NAVY REGION SOUTHWEST
ARRIVE ALIVE DISTRIBUTION FORM

REQUIREMENTS

1. Complete, Sign and Print this Form
2. Bring printed form to Distribution Center:

937 N. Harbor Drive
Broadway Complex, Bldg1
5th Floor, Room S-517

Distribution Hours: 0800 - 1500

NOTE: Call (619) 532-1373 or 532-1293 to confirm availability. Allow 30 mins. for Command Program Overview.

CARDS WILL ONLY BE DISTRIBUTED TO E-7 AND ABOVE.

DATE: Jan 6, 2012

◉ **FLEET** ○ **SHORE** ○ **AIR**

PRIMARY POC INFORMATION *(PLEASE COMPLETE FORM USING CAPITAL LETTERS)*

FIRST NAME:	CHRISTOPER
LAST NAME:	JOHNSON
INSTALLATION:	NAVBASE CORONADO - NAVAL AMPHIBIOUS BASE
UIC:	N00246
COMMAND:	USS NEVERSAIL
DEPT/PROGRAM:	ENGINEERING
PHONE:	619-545-8932
EMAIL:	CHRISTOPER.JOHNSON@NAVY.MIL
RANK/RATE:	E-7 / ENC
JOB TITLE:	LCPO

ALTERNATE POC INFORMATION

FIRST NAME:	SUSAN
LAST NAME:	MESSERSMITH
PHONE:	619-776-2295
EMAIL:	SUSAN.MESSERSMITH@NAVY.MIL
RANK/RATE:	E-5 / IC2
JOB TITLE:	INTERNAL COMMUNCIATIONS SPECIALIST

STATEMENT OF UNDERSTANDING

By signing this form, I have agreed to ensure all personnel who are issued cards are made aware of the requirements for such use. Arrive Alive cards are to be strictly controlled. They are not to be sold, traded, purchased or given to unauthorized persons or users. Only one card per person is authorized. I agree to maintain documented proof of cards distributed. Cards are the property of Navy Region Southwest and must be returned upon request. I further understand that failure to comply with stated rules governing use of cards will result in my entire command being removed from the Arrive Alive Program permanently.

Primary POC Signature: ☐ I AGREE

CO/XO/OIC: CAPT JAMERSON CRUNCH **PHONE:** 619-767-0038

Print Name of Officer in Charge

FOR OFFICIAL USE ONLY

VERIFIED/ISSUED BY	LOCATION OF ISSUE	NUMBER OF CARDS	CARD NUMBERS