _____ (printed completion)

I CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL INFORM MY DIVISION/DEPARTMENT CAREER COUNSELOR IMMEDIATELY IF THERE ARE ANY CHANGES.

PHOTO DESIRED: YES NO HOMETOWN NEWS RELEASE: YES NO SIGNATURE/DATE: _____

MEDICAL/DENTAL DEPARTMENT PERSONNEL USE ONLY (COMPLETE THIS PORTION FIRST BEFORE ROUTING)

MEDICAL SCREENING:
 SNM () IS () IS NOT ELIGIBLE FOR REENLISTMENT
 _____ (SIGNATURE AND DATE)

DENTAL SCREENING:
 SNM () IS () IS NOT ELIGIBLE FOR REENLISTMENT
 _____ (SIGNATURE AND DATE)

DIVISION/DEPARTMENT CAREER COUNSELOR USE ONLY (Verified per applicable MPM, INSTRUCTIONS and NAVADMINS)

SNM () IS () IS NOT ELIGIBLE FOR REENLISTMENT
 REASON IF NOT ELIGIBLE: _____
 _____ (SIGNATURE AND DATE)

* PERSONNEL REPRESENTATIVE VERIFIED EVALS/SERVICE RECORD IAW MPM 1160-030: _____ (Init/Date)

CCC VERIFIED SERVICE MEMBER IS ELIGIBLE FOR REENLISTMENT: _____ (Init/Date)

<input type="checkbox"/> YES <input type="checkbox"/> NO LPO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO ADMIN	_____ (as applicable)
<input type="checkbox"/> YES <input type="checkbox"/> NO CPO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO CMC	_____
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DIVO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO XO	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO OTHER	_____ (as applicable)	** To Be Routed Past XO Only If Recommending Disapproval**	
<input type="checkbox"/> YES <input type="checkbox"/> NO DH	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO CO	_____

* ALL REENLISTMENT REQUESTS MUST BE SCHEDULED 30 DAYS PRIOR TO DESIRED REENLISTMENT DATE. (REV 5-09)

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENTS

Supporting Directive OPNAVINST 1300.14D

1. MEMBER'S NAME:		2. DATE:	3. NUMBER OF DEPENDENTS:
4. PRESENT SHIP/STATION:	5. UIC:	6. OVERSEAS LOCATION:	7. UIC:

PART I: COMMAND REVIEW - The purpose of the command review is to determine, via record review and personal interview, member and spouse/family member(s) suitability for overseas duty/life in the assigned overseas location. Refer to MILPERSMAN 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11, 15, and 16) disqualifies member for overseas assignment. Complete PART I and obtain waiver(s) prior to starting PART II (NAVMED 1300/1).

1. Has the member or any spouse/family member previously been reassigned, prior to normal tour completion, due to their unsuitability?	<input type="radio"/> Yes	<input type="radio"/> No
2. (For Enlisted Personnel) Has member obligated for the prescribed DoD tour? If "NO", member is unsuitable. NAVPERS 1070/613 entries for OBLISERV are prohibited. OBLISERV MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS. For SRB issues, see the current NAVADMIN. For PFA see current NAVADMIN and OPNAV instruction. Officers and enlisted who REQUEST to separate/retire, will be held to the DoD tour length.	<input type="radio"/> Yes	<input type="radio"/> No
3. (E-5 and above) Does the member, spouse, or family member have serious problems of indebtedness, credit loss, or other financial problems which have not been reconciled with the creditor(s) or interested parties? (E-4 and below) Member must complete debt-to-income (DTI) ratio screening per OPNAVINST 1740.5B. Do not calculate the spouse's income unless guaranteed employment at the overseas location has been obtained. Is the DTI ratio 30% or greater.	<input type="radio"/> Yes	<input type="radio"/> No
4. Has the member ever been convicted of a sex offense? ** Has the member been convicted of any criminal offense (civilian or military) within the last 24 months or has/had any involvement in an ongoing criminal action? ** Information regarding whether a person is a sex offender may be found at Dru Sjodin National Sex Offender Public Website (NSOPW) at www.nsopw.gov .	<input type="radio"/> Yes	<input type="radio"/> No
5. Has the spouse or any family member ever been convicted of a sex offense? ** Has the spouse or any family member been convicted of any criminal offense (civilian or military) in the last 24 months or has/had any involvement in an ongoing criminal action? ** Information regarding whether a person is a sex offender may be found at Dru Sjodin National Sex Offender Public Website (NSOPW) at www.nsopw.gov .	<input type="radio"/> Yes	<input type="radio"/> No
6. Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? Successful completion of an aftercare program will qualify the member and the question can be answered NO. Waiver of aftercare program does not qualify the member; answer YES.	<input type="radio"/> Yes	<input type="radio"/> No
7. Does the spouse/family member have a record of any involvement with illegal drugs or alcohol within the past 24 months?	<input type="radio"/> Yes	<input type="radio"/> No
8. Is the member or spouse/family member involved in an open Family Advocacy Program (FAP) case that is still under investigation or for which treatment was refused or is still ongoing? (If a local FAP representative is not available to provide a status of any FAP issues, then contact the Commander Navy Installation Command (CNIC), Lead of Case Management Section for FAP, at (901) 874-4361, DSN 882-4361, for this endorsement.) If the CO still wishes to request a waiver, then the gaining command and FFSC must support waiver request.	<input type="radio"/> Yes	<input type="radio"/> No
9. Was the member's spouse previously a member of the Armed Forces and the characterization of separation other than "Honorable"? Explain in the remarks section.	<input type="radio"/> Yes	<input type="radio"/> No
10. Has member failed two or more PFAs in a 3-year period? If yes, comply with OPNAVINST 6110.1H and most recent NAVADMIN, which govern Physical Readiness Program.	<input type="radio"/> Yes	<input type="radio"/> No
11. Are any of the member's dependents covered in a custody agreement? If "NO", go to question 12.	<input type="radio"/> Yes	<input type="radio"/> No
a. Does agreement prevent removal of family members from continental United States (CONUS) without prior court approval or agreement between the interested parties? If "NO", go to question 12.	<input type="radio"/> Yes	<input type="radio"/> No
b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)	<input type="radio"/> Yes	<input type="radio"/> No

1. MEMBER'S NAME:		2. DATE:	
12. Single parents/military couples with family members. Is there any reason why the Family Care Plan cannot be executed or is not in accordance with OPNAVINST 1740.4D?		<input type="radio"/> Yes	<input type="radio"/> No
NOTE: While the unique situation of single parents with dependents is not disqualifying, this fact should be pointed out upon submission of suitability determination.			
13. If member is a first-termer and going to an overseas duty station, and has a pre-service moral waiver(s) for drug, alcohol, or criminal conviction, (identified in Section VI remarks of DD 1966 (3-07), Record of Military Processing), then mark block YES.		<input type="radio"/> Yes	<input type="radio"/> No
14. Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJPs in the last 2 years?		<input type="radio"/> Yes	<input type="radio"/> No
15. Have member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for 0-5/0-6 Commanding Officer Awareness Training), prior to transfer, and recorded on NAVPERS 1070/613?		<input type="radio"/> Yes	<input type="radio"/> No
16. Is dependent spouse a foreign national? If yes, see MILPERSMAN 1300-302 for "Non-US citizen dependents". Case by case coordination for dependents travel documents will be required.		<input type="radio"/> Yes	<input type="radio"/> No
FOR PERSONNEL E-3 AND BELOW: Ensure the members have been counseled that they cannot be assigned accompanied overseas duty. Members will be assigned unaccompanied based on readiness needs. Acquiring family member(s) en route and bringing them without dependent entry approval/command sponsorship will most probably result in return to CONUS at personal expense and servicemembers will complete tour unaccompanied.			
1. I have been counseled on the above: <input type="radio"/> Yes <input type="radio"/> No			
2. MEMBER'S SIGNATURE:		3. DATE:	
4. REMARKS:			
5. I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.			
6. MEMBER (NAME, RANK/RATE):		6. MEMBER (SIGNATURE)	7. DATE:
8. INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):		9. INTERVIEWER (SIGNATURE)::	10. DATE:

1. MEMBER'S NAME:	2. DATE:
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PART III: CMC/COB/SEA ENDORSEMENT

1. On the basis of all available information, I endorse / I do not endorse the member's orders for the overseas assignment.

2. CMC/COB/SEA (NAME AND RANK):	3. SIGNATURE OF CMC/COB/SEA:	4. DATE:
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PART IV: COMMANDING OFFICER'S ENDORSEMENT

1. On the basis of all available information, I endorse / I do not endorse the member's orders for the overseas assignment.

2. COMMANDING OFFICER (NAME AND RANK):	3. SIGNATURE OF COMMANDING OFFICER:	4. DATE:
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5. REMARKS:

If the Commanding Officer still feels member should be considered for overseas assignment, submit waiver (non-medical/dental) request per MILPERSMAN 1300-304.

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS, OR FAILURE TO PROVIDE REQUIRED INFORMATION MY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.



Yes	No	N/A	ITEM
			17. For service/family members with underlying medical conditions: <i>(if not applicable, check block and skip to #18)</i>
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? <i>(document on DD 2807-1)</i>
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? <i>(document on appropriate SF 600)</i>
			18. For infants and toddlers (birth through 2 years, inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			19. For preschool and school children (ages 3 through 21, inclusive) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
			20. Specify other concerns:

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(Attach Reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by an MTF medical screener only)</i>																		
		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">MTF Medical Screener (Signature)</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Printed Name, Rank or Grade</td> <td style="border-bottom: 1px solid black;">Civilian Medical Screener (Signature)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">MTF or Duty Station</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Telephone Number (include area/country code)</td> <td style="border-bottom: 1px solid black;">Printed Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DSN Number</td> <td style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Telefax Number (include area/country code)</td> <td style="border-bottom: 1px solid black;">City, State, and ZIP Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">E-mail Address</td> <td style="border-bottom: 1px solid black;">Telephone Number (include area/country code)</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Telefax Number (include area/country code)</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">E-mail Address</td> </tr> </table>	MTF Medical Screener (Signature)	Date	Printed Name, Rank or Grade	Civilian Medical Screener (Signature)	MTF or Duty Station	Date	Telephone Number (include area/country code)	Printed Name	DSN Number	Address	Telefax Number (include area/country code)	City, State, and ZIP Code	E-mail Address	Telephone Number (include area/country code)		Telefax Number (include area/country code)		E-mail Address
MTF Medical Screener (Signature)	Date																			
Printed Name, Rank or Grade	Civilian Medical Screener (Signature)																			
MTF or Duty Station	Date																			
Telephone Number (include area/country code)	Printed Name																			
DSN Number	Address																			
Telefax Number (include area/country code)	City, State, and ZIP Code																			
E-mail Address	Telephone Number (include area/country code)																			
	Telefax Number (include area/country code)																			
	E-mail Address																			

PART II

SERVICE / FAMILY MEMBER NAME	GRADE / RATE / FAMILY MEMBER PREFIX	SSN
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Dental Screening. Completed by a dental officer/privileged dentist prior to an overseas, remote duty, or operational assignment for the purpose of assessing and matching the dental needs of a service/family member to the support capabilities of the gaining medical treatment facility.

Yes	No	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. All current dental records (military and civilian) reviewed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. All dental examinations are current? (If more than 180 days since last T-1 or T-2 dental exam, a dental officer/privileged dentist must, at a minimum, review the dental record and interval medical and dental history.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is a reexamination required by a Navy MTF if examined or treated at a non-Navy facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Specify other concerns:

8. Specify Dental Class: (required for service members) _____

Dental Classifications: (Per DoDI 6025.19)

Normally considered worldwide deployable:

Class 1 - Patients with a current dental examination, who do not require dental treatment or re-evaluation.

Class 2 - Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months.

Normally not considered worldwide deployable:

Class 3 - Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency in the next 12 months.

Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) dental examination was completed by a dental officer/privileged dentist within the past 12 months; (2) A patient's dental record does not exist or; (3) The dental record is not held by the responsible dental treatment facility or Medical Department activity.

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, FORWARD A SUITABILITY INQUIRY TO THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by an MTF designated military dental screener only)
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MTF Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ DTF or Duty Station _____ Telephone Number (include area/country code) _____ DSN Number _____ Telefax Number (include area/country code) _____ E-mail Address _____	Civilian Medical Screener (Signature) _____ Date _____ Printed Name _____ Address _____ City, State, and ZIP Code _____ Telephone Number (include area/country code) _____ Telefax Number (include area/country code) _____ E-mail Address _____
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MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING CHECKLIST AND WORKSHEET

Privacy Act Statement: OPNAVINST 1300.14C authorizes collection of this information. The following information and documents, as applicable, are required to conduct medical, dental and educational screening to determine suitability for an overseas, remote duty, or operational assignment. Complete and current information is essential for successful completion of screening. Disclosure is voluntary, however, missing or incomplete information may delay the screening process, result in orders held in abeyance until completion of screening, or affect the amount of leave in transit. Refer to BUMEDINST 1300.2A for implementing guidance.

The Suitability Screening Coordinator (SSC) at the military treatment facility (MTF) can assist in obtaining and completing the required information. The SSC will ensure required information and documents are complete and current before referral to a MTF provider for screening and a suitability recommendation. The SSC will place the completed original form in the service or family member's MTF medical record and retain a copy for audit. Medical, dental, and educational suitability screening is valid for 12 months from the date of completion if there were no significant changes in the medical, dental, or educational status of the service or family member. The service member must notify his or her commanding officer or officer in charge of a change in status (including pregnancy). **Complete one form for each service and family member screened.**

SERVICE MEMBER NAME	GRADE / RATE	SSN
CURRENT UNIT	TELEPHONE NUMBER	
NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC)	TYPE DUTY CLASSIFICATION CODE (Navy enlisted only)	
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	

FOR SERVICE MEMBERS:	SSC Review		
	Yes	No	N/A
<input type="checkbox"/> Legible copy of orders. (For operational assignments, orders should indicate the platform to which assigned and a description of the duty assignment.)			
<input type="checkbox"/> Each family member name, family member prefix, social security number, address and telephone number, if other than the service member's.			
Military health record to include:			
<input type="checkbox"/> Routine physical, aviation, submarine, radiation, asbestos, or other type of examination or screening current and documented.			
<input type="checkbox"/> Annual Preventive Health Assessment (PHA) current and documented.			
<input type="checkbox"/> Current medical history (DD 2807-1).			
<input type="checkbox"/> Hearing (audiogram).			
<input type="checkbox"/> Vision examination.			
<input type="checkbox"/> G-6P-D test.			
<input type="checkbox"/> PPD test.			
<input type="checkbox"/> Sickle Cell trait test.			
<input type="checkbox"/> Negative HIV results current to 1 year of transfer. <i>Date Drawn: Roster Number:</i>			
<input type="checkbox"/> Blood type.			
<input type="checkbox"/> DNA testing.			
<input type="checkbox"/> Required immunizations (assignment specific).			
<input type="checkbox"/> Military dental records			
<input type="checkbox"/> Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
<input type="checkbox"/> Other:			

	SSC Review		
	Yes	No	N/A
FOR WOMEN:			
<input type="checkbox"/> Annual health assessment current and documented.			
<input type="checkbox"/> Mammogram current and documented.			
<input type="checkbox"/> Pregnancy screen (verbal inquiry).			
FOR FAMILY MEMBERS:			
<input type="checkbox"/> Military health record			
<input type="checkbox"/> Military dental record			
<input type="checkbox"/> Copies of civilian medical, dental, or mental health care records to include narrative summaries of any inpatient admissions in civilian facilities.			
FOR INFANTS AND TODDLERS (birth through 2 years, inclusive) receiving or eligible to receive Early Intervention Services:			
<input type="checkbox"/> Copy of the current Individualized Family Service Plan (IFSP) and, if available, developmental assessments or evaluations.			
FOR EACH CHILD ENROLLED IN PRESCHOOL OR SCHOOL (ages 3 through 21, inclusive):			
<input type="checkbox"/> Copy of DD 2792-1 completed by the school.			
FOR PRESCHOOL OR SCHOOL-AGE CHILDREN (ages 3 through 21, inclusive) receiving or eligible to receive Special Education to include related services:			
<input type="checkbox"/> Copy of the current Individualized Education Plan (IEP) and, if available, educational assessments or evaluations			
FOR EACH FAMILY MEMBER ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP):			
<input type="checkbox"/> Copy of the enrollment application and any EFMP correspondence.			
FOR SSC USE ONLY			
Date suitability screening conducted:			
If suitability determination with gaining MTF is required:			
Date and time group of inquiry:		Originator:	
Date and time group of reply:		Originator:	
Other information:			
Suitability Screening Coordinator (signature, printed name, and date):			

SPECIAL PROGRAM SCREENING
NAVPERS 1306/92 (01-2011)

Supporting Directive MILPERSMAN 1306-900

1. NAME:	2. RATE / RANK:	3. SSN (Last 4):
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4. PROPOSED DETACHMENT DATE:	5. PROPOSED PROGRAM / DUTY STATION:
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SECTION A - GENERAL CRITERIA

INTERVIEWER'S INITIALS

1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Has member had any alcohol related incidents in the past 36 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Has member had any involvement with illegal drugs in the past 36 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Has member signed the required OBLISERV for this program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

8. PERSONNEL OFFICER'S NAME AND RANK:	9. PERSONNEL OFFICER'S SIGNATURE:	10. DATE:
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SECTION B - MEDICAL / DENTAL SCREENING

INTERVIEWER'S INITIALS

1. Has member completed required medical screening for this program? If "no", will the gaining MTF accept?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Is member in proper dental class for PCS transfer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

3. MEDICAL OFFICER'S NAME AND RANK:	4. MEDICAL OFFICER'S SIGNATURE:	5. DATE:
6. DENTAL OFFICER'S NAME AND RANK:	7. DENTAL OFFICER'S SIGNATURE:	8. DATE:

SECTION C - FINANCIAL / COMMAND MASTER CHIEF SCREENING

1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	3. COMMAND FINANCIAL SPECIALIST SIGNATURE:	4. DATE:

5. This member meets requirement and assignment to Special Programs and is appropriate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. COMMAND MASTER CHIEF NAME AND RANK:	7. COMMAND MASTER CHIEF SIGNATURE:	8. DATE:

SPECIAL PROGRAM SCREENING
NAVPERS 1306/92 (01-2011)

Supporting Directive MILPERSMAN 1306-900

SECTION D: ADDITIONAL REQUIREMENTS (AS APPLICABLE)

1. Does member have required NEC/School/ASVAB for this program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Does member have required security clearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Does member have valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Has member completed swim qualification for this program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Does member have visible tattoos?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Has member completed one successful tour working in rate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

7. COMMAND CAREER COUNSELOR'S NAME AND RANK:	8. COMMAND CAREER COUNSELOR'S SIGNATURE:	9. DATE:
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10. MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR RECOMMENDATION: (Include a personal interview statement from a Master Training Specialist or Senior Enlisted Instructor.)

11. MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR NAME AND RANK:	12. MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR SIGNATURE:	13. DATE:
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ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Special Programs.

14. MEMBER'S NAME AND RANK:	15. MEMBER'S SIGNATURE:	16. DATE:
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SPECIAL PROGRAM SCREENING
NAVPERS 1306/92 (01-2011)

Supporting Directive MILPERSMAN 1306-900

COMMAND CO / XO / OIC / COS / DIRECTOR ENDORSEMENT

1. Are there any other compelling reasons why service member should not be transferred? YES NO
2. Initial certification upon nomination. APPROVAL DISAPPROVAL
3. RE-CERTIFICATION WITHIN FIVE WORKING DAYS OF TRANSFER. Member continues to meet all requirements. Initials below are required.
_____ FINAL APPROVAL _____ FINAL DISAPPROVAL

4. COMMAND ENDORSEMENT: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an instructor billet.)

APPROVAL DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.

NAME AND RANK:

SIGNATURE:

DATE:

PRIVACY STATEMENT - THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS AND E.O. 9397 (SSN). THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.

DATE: _____

DEPENDENT ENTRY REQUEST INFORMATION SHEET

(Must submit within 30 days of receipt of orders and no later than 4 months prior to arrival)

- A. RANK/RATE/LAST 4: (IF E-4, state date of rate): _____
- B. NAME (Last, First, MI): _____
- C. DATE OF MARRIAGE: _____ LIST FAMILY MEMBER(S) NAME/(RELATIONSHIP/DOB FOR CHILDREN/GRADES FOR CURRENT/NEXT FISCAL YEAR (I.E. 3RD GRADE FOR 2009/2010 SCHOOL YEAR). For dependent parents, brothers or sisters enter date of letter from DFAS approving dependency.

- D. MEMBER AND FAMILY MEMBER(S) CITIZENSHIP: _____
(Note: Family members who hold foreign passports will require more coordination with PSD, NAVPTO, applicable foreign Embassies or Consulates)
- E. PRESENT DUTY STATION (In the case of ships, include homeport): _____
- F. PHONE NUMBER(S)/CURRENT FAMILY MEMBER(S) ADDRESS: _____
- G. N/A
- H. N/A
- I. DATE-TIME-GROUP/BUPERS ORDER NUMBER: _____
- J. DETACHMENT DATE: _____
(If dependents will travel at a later date include this date and reason for separate travel).
- K. ULTIMATE DUTY STATION : (In the case of ships, include the homeport). _____
- L. ESTIMATED DATE OF ARRIVAL AT ULTIMATE DUTY STATION: _____
- M. HOUSING PREFERENCE (Indicate government or civilian): _____
IS CIVILIAN HOUSING ACCEPTABLE UNTIL GOVERNMENT HOUSING BECOMES AVAILABLE? (YES/NO) _____
LIMIT OF RENTAL PAYMENT AUTHORIZED (CIVILIAN HOUSING): OVERSEAS ENTITLEMENTS.
DOES MBR DESIRE A SPONSOR? (YES/NO) _____
IS SPONSOR AUTHORIZED TO ACT AS AGENT FOR CIVILIAN RENTAL HOUSING? (YES/NO) _____
- N. NAME/NO-FEE PASSPORT NUMBERS/EXPIRATION DATES//VISA NUMBERS/EXPIRATION DATES

(If no-fee passports were applied for but not received, provide a copy of DD 1056 (Auth to Apply for No-Fee Passport and/or Visa). DD 1056 should have the date of application signed by a Passport Agent).
- O. 1. DOD PRESCRIBED TOUR LENGTH (As indicated in Appendix Q of JFTR): _____ MONTHS
2. EXPIRATION OF ACTIVE OBLIGATED SERVICE (EAOS): _____
- P. CERTIFICATION OF SUITABILITY, IF SCREENING IS COMPLETE: _____
- Q. REMARKS: _____

(NOTE: REMARKS – Enter other appropriate information such as “spouse is an accredited teacher,” etc. List known ICD-9 codes for medical ailments or physical disabilities of family member (s) and any family member(s) who display a physical, emotional or intellectual handicap requiring medical related services. Include family member(s) who are enrolled in the Exceptional Family Member (EFM) Program, and family member(s) who require special education in DODD schools outside the United States. Pregnancy should also be listed).

**DIRECTIONS FOR COMPLETING THE PASSENGER RESERVATION REQUEST
NPPSC 4650/1 (2-12)**

The NPPSC 4650/1 electronically filled out form is locked to allow your tab key to move from block to block and type in the expandable spaces information required to process request. PDF form also allows electronic signature.

NOTE * All dates will be DD/MMM/YYYY***
i.e. - 20MAY2008**

- Block 1 - X appropriate Block (New Request, Modification to, or Cancellation of).
- Block 2 - Enter the date the form is typed
- Block 3 - Enter the Rate and Last Name of Transfer Clerk at the PSD/CSD, or Command POC submitting the passenger reservation request (PRR) i.e. PS2 Samuelson, PSD Guantanamo Bay.
- Block 4 - Enter phone number for Transfer Clerk/Command POC.
- Block 5 - Enter email address for Transfer Clerk/Command POC.
- Block 6 - Enter Passenger in Last, First, Middle Name order. Name must match photo ID presented to the TSA agent at airport (CAC/PASSPORT IF REQUIRED OUTCONUS).
- Block 7 - Enter transferring member's SSN
*****Note-Entire 9 digit number is required on PRR***.**
- Block 8 - Enter Rank (i.e. O-3/E-7) and Rate (i.e. LT/PSC).
- Block 9 - Enter transferring member's date of birth.
- Block 10 - Enter transferring member's gender.
- Block 11 - Enter member's passport number/expiration date/Visa Number (when required).
- Block 12 - Enter transferring member's phone number (with area code) where they can be reached before detachment.
- Block 13 - Enter transferring member's e-mail address.

- Block 14 - Enter transferring member's detaching command, PDS and geographic location (city/state/country).
- Block 15 - Enter their new command, PDS and geographic location.
- Block 16 - Enter detachment date from current command.
- Block 17 - Date available to travel to new PDS after completing all TEMDUINS and/or leave.
- Block 18 - Mandatory RNLTL Date to new command. ***Remember to advise member that all PCS travel overseas allows for a 10 day window (20 days with pets) and the port call message dictating travel modifies original orders and report date (see DOD 4500.9-R)***.
- Block 19 - List Intermediate TEMDUINS commands and their locations on orders with reporting No-later-than date of arrival and departure/graduation dates. If more room is required hit your return key at end of block and keep typing C., D., etc.
- Block 20 - X appropriate box for accompanied (with family) or unaccompanied (member only).

If dependents are transferring overseas but not traveling with member, enter approximate Month/Year dependents will be traveling.

Dependents do travel at different times to allow children to start/complete school year.

X appropriate block identifying which type orders member is traveling on:

- PCS** - Permanent Change of Station orders
- COT** - Consecutive Overseas Tour Travel/Back to Back auth leave travel
- DEFERRED COT** - Delayed -to be taken after arrival at new duty station
- OTEIPO** - Overseas Tour Extension Incentive Program Orders
- RAT** - Renewal Agreement Travel (DOD Civilian PCS)

- Block 21 - Enter member's EAOS and any extensions.

Ensure member has obligated service to allow for an accompanied tour length overseas.

Block 22 - X appropriate block. If no, ensure screening process has begun and X in progress.

Block 23 - Enter prescribed tour length for assignment being served at next duty station.

Block 24 - X appropriate block. If yes, enter DTG of outgoing MSG request and/or approval.

Block 25 - Enter all family members traveling: Last name, First name, and Middle Name.

NOTESocial Security number
(entire number required),

Relationship to sponsor (i.e... Spouse, son, step-daughter, adopted son),

Passport number and expiration date, Visa number (if required) and expiration date.

Block 26 - Enter verified leave address including Zip code.
Ensure the accuracy of this block as locations of deployable units change and notification is required to prevent the misrouting of personnel.

Block 27 - Enter phone number of member while on leave (home phone number with area code) and cell phone number with area code (if available).

Block 28 - Enter E-Mail address of member while in a transient status between permanent duty stations.

MUST TYPE UPPER AND LOWER CASE IN THIS BLOCK.

Block 29 - Enter Name and Phone number (including area code) and address for Next of Kin for transferring member.

Ensure you do not give spouse's name if traveling with member.

Block 30 - Enter number of seats required by member and/or family. For delayed travel, enter only one seat requested and refer to block 20. Dependents travel

arrangements will be accomplished by the NAVPTO at a later date per Month and Year listed in Block 20.

Block 31 - X appropriate block window or aisle seat (families will be seated together whenever possible based on availability of seats)

Block 32 - Enter additional pieces of excess baggage authorized in text remarks of orders

Block 33 - Enter alternate routing request (OCONUS Travel only) here if member desires transportation other than their entitlement from the old PDS, POV shipping or POV storage point directly to new PDS via any authorized TEMDUINS.

For OCONUS travel, Government Air is directed where available.

The following options may only be considered when Government Air is not available.

Alternate departure points must be authorized IAW entitlements as per the JFTR/JTR or originate from APOE/APOD gateway airports with direct over the ocean travel to the new PDS when cost effective vs. the normal government procured transportation routing.

For OCONUS travel, commercial airlines may provide free stopovers for certain destinations (i.e.-Hawaii) that would allow the traveler a layover between their originating departure airport and final destination airport servicing the new PDS. Free airline stopovers ARE NOT an entitlement and are NOT available in all city markets and MAY NOT be available during the timeframe the traveler desires.

NAVPTO/CTO agents will work with reservations (if possible) to meet the member's needs. For complex travel arrangements, ask NAVPTO Port call clerk to correspond with member to coordinate flights. NAVPTO will be able to direct member to the CTO for assistance or give alternate available options.

Block 34 - Enter any additional information the member desires to communicate to the NAVPTO. Attach additional sheet as required to allow traveler to accurately communicate their desires to the NAVPTO so that arrangements are booked accurately the first time.

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

1. DOD COMPONENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.

PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.

DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.

2.a. NAME OF APPLICANT (Last, First, Middle Initial)

b. RANK

c. GRADE

3. SHIP OR STATION

4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED (Continue on blank page if necessary)

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP* (Adopted son, stepdaughter, etc.)	c. DATE OF BIRTH (Children) (YYYYMMDD)	d. LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State)

*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.
 **If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.

5. PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code)

6. OLD PERMANENT STATION

7. NEW PERMANENT STATION

8. DATE OF ORDERS (YYYYMMDD)

9. TRANSPORTATION REQUESTED a. FROM (City, State)

b. TO (City, State)

c. VIA (Route) (City, State)

10. DATE OF DEPARTURE (YYYYMMDD)

11. BY (Air, Rail, etc.)

12. CERTIFICATION OF INTENT

I certify that transportation for persons listed above, who were my dependents on the effective date of applicable orders, is being requested with the intent of establishing a bona fide residence. I further certify that I have not made application or submitted claim for transportation of my dependents on this change of station except as follows:

13. CERTIFICATE OF PROOF OF DEPENDENCY (Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)

I certify that my dependent(s) (Relationship) _____, named above, is/are in fact dependent upon me and that a certificate of dependency was approved by the appropriate agency. I further certify that there has been no change in the conditions of dependency since the certificate was approved.
 (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)

14. CERTIFICATE OF RESIDENCE OF PARENT (Required for a dependent parent in addition to block 13.)

I certify that my dependent(s) (Relationship) _____ is/are residing as a member of my household and will reside as a member of my household established incident to this change of station.

15. CERTIFICATE FOR STEPCHILD (Required for a stepchild in addition to block 13.)

I certify that (Name of child's other parent) _____ the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.

16.a. SIGNATURE OF APPLICANT

b. DATE (YYYYMMDD)

This form must be typed. See DoD 1000.21-R for form completion instructions.

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA		1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT	2. MAJOR SERVICE COMPONENT	
3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME		4. APPLICANT'S DATE OF BIRTH	5. APPLICANT'S PLACE OF BIRTH	
6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME <input type="checkbox"/> (If same as Item 3, X block)		7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE	8. SPONSOR'S SSN	
9.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP Code)		b. HOME TELEPHONE NUMBER (Include area code)		
		c. OFFICE TELEPHONE NUMBER (Include area code/DSN)		
10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include ZIP Code)		b. NAME OF PERSON WITH WHOM RESIDING		
		c. TELEPHONE (Incl. area code)	d. AGENT ID CODE (If applicable)	
11. DESTINATION (Country or Countries)	12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)	13. PASSPORT WILL BE FORWARDED TO: (Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)		
14. ESTIMATED DATE OF DEPARTURE (From country in which applicant is currently residing)	15. PROPOSED LENGTH OF STAY			
17. ADDITIONAL INFORMATION (Attach continuation sheets if necessary)		16. AUTHORIZING OFFICIAL		
		a. NAME (Last, First, Middle Initial)		
		b. GRADE	c. TITLE	
		d. COMPLETE MAILING ADDRESS (Include ZIP Code)		
		e. TELEPHONE NUMBER (Include area code/DSN)		
		f. SIGNATURE OF AUTHORIZING OFFICIAL	g. DATE	
FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)				
18. DATE APPLIED FOR PASSPORT	19. PLACE APPLIED FOR PASSPORT	20. NAME OF COURT OR PASSPORT AGENT		
21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE	22. PASSPORT NUMBER	23. DATE OF PASSPORT ISSUE	24. PASSPORT EXPIRATION DATE	
25. DOCUMENT(S) INCLUDED WITH PASSPORT	26. COUNTRY AND DATE VISA REQUESTED	27. DATE PASSPORT RECEIVED WITH VISA	28. DATE PASSPORT MAILED	
PRIVACY ACT STATEMENT				
<p>AUTHORITY: Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.</p> <p>PRINCIPAL PURPOSE: To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.</p> <p>ROUTINE USES: Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.</p> <p>DISCLOSURE: Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.</p> <p>*NOTE: If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."</p>				

ADMINISTRATIVE REMARKS
NAVPERs 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

HIV

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

BUPERS ORDER

_____ : HIV testing for SNM has been completed within (24) months of estimated date of detachment and the results are recorded in member's medical record. If the results are not received prior to transfer, results will be forwarded to next duty station.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT: _____

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

BUPERS ORDER

DEERS VERIFICATION UPON TRANSFER

_____: I certify that I have verified my family member(s) status in DEERS/Real Time Automated Personnel Identification System (RAPIDS) database via authorized listed DEERS center and all family members are accurately enrolled in the DEERS database.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

MILPERSMAN 1300-800

SUITABILITY FOR OPERATIONAL DUTY

_____ : 1. Operational screening per BUPERS order _____ has been completed. Member is fully suitable for operational duty.

2. Reason for screening: Orders to Type 2/Type 4 operational duty.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

MILPERSMAN 1300-300

ATFP VERIFICATION

_____ : This is to certify completion of Anti-Terrorism (AT) Awareness Training in connection with overseas relocation.

(ATFP Level) / (date completed)/(mbr name)/(family member/s name)

(Certifying Officer at the command)

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

MILPERSMAN 1300-308

OVERSEAS UNACCOMPANIED TOUR

_____: I fully understand the contents of MILPERSMAN 1300-308 and have elected the unaccompanied (all others) tour prior to my transfer from my present duty station. I also understand per JFTR, Volume 1, family member(s) travel to overseas duty station at government expense is not authorized.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

OVERSEAS ACCOMPANIED TOUR

PERMANENT **TEMPORARY**

AUTHORITY (IF PERMANENT)

MILPERSMAN 1300-308

_____: I fully understand the contents of MILPERSMAN 1300-308 and have elected the accompanied (with family member(s)) tour prior to my transfer from my present duty station.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

OVERSEAS TOUR POSTPONED DECISIONS

PERMANENT **TEMPORARY**

AUTHORITY (IF PERMANENT)

MILPERSMAN 1300-308

_____: I fully understand the contents of MILPERSMAN 1300-308 and desire to make my election of an accompanied (with family member(s)) or unaccompanied (all others) tour within 90 days after I report to my new duty station.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13



ADMINISTRATIVE REMARKS
NAVPERs 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT:

SINGLE SCOPE BACKGROUND INVESTIGATION

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

BUPERS ORDER

_____ : Per SECNAVINST 5510.30B, the Single Scope Background Investigation (SSBI) has been completed or initiated for access to Top Secret (TS) and Sensitive Compartmented Information before member's transfer date.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT: _____

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

MILPERSMAN 1306-106

OBLIGATED SERVICE

_____ : In consideration of assignment to _____, being unable at this time to incur additional obligated active service without potential monetary loss, I agree to an active duty obligation for _____ months to gain the total OBLISERV required by BUPERS order # _____ until (month/year) _____. I agree to reenlist/extend when eligible for a period of _____ years, and understand that if I do not reenlist, I will not be eligible for any SRB/EB award, and these orders may be cancelled. This NAVPERS 1070/613 agreement is not valid for transfer to any overseas area, including Hawaii and Alaska.

 Member's signature

 Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
 PRIVACY SENSITIVE



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION: _____

SUBJECT: _____

PERMANENT TEMPORARY

AUTHORITY (IF PERMANENT)

INSTRUCTOR OR RECRUITING DUTY

MILPERSMAN 1306-953 OR MILPERSMAN 1306-964

_____ : In connection with transfer to instructor or recruiting duty, I agree to remain on active duty to complete 36 months minimum tour. I understand I will not be authorized transfer to the Fleet Reserve or to a twilight tour prior to completion of prescribed tour of duty.

Member's signature

Witness

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13

SECTION I. YOUR ITINERARY (CONT'D)

NAME/LOCATION:	MDTVL:	NATURE OF DUTY:	CLCVN DATE:	DURATION TD/TDI:	LEAVE PERIODS:
6					
7					
8					
9					
10					

SECTION III MEMBER/DEPENDENTS' ITINERARY (ADDITIONAL INSTRUCTIONS)

<u>TWO-LETTER MODES OF TRAVEL</u>		<u>(MDTVL)</u>
(a) 1st letter		(b) 2nd letter
T — TRANSPORTATION REQUEST		A — AUTO
G — GOVERNMENT TRANSPORTATION		B — BUS
C — COMMERCIAL TRANSPORTATION		R — RAIL
P — PRIVATE VEHICLE		V — VESSEL
		P — PLANE

SECTION III. HOUSEHOLD GOODS (ADDITIONAL INSTRUCTIONS)

METHOD: Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).
SHIP FROM: Use "R" if shipped from Residence or "S" if shipped from Storage
ESTIMATED WEIGHT: Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.
SHIPMENT CODE: Use "HHG" for Household Goods or "EXP" for Express Shipments

ABBREVIATIONS:

CLCVN:	Class Convening Date	PCSVAD:	Permanent Change of Station Variance Analysis Department
CNTRY:	Country	PDS:	Permanent Duty Station
DITY:	Do It Yourself Shipments	POV:	Privately Owned Vehicle
EST:	Estimated/Estimation	SHIP:	Shipment
EXP:	Express Shipments	SSN:	Social Security Number
HHG:	Household Goods	TD:	Temporary Duty
LOC:	Location	TDI:	Temporary Duty Under Instruction
MDTVL:	Mode of Travel	WT:	Weight
MED:	Mediterranean		
MOS:	Months		
NATURE OF DUTY:	Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU		
ORDER NO./AUTH:	Authority for Permanent Change of Station Transfer — Order Number		
PCS:	Permanent Change of Station		

PRIVACY ACT STATEMENT: As the member, you must submit this form. If you don't, administrative action may result. Authority to require this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.

Mail to: *(window envelope may be used)*

Director
 Permanent Change of Station
 Variance Component
 1240 East 9th Street, Suite 967
 Cleveland, Ohio 44199-2088

Signature of Member

ADVANCE PAY CERTIFICATION/AUTHORIZATION

Privacy Act Statement

AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

PART I. REQUEST

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. GRADE
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.	
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$	b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)	
		c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)	

PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
9. TOTAL	\$ 0.00	

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK (Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)

PART IV. MEMBER CERTIFICATION

Penalty: The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)

PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:		16. WITH LIQUIDATION OVER:		17. AND PAYMENT OF THIS ADVANCE:	
a. ONE MONTH BASIC PAY LESS DEDUCTIONS	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS		b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS	
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$	b. 13 - 24 MONTHS (Specify number of months)				
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)		19. SIGNATURE OF OFFICIAL			
20. TITLE		21. GRADE		22. DATE (YYMMDD)	

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

TRAVEL ADVANCE REQUEST

1. NAME (LAST, FIRST MI)	2. SSN	3. GRADE/RANK
4. MAILING ADDRESS	CONTACT NUMBER	

5. CHECK TYPE OF ADVANCE REQUESTED

<u>ORDER TYPE</u>	<u>ELIGIBILITY</u>
<input type="checkbox"/> Permanent Change of Station (PCS) A, B, C, D, E, F <input type="checkbox"/> Travel overseas via POC Shipping Port _____ (Name of Port) OR <input type="checkbox"/> Travel via Old PDS Location _____ (ZIP and/or City and State)	
<input type="checkbox"/> Temporary Additional Duty (TAD/TDY)..... A, G, H, I	
<input type="checkbox"/> Retirement..... A, B, C, D	
<input type="checkbox"/> Separation/Discharge (served at least 90% of enlistment)..... A, C	
<input type="checkbox"/> Separation/Discharge (served less than 90% of enlistment)..... 75% of bus fare. <input type="checkbox"/> Member <input type="checkbox"/> Dependent	
<input type="checkbox"/> Separation/Discharge under OTH conditions <input type="checkbox"/> Member – 75% of bus fare <input type="checkbox"/> Dependent – C	
Check type of advance requesting: (see above for eligibility)	
<u>PCS</u>	<u>TAD/TDY</u>
<input type="checkbox"/> A. Member POC Mileage	<input type="checkbox"/> G. TAD/TDY Per Diem (Complete block 6)
<input type="checkbox"/> B. Member PCS Flat Per Diem	<input type="checkbox"/> H. Auto Rental (SATO endorsement is required)
<input type="checkbox"/> C. Dependent POC Mileage (Provide copy of Page2)	<input type="checkbox"/> I. Registration Fee
<input type="checkbox"/> D. Dependent PCS Flat Per Diem (Provide copy of Page2)	
<input type="checkbox"/> E. Dependent Dislocation Allowance (DLA) (Provide copy of Page2)	
<input type="checkbox"/> Check box if married MIL to MIL	
<input type="checkbox"/> F. Single Dislocation Allowance (DLA).	

6. TAD/TDY

MEALS AUTHORIZED

GOV DED GMR PMR CMR

Note: Endorsement is required if PMR or CMR is authorized while in government quarters.

COST OF LODGING: Note: If claiming commercial quarters, Certificate of Non-Availability (CNA) from the BOQ/BEQ is required. Documentation of daily rate for lodging advance must be provided before initial advance will be paid, subsequent request for lodging advance at same TDY location will required paid receipt for Lodging. PER JFTR U4129E

Lodging cost reimbursement is not authorized for a member who stays with a friend or relative.

FM: TO: Daily Rate
 FM: TO: Daily Rate

EFT INFORMATION

Account # _____
 Routing # _____
 Checking Savings
 Financial Institution _____
 Home Phone Number _____

7. MUST COMPLETE IF ADVANCE REQUESTED

A. Name	B. Relationship	C. Date of Marriage or Birth Date of Children	D. License Plate Number	E. Date MO/DY/YR Detaching
	Member	NA		
	Spouse			
	Child			

TRAVEL ADVANCE REQUEST
COMPLETE IF SINGLE DLA IS SELECTED

Check one:

- E-6 and below Shore Duty: Entitlement for the advance will be approved once it has been established that Government quarters *WILL NOT* be assigned at the new permanent duty station. You must obtain this certification from your ultimate activity.

- E-7 and above SHORE DUTY/E6 and above SEA DUTY: I certify that in conjunction with my reassignment to _____ that I do not intend to occupy Government quarters under the authority set forth in 37 U.S.C. 403(B), as amended. I understand that if Government quarters are permanently assigned, *I will be required to repay the advance immediately.*

COMPLETE IF A, B, C, D, E, & F ARE SELECTED ON PAGE 1

Member Certification: I certify that I intend to travel and/or relocate my dependents from (ZIP and/or city and state) _____ to _____ on or about (enter date) _____. My dependents will establish a bona fide residence in connection with my PCS. If I do not move my dependents within 30 days from the reporting date, *advance DLA will be recouped.*

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL-93-579) that requires that federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts. The principal purpose is to provide information required to legally pay advances to Navy personnel. Routine use: Member provides information about PCS, TAD, Discharge, Retirement, or Separation travel. The Disbursing Officer verifies entitlements and pay requested travel advances. Disclosure of information is voluntary. *If member does not provide the requested information, payment will not be made.*

ALL MEMBERS MUST READ ABOVE STATEMENT AND SIGN

I understand that in the event my entitlement is less than the travel advanced, the difference is a collectable indebtedness due the Government and shall be collected *immediately*. PER JFTR U4129E ***Lodging cost reimbursement is not authorized for a member who stays with a friend or relative***

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Signature

Date

DISLOCATION ALLOWANCE STATEMENT

Name:	SSN:	Order Number:
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This is the _____ (number) claim for Dislocation Allowance based on a PCS during FY _____. I have not and will not request government procured shipment of a house trailer or reimbursement for shipment at personal expense if I am claiming DLA for this PCS.

If claiming dependent DLA

Date dependent travel began	
Date dependent travel ended	

If claiming single DLA

E6 and above may elect to reside off base. E6 and below must attach a copy of the Barracks approval for Single BAH.

This is to certify that upon my transfer to _____/ homeported in _____, that I opted not to occupy government quarters (BEQ/BOQ)	I maintain residence off-base and my current address is:
_____ Member's signatures	_____ Street/Apt #
	_____ City/State/Zip

Mode of Transportation	City/State/Country	
	From	To

Old Address	New Address

Place to which dependents were last transported at government expense:

Authorized POVs	
License Plate#	State

Member's Signature	Date

TEMPORARY LODGING EXPENSE ALLOWANCE CERTIFICATION

(please print legibly)

Name:	SSN:
Name/location of last permanent duty station (PDS)/homeport/designated place	
Date detached from last PDS:	Date reported to new PDS:

Dependent Information

Name	Relationship	Date of birth/marriage

TLE at Old PDS

Temporary lodging was obtained at:	
Daily cost of lodging: \$ _____ (receipts attached).	

TLE at New PDS

Temporary lodging was obtained at:	
Daily cost of lodging: \$ _____ (receipts attached).	

Dates Temporary Lodging Occupied

Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	

If commercial temporary lodging facilities were used, a non-availability of government quarters statement is attached.

I certify that in connection with _____ departure from, and/or _____ arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for _ myself; or myself and dependents listed above; or _ N/A _ dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old or the new permanent duty station."

Member's Signature	Date:
Interviewed by:	

NPPSC FORM (06-12)

ELECTRONIC FUNDS TRANSFER (EFT) CERTIFICATE

Data Required by the Privacy Act of 1974

AUTHORITY: Debt Collection Improvement Act of 1996, Public Law 104-134. Public 104-134 requires that all federal payments shall be made by means of EFT.

PURPOSE: To ensure reimbursements made to military members and civilian employees who perform official travel are credited in their EFT account in a timely manner.

ROUTINE USES: To authorize a financial institution chosen by individual military members and civilian employees to credit their EFT account.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is mandatory. Failure to furnish information requested may result in non-payment of travel pay entitlement or may delay receipt of payment to your EFT account.

Name (last, first, MI)	SSN
Command/Duty Station	
Paygrade/GS Level	
Work Phone	Home Phone

Financial Institution's Name			
Financial Institution's Routing Transit Number (RTN) <small>(obtain from your financial institution or bottom part of your personal check)</small>			
Account Type (check one)	Checking		Savings
Account Number			
Signature			Date