

# NAS Jacksonville Space A Travel Request Form

This form is affected by the Privacy Act of 1974.

This information is required for Space Available Travel registration. Information contained in this request will ONLY be used for the purposes of determining eligibility, availability, and for registering for Space Available Travel. Please FAX the form back to (904) 542-3257 or email to [spaceajax@navy.mil](mailto:spaceajax@navy.mil).

1. NAME (Last, First, Middle)

2. RANK/GRADE

3. SSN

4. SEATS REQUIRED

5. TRAVEL STATUS (Type of Leave)

- CATEGORY I-- Civilian or Military Dependent on Emergency
- CATEGORY II-- Environmental Morale Leave (EML)
- CATEGORY III-- Active Duty on Ordinary Leave/House Hunting
- CATEGORY IV --(EML) Unaccompanied Dependents
- CATEGORY V--Permissive TDY or TAD / Student Travel
- CATEGORY VI.. Retired Military/Reserves

For Overseas Travel:

Border Clearance

Documents Control?

- Yes       No

(see note below)

6. SERVICE:  ARMY    NAVY    AIR FORCE    MARINES    OTHER

7. DATE LEAVE BEGINS (Active Duty Only)

8. DATE LEAVE ENDS (If extended, you must notify us before this date)

9. COUNTRY (List up to 5; one choice may be all)

10. LIST NAME OF DEPENDENTS TRAVELING AND TYPE OF PASSPORT (US or Foreign)

LAST      FIRST      MIDDLE      PASSPORT or SSN#

11.. I CERTIFY THAT I AM ON LEAVE OR PASS STATUS AT THE TIME I REGISTER FOR SPACE AVAILABLE TRAVEL AND WILL REMAIN IN SUCH STATUS WHEN AWAITING AND/OR HAVE BEEN ACCEPTED FOR SPACE AVAILABLE TRAVEL. IF ACCOMPANIED BY DEPENDENTS, I FURTHER CERTIFY THAT MY TRAVEL IS NOT IN CONJUNCTION WITH TDY/TAD AND THAT I AM NOT USING SPACE AVAILABLE TRAVEL TO TRANSPORT MY DEPENDENTS TO OR FROM MY RESTRICTED DUTY STATION OR ALL OTHERS (UNACCOMPANIED) TOUR LOCATION STATION. I CERTIFY THAT MY REQUEST FOR, AND ACCEPTANCE OF TRANSPORTATION VIA DOD-OWNED OR CONTROLLED AIRCRAFT IS NOT FOR PERSONAL GAIN, NOR FOR OR IN CONNECTION WITH BUSINESS OF ANY NATURE, AND THAT THIS TRIP WILL NOT RESULT IN ANY FORM OF REMUNERATION TO MYSELF OR TO MY FAMILY. I UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN BILLING AND/OR PUNITIVE ACTION.

12. DATE

13. TIME

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 8013.22 November 1943.

**PRINCIPAL PURPOSE:** To apply for air travel. SSN is needed for positive ID.

**ROUTINE USE(S):** Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the information may result in member not being accepted for travel on military aircraft. Disclosure of SSN is voluntary.

***TO SUBMIT THIS FORM, PLEASE PRINT A COPY AND FAX TO: (904) 542-3257 OR EMAIL TO [SPACEAJAX@NAVY.MIL](mailto:SPACEAJAX@NAVY.MIL).***