

# CUI

## ATTENTION

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## ATTENTION

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Standard Form 901 (11-18)  
Prescribed by GSA/ISOO | 32 CFR 2002

# CUI

# EEP Packet Auto-Fill Information

Sponsors Name: Last		First:	Middle:	Birth Date:
Sponsor SSN:		Sponsor Passport:	Position/Title:	Sex: <small>Male</small> <small>Female</small> Grade:
Unit:	APO AP Address:	Home Phone:	DSN:	Personal Email:
DEROS:	DoD Agency: <small>USA</small> <small>USAF</small> <small>USN</small> <small>USMC</small> <small>DoDCiv</small>		Place of Birth:	

## Evacuee Information

Evacuee #	1	2	3	4
Name				
Place of Birth				
SSN				
Passport/Foreign ID#				
Relationship				
Citizenship				
Sex	<small>Male</small> <small>Female</small>	<small>Male</small> <small>Female</small>	<small>Male</small> <small>Female</small>	<small>Male</small> <small>Female</small>
Birth Date				
Local Address				

## US Emergency Contact Info

Emergency Contact Name: Last		First:	Middle:
Cell Phone:		Work Phone:	Relationship:
Address:			Email Address:

PET #	PET#1	PET#2	PET#1 MEDICAL NEEDS
Pet Type	<small>Dog</small> <small>Cat</small>	<small>Dog</small> <small>Cat</small>	
PET NAME			
MICROCHIP #			
BREED			PET#2 MEDICAL NEEDS
COLOR			
SEX	<small>Male</small> <small>Female</small>	<small>Male</small> <small>Female</small>	
Pet with Crate Weight(LBS)			

## Vehicles

Vehicle #	Vehicle #1	Vehicle#2	This button erases <u>ALL</u> filled fields
Vehicle Color			
Make			
Model			
Year			
License Plate Number			
JCI expiration date			
Insurance expiration date			

# EMERGENCY EVACUATION PROGRAM (EEP) Packet

Enter full name  
Last, First, MI



Information contained within  
this folder is protected by the  
Privacy Act of 1974.

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## **SECTION**

- 5.1. AF Form 375 Family Care Certification
- 5.2. DD Form 2208 (Example)
- 5.3. DD Form 2209
- 5.4 Pet EEP Card

## **SECTION**

- 6. Copies of Other Important Personal Documents



# EMERGENCY EVACUATION PROGRAM (EEP) Packet

<b>SECTION 1</b> <b>Administration and Reference</b>		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	EEP Packet Checklist	This document will help you to properly prepare for an emergency evacuation. Follow the checklist to prepare NOW for potential emergency evacuations. You will not have time to prepare amidst an emergency situation as most services will be closed, gates secured, etc.
2. <input type="checkbox"/>	Emergency Bag/Kit Checklist	Suggested items needed during crisis and or evacuation.
3. <input type="checkbox"/>	EEP Appointment Memo	These are the appointment memos for your EEP Wardens for your unit or organization. They are your first line of contact during evacuation.
4. <input type="checkbox"/>	USFJ Command Policy Memo	
5. <input type="checkbox"/>	Unit, Wardens, and Community Contact Information	Important contact information needed during a crisis. Identifies who your Warden is and contact information
6. <input type="checkbox"/>	Map from Residence to Shuttle/Group Assembly/Evacuation Control Center	Please print 2 copies. One for your Coordinator/Warden. This will be used if they must physically contact you. Second copy goes into packet.



# EMERGENCY EVACUATION PROGRAM (EEP) Checklist

SPONSOR'S NAME:		RANK:	SPONSOR'S UNIT:	UNIT PHONE NO.:	APO AP:		
<b>Required Documents (Must be maintained by EEP Warden for every Evacuee)</b>					YES	NO	N/A
1	USFJ Form 178-R Emergency Evacuation Operations Data Card						
2	Map from Residence to Rally Point/Evacuation Control Center						
<b>Required Documents for EEP Packet</b>							
<b><u>SECTION 1: Administration and Reference</u></b>					YES	NO	N/A
1	EEP Packet Checklist						
2	Emergency Bag/Kit Checklist						
3	USFJ Command Policy Memo						
4	Unit, Wardens, and Community Contact Information						
5	Map from Residence to Rally Point/Evacuation Control Center						
<b><u>SECTION 2: Identification</u></b>							
1	USFJ Form 178-R: EEP/NEO Data Card (Complete and turn in to Warden)						
2	DoD ID (No copy, have on person)						
3	US Passport w/SOFA Stamp (copy and have on person)						
<b><u>SECTION 3: Evacuation and Finance Orders/Forms</u></b>							
1	Orders or Letters of Employment (Authorization) for sponsor/family in Japan						
2	DD Form 1610: Evacuation Orders						
3	DD Form 2585: Repatriation Processing Form						
4	*DD Form 2461: (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments						
5	*DD Form 1337: (Military Personnel) Authorization/Designation for Emergency Pay & Allowances						
6	Change of Address form (local post office form)						
7	DS-3072 Repatriation Emergency Medical and Dietary Assistance Loan Application						
8	DS-5528 Evacuee Manifest and Promissory Note						
<b><u>SECTION 4: Vehicle, Residence and Household Goods Forms</u></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 (copy)						
6	DD form 788: Vehicle inspection document						
7	*DD 2506: Vehicle impound document (2 copies)						

\* if applicable







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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.**





DEPARTMENT OF THE AIR FORCE  
374TH AIRLIFT WING



31 Jul 23

MEMORANDUM FOR ALL YOKOTA AB PERSONNEL

FROM: 374 AW/CC

SUBJECT: Yokota Air Base Emergency Evacuation Plan 2023

1. This is the Yokota Air Base (YAB) Emergency Evacuation Plan (EEP), which establishes procedures for intermediate reception operations and local evacuation of military dependents and non-essential civilian employees hereafter known as authorized emergency evacuees as well as plans for performing Temporary Safe Haven operations occurring at YAB. This plan provides planning guidance for processing emergency evacuees departing from and arriving to YAB on their way to a designated safe haven or repatriation site.
2. Each organization will be responsible for creating EEP Standard Operating Procedures. This includes corresponding management tools, such as operating instructions and checklists, to ensure successful accomplishment of their mission. One copy of all written material developed in support of this plan will be forwarded to the 374th Force Support Squadron Readiness section (374 FSS/FSOX) within 30 days of receipt of this plan or change(s). Organizations will review all EEP related documents no later than (NLT) 31 January of a new calendar year.
3. The 374 FSS/FSOX will ensure plan currency with the direct support of all units, staff agencies and tenant units. Functional area chiefs will review this plan NLT 28 February of a new calendar year, to ensure adequacy and currency. All addressees of this plan are required to advise the Office of Primary Responsibility (OPR), 374 FSS/FSOX, of any factors that may prevent the execution of this plan as presented herein. Submit recommendations for change to 374 FSS/FSOX within 60 days of the date on my digital signature.
4. This letter supersedes all previous letters, same subject.

RODDAN.ANDRE  
W.L.1026139933

Digitally signed by  
RODDAN.ANDREW.L.10261399  
33  
Date: 2023.07.31 20:09:07  
+09'00'

ANDREW L. RODDAN, Colonel, USAF  
Commander

Controlled by: USAF // 374 FSS/FSO  
CUI Category: OPSEC  
Distribution/Dissemination: FEDCON  
POC: Maj Jazmine Hood, DSN: 315-225-7447

CUI

<b>EEP FOLDER CHECKLIST</b>		
<b>Folder Location</b>	<b>Item</b>	<b>Notes</b>
Tab 1.1	EEP Packet Checklist	
Tab 1.2	Emergency Bag/Kit Checklist	
Tab 1.3	EEP Appointment Memo	
Tab 1.4	USFJ Command Policy	
Tab 1.5	Unit, Wardens, and Community Contact Information	
Tab 1.6	Map from Residence to Rally Point/Evacuation Control Center	
Tab 2.1	USFJ Form 178-R <i>Evacuation Card</i>	
Tab 2.2	DoD ID Card	Hand carry
Tab 2.3	US Passport w/SOFA	Hand carry
Tab 3.1	PCS Orders or Letter of Employment	
Tab 3.2	DD Form 1610 <i>Request and Authorization for TDY</i>	Only completed during evacuation
Tab 3.3	DD Form 2585 <i>Repatriation Processing Center</i>	Ensure pages 5-8 are completed
Tab 3.4	*DD Form 2461 <i>Authorization for Emergency Evacuation</i>	DoD Civilians only
Tab 3.5	*DD Form 1337 <i>Authorization for Emergency Evacuation</i>	Military only
Tab 3.6	DD Form 2258 <i>Temporary Change of Address</i>	
Tab 3.7	DS-3072 <i>Repatriation/Emergency Medical and Dietary Assistance Loan Application</i>	
Tab 3.8	DS-5528 <i>Evacuee Manifest and Promissory Note</i>	
Tab 4.1	Inventory of Household Goods (DD Form 1701 or similar form)	
Tab 4.2	DD Form 1299 Application for Shipment and/or Storage of Personal Property	
Tab 4.3	Residence Key Envelope	
Tab 4.4	Vehicle Key Envelope	
Tab 4.5	Military Vehicle Registration/Certificate of Title	Hand carry originals
Tab 4.6	DD Form 788	788-1 for cars/788-2 for vans
Tab 4.7	DD 2506 <i>Vehicle Impoundment</i>	
Tab 5.1	Family Care Plan	
Tab 5.2	DD Form 2208	Form will be provided by your veterinarian
Tab 5.3	DD Form 2209 <i>Veterinary Health Certificate</i>	
Tab 5.4	Pet Evacuation Card	
Tab 6.1	Recommended Personal Documents	

*\*If applicable*

**Pets:** Pet carriers must be properly marked with International Air Transport Association stickers. To be purchased by member. All documents must be in a sealed bag to protect from elements.



DEPARTMENT OF THE AIR FORCE  
374TH AIRLIFT WING



Day Month Year

MEMORANDUM FOR INSTALLATION EEP PROGRAM MANAGER

FROM: UNIT

SUBJECT: Appointment of Squadron Emergency Evacuation Plan (EEP) Coordinators and Wardens

1. The following individuals have been appointed as our squadron EEP Coordinators and Wardens:

**Squadron EEP Coordinators**

Last, First MI.	Rank	Office Symbol	Cell Phone	Duty Phone	Training Date

**Flight EEP Wardens**

Role	Last, First MI.	Rank	Cell Phone	Duty Phone	Training Date
NTS					
Squadron Rally Point					
Augmentee					

2. In the event of an evacuation EEP Coordinators are the liaisons between the Unit Control Center (UCC) and the EEP Wardens. Other duties include conducting inspections for EEP packets, report findings NTL the 15th of every quarter to Group EEP Coordinator, maintain an EEP binder for their respective unit, and support their Wardens in directing augmentees for proper manning. EEP Coordinators are also required to complete the following:

a. Conduct semi-annual program reviews to ensure unit EEP programs are in compliance with Yokota Air Base (YAB) EEP and USINDOPACOM guidance.

b. Provide guidance/oversight for flight EEP programs if the unit appoints flight Wardens.

c. Conduct monthly review of appointment letters.

d. Conduct annual reviews of the Standard Operating Procedures (SOP).

e. Create a 24-hour work schedule to include:

(1) Manning at the ECC

(2) Manning unit UCC

(3) Manning for Group Assembly Point

(4) List of augmentees

3. EEP Wardens: Duties of an EEP Warden include creating and maintaining EEP packets for all SOFA status sponsored personnel, reporting accountability to EEP Coordinators, and other duties that support evacuation operations. Other duties may include but are not limited to operating Non-Combative Evacuee Tracking System (NTS) machines, overseeing assembly points, and facilitating evacuees at the Evacuation Control Center (ECC). NOTE: EEP Wardens may be the last in their group to evacuate to ensure all members are supported in a safe and efficient evacuation. Unit EEP/NEO Wardens augment the ECC process once their respective unit noncombatants have been notified and accounted for. EEP Wardens are to complete the following:

a. Contact all unit Non-Combative Evacuees (NCEs) within 30 days of their arrival, provide

EEP packet (shell with handouts, one per family), add them to the NCE roster (include number of children and pets per family), and provide EEP prep training to NCE(s) and sponsor. Must be completed within 60 days of arrival. Ensure a copy of the Wg/CC's EEP letter is included.

(1) Assist NCEs in completing required paperwork and compiling EEP packet.

(2) Follow-up with all unit NCEs within 60 days of their arrival to conduct initial inspection of NCE EEP packet.

(3) Ensure NCEs provide maps (detailed directions/map) to their residence, and route to shuttle, group assembly point, and ECC.

b. Maintain a unit continuity binder for recall and preparedness (i.e., unit NCE roster, maps to NCEs' residences, etc.)

c. Maintain updated forms for EEP packet and disseminate to all personnel with EEP packets.

d. Disseminate EEP-related correspondence to key unit personnel when required.

e. Ensure program reviews are documented and filed in unit EEP continuity binders.

f. Conduct quarterly EEP packet reviews (100% annually); if an NCE refuses to complete a EEP packet or is not available during the inspection, document the info accordingly in the continuity binder; document all packet inspections (date conducted and outcome) on the NCE roster in the continuity book.

g. Provide EEP packet review memo (summarize results) to the unit commander semi-annually. The unit commander will initial the report and file in the unit continuity binder.

h. Attend installation EEP program training as required; document training attendance (type of training and date) in continuity binder. In conjunction with the supervisor, test NCE strip maps (drive to their homes to check map accuracy). Inform NCEs immediately when an evacuation is ordered.

i. Attempt to make 100% NCE contact by phone or in person to ensure unit NCEs are aware of order to evacuate and the evacuation process.

j. Proceed to designated location once 100% contact has been attempted (to include driving to residences to physically leave a message, if necessary).

k. Report number of unit NCEs contacted/number unaccounted for to unit UCC. Continue attempting to contact unit NCEs; goal is 100% contact/accountability at ECC.

l. Perform ECC duties if assigned.

m. Advise commander when EEP Coordinator/Warden is within 45 days of PCSing/deploying so new Coordinator/Warden can be designated in writing.

NOTE: Sponsors of NCEs are responsible for working with the squadron EEP Coordinator to ensure all applicable paperwork, actions, etc. for their family members are completed as required.

4. If assigned as an NTS operator, please contact the Military Personnel Flight (MPF) at 315-225-9915 within 30 days of appointment to schedule NTS training.

5. This letter supersedes any previous letter, same subject.

Commander's signature block

## Unit Contact Information

<b>Position</b>	<b>Name</b>	<b>Contact Information</b>
Commander		Cell: DSN:
First Sergeant		Cell: DSN:
EEP Coordinator (P)		Cell: DSN:
EEP Coordinator (A)		Cell: DSN:
Command Post		Cell: DSN:

Current as of Day Month Year



# Yokota Air Base Area Index

The Yokota basemap is maintained by Yokota GeoBase Office,  
374 CES/CEPTG, Building 838.  
Please direct any enquiries to:



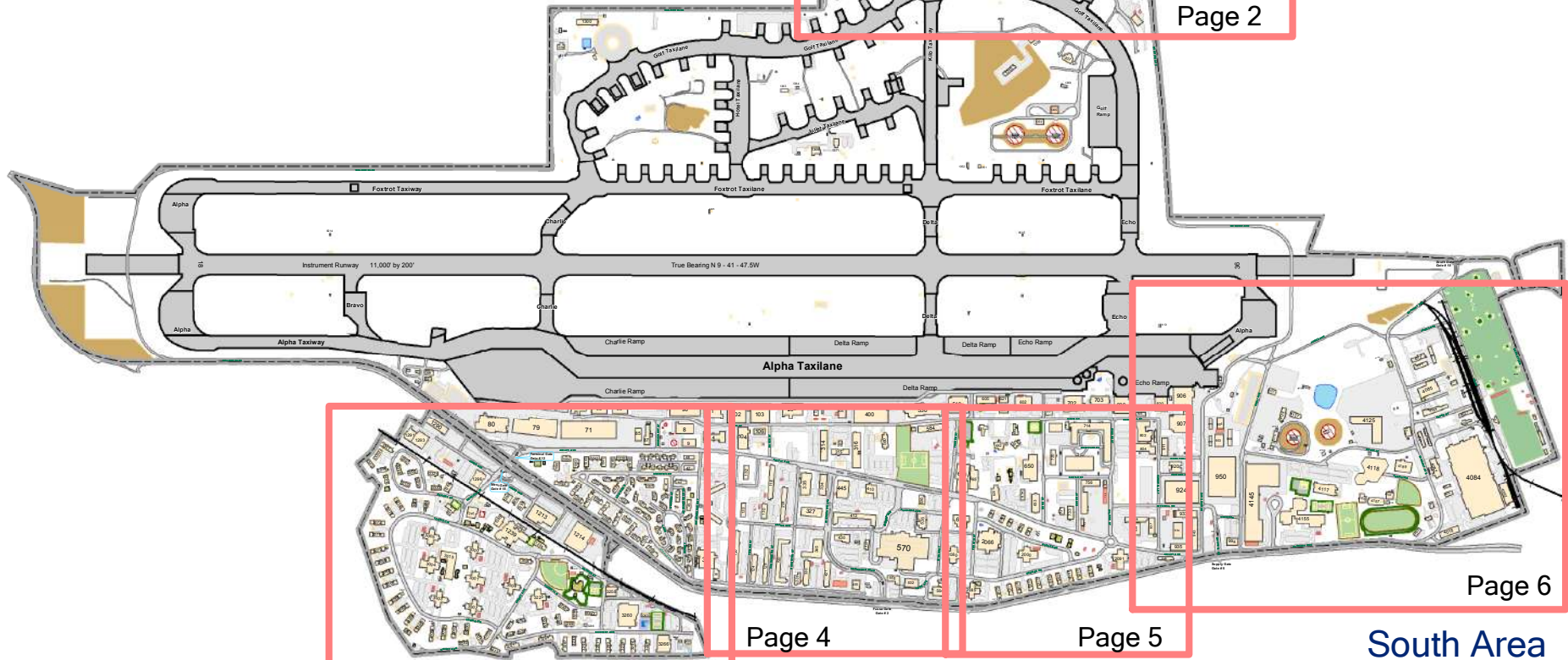
Email: [geobase@yokota.af.mil](mailto:geobase@yokota.af.mil)  
DSN: 225-3284  
DSN: 225-7861



## East Area



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West and  
North Areas

Central  
Area 1











Central  
Area 2

South Area



# Page 2 - EAST AREA

## Building Legend

-  Gate
-  AMC Terminal
-  ATM, Banks
-  Billeting, Lodging Office
-  Fire Dept.
-  Hospital
-  Recreation, Entertainment
-  Schools, Child Care
-  Shopping, Dining, Food
-  Other

- |                              |                  |
|------------------------------|------------------|
| 1) Hospital                  | Bldg. 4408, 4413 |
| 2) East Fire Station         | Bldg. 4336       |
| 3) Dental Clinic             | Bldg. 1585       |
| 4) Base Theater              | Bldg. 4335       |
| 5) Skateboard Park           |                  |
| 6) Shops & Restaurant        | Bldg. 4330       |
| 7) PACAF Band & Sakura Shell | Bldg. 4361, 4362 |

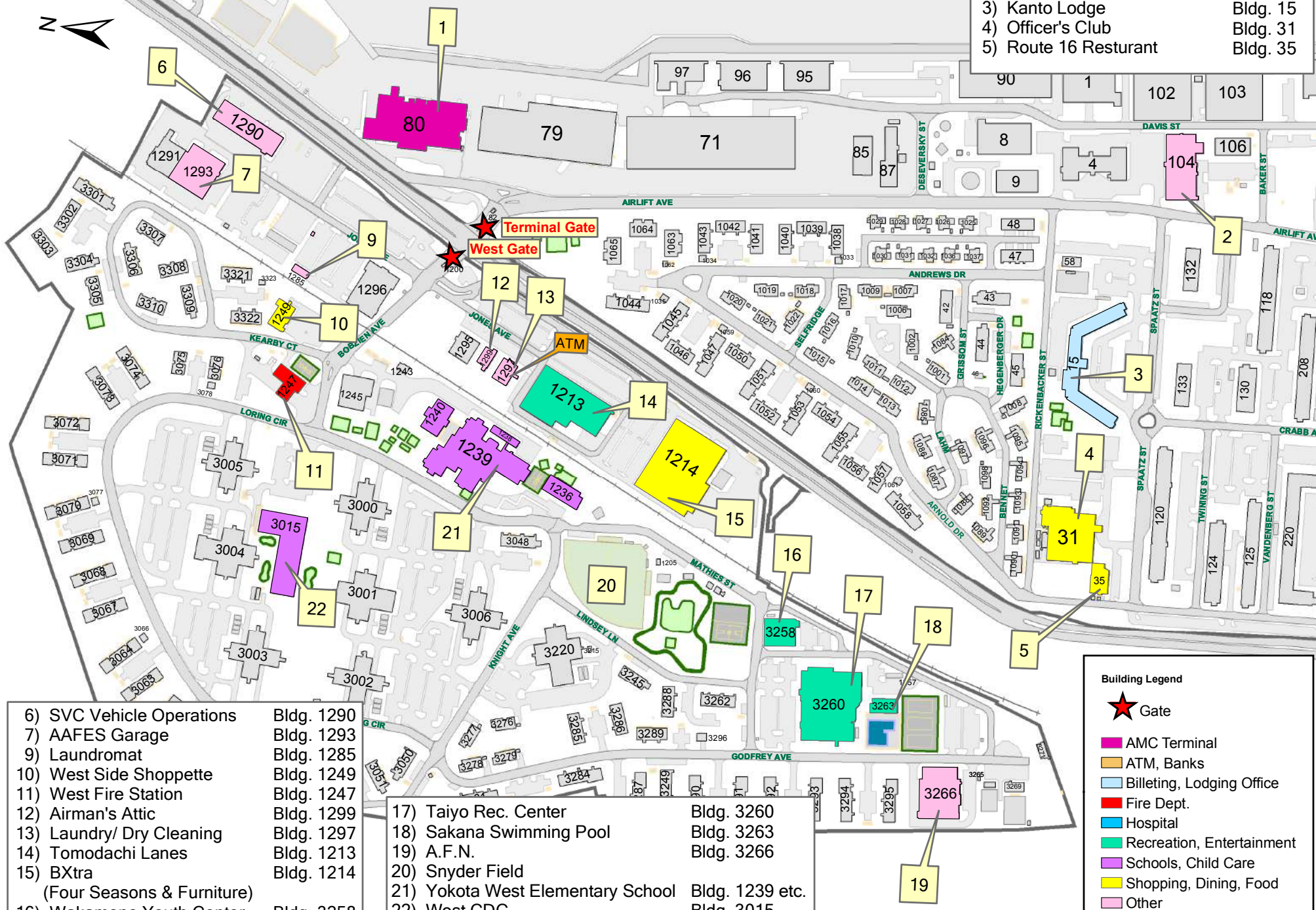


- |                                     |                 |
|-------------------------------------|-----------------|
| 8) Joan K. Mendel Elementary School | Bldg. 4319 etc. |
| 9) East Chapel                      | Bldg. 4314      |
| 10) Teen Center                     | Bldg. 4313      |
| 11) Natatorium                      | Bldg. 4338      |
| 12) Child Development Center        | Bldg. 1592      |
| 13) Youth Center                    | Bldg. 1591      |
| 14) Tachi Field                     |                 |
| 15) Friendship Field                |                 |
| 16) Yokota Field                    |                 |
| 17) East Side Shopette              | Bldg. 1380      |
| 18) Subway Restaurant               | Bldg. 1380      |
| 19) DoDDS Japan District Office     | Bldg. 1584      |



# Page 3 - WEST AND NORTH AREAS

- 1) Passenger Terminal Bldg. 80
- 2) Defense Finance & Accounting Services (DFAS) Bldg. 104
- 3) Kanto Lodge Bldg. 15
- 4) Officer's Club Bldg. 31
- 5) Route 16 Resturant Bldg. 35



- 6) SVC Vehicle Operations Bldg. 1290
- 7) AAFES Garage Bldg. 1293
- 9) Laundromat Bldg. 1285
- 10) West Side Shoppette Bldg. 1249
- 11) West Fire Station Bldg. 1247
- 12) Airman's Attic Bldg. 1299
- 13) Laundry/ Dry Cleaning Bldg. 1297
- 14) Tomodachi Lanes Bldg. 1213
- 15) BXtra Bldg. 1214
- 16) Wakamono Youth Center Bldg. 3258

- 17) Taiyo Rec. Center Bldg. 3260
- 18) Sakana Swimming Pool Bldg. 3263
- 19) A.F.N. Bldg. 3266
- 20) Snyder Field
- 21) Yokota West Elementary School Bldg. 1239 etc.
- 22) West CDC Bldg. 3015

**Building Legend**

- ★ Gate
- AMC Terminal
- ATM, Banks
- Billeting, Lodging Office
- Hospital
- Recreation, Entertainment
- Schools, Child Care
- Shopping, Dining, Food
- Other

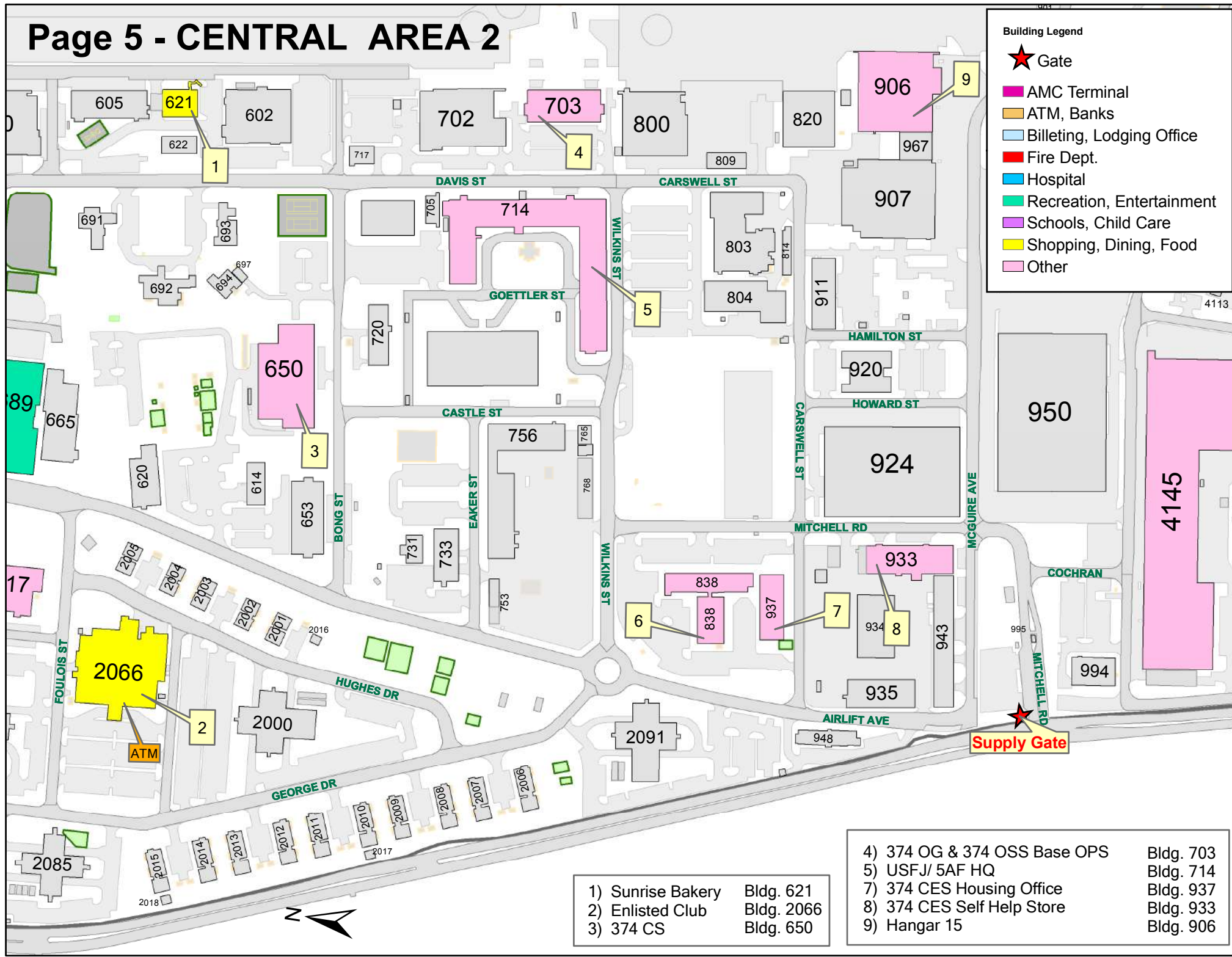




# Page 5 - CENTRAL AREA 2

**Building Legend**

- ★ Gate
- AMC Terminal
- ATM, Banks
- Billeting, Lodging Office
- Fire Dept.
- Hospital
- Recreation, Entertainment
- Schools, Child Care
- Shopping, Dining, Food
- Other



- 1) Sunrise Bakery Bldg. 621
- 2) Enlisted Club Bldg. 2066
- 3) 374 CS Bldg. 650

- 4) 374 OG & 374 OSS Base OPS Bldg. 703
- 5) USFJ/ 5AF HQ Bldg. 714
- 7) 374 CES Housing Office Bldg. 937
- 8) 374 CES Self Help Store Bldg. 933
- 9) Hangar 15 Bldg. 906





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## EVACUATION DATA CARD

(USFJ FORM 178-R)

USA   
  USAF   
  USN   
  USMC   
  DODCIVILIAN   
  OTHER (                      )

SPONSOR NAME <i>(Last, First, MI)</i>	SEX	GRADE	SSN
---------------------------------------	-----	-------	-----

DEROS (DD Month YY)	DUTY TELEPHONE NUMBER	HOME TELEPHONE NUMBER
---------------------	-----------------------	-----------------------

UNIT	APO AP
------	--------

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

EVACUEE LOCAL ADDRESS

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

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

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

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

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

MEDICAL NEEDS

REMARKS:

SPONSOR'S SIGNATURE	DATE (DD Month YY)
---------------------	--------------------

### PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. **PRINCIPAL PURPOSE:** To assist the command in evacuation by establishing a database of potential evacuee's 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.



## EMERGENCY EVACUATION PROGRAM (EEP) Packet

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

\*if applicable

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

**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 a 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


<b>SECTION 3</b> <b style="color: blue;">Evacuation and Finance Orders/Forms</b>		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	Orders or Letters of Employment (Authorization) for sponsor/family in Japan	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"/>	<b>DD Form 1610:</b> 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"/>	<b>DD Form 2585:</b> 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"/>	<b>*DD Form 2461:</b> (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments	(DoD Civilian Employees & family members) This form will help you expedite emergency pay and allowances if needed.
5. <input type="checkbox"/>	<b>*DD Form 1337:</b> (Military Personnel) Authorization/Designation for Emergency Pay & Allowances	This form will help you expedite emergency pay and allowances if needed.
6. <input type="checkbox"/>	<b>DD Form 2258:</b> Temporary Mail Distribution	This form can redirect mail from your local address to your new address. (Use your local post office form)
7. <input type="checkbox"/>	<b>DS-3072</b> Repatriation Emergency Medical and Dietary Assistance Loan Application	

\*if applicable

**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 a 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.

Command sponsorship paperwork will look like one of the two following letters:

### Letter for Request for Command Sponsorship Used for marriage, adopted children, etc.

 DEPARTMENT OF THE AIR FORCE  
PACIFIC AIR FORCES

DATE \_\_\_\_\_

MEMORANDUM FOR: APPLICANT'S UNIT/CC  
374A/SG/CC  
374A/SG/CC

FROM: Rank/Name of Applicant

SUBJECT: Request for Command Sponsorship

1. LAW AFI 36-2110, Attachment 20, I Rank, Last Name, First Name, SSN, DA/FC, request command sponsorship for the following individual(s):

NAME	RELATIONSHIP	DATE OF BIRTH
------	--------------	---------------

A. Reason for Request: \_\_\_\_\_

B. Date Departed Last Duty Station: \_\_\_\_\_

C. Date Departed CONUS: \_\_\_\_\_

D. Date Arrived Station: \_\_\_\_\_

E. Current Tour Length: \_\_\_\_\_

F. Current DEROS: \_\_\_\_\_

G. Date of Separation: \_\_\_\_\_

H. Address where dependents & household goods moved upon receipt of PCS notice (if applicable): \_\_\_\_\_

I. Current location of dependents household goods: date shipped, shipped at government expense or yours? \_\_\_\_\_

J. They have not been notified of a PCS assignment.


2. I agree to serve the accompanied-by-dependents tour. If required, I agree to extend for 1 year (realist command sponsorship), or 2 years (deserated sponsorship), prior to approval of command sponsorship. If required, I understand that I must extend my date of separation to match my new DEROS within 30 days of receiving the approval and if I do not obtain the appropriate my command sponsorship will be cancelled.

3. If there are any questions, please contact me at 225-xxxx.

**SIGNATURE BLOCK OF APPLICANT**

1st Tld to Unit/CC, Date of Memo, Request for Command Sponsorship, (Member's rank and name)

### Automatic Command Sponsorship Letter Used for children born to command sponsored parents

 DEPARTMENT OF THE AIR FORCE  
PACIFIC AIR FORCES

24-Apr-12

MEMORANDUM FOR: 374 CPTS  
374 CES/CEH  
374 MDSS  
Unit/CC  
IN TUPN

FROM: 374 FSS/FSMEM

SUBJECT: Automatic Command Sponsorship

1. This is to certify that RANK/NAME / SSN is currently serving the accompanied tour. The following dependent(s) is/are automatically command sponsored:

SON/DAU/Spouse /DEPENDENT'S NAME /DOB or DOS: \_\_\_\_\_

Command Sponsorship Effective date: \_\_\_\_\_

\* Dependent was born at YOKOTA AB (or in Japan). Member/dependent was separated from Yokota AB.

2. If you are switching dependents under a different sponsor or a military to military couple, the effective date for COLA change will be the date of this letter.

3. If you have any questions, please contact the Customer Support Element at 225-9913 or visit our MFS Information Site at <https://yokota.afm.af.mil/sites/MFS/default.aspx>.

NCOIC, Customer Support  
Military Personnel Section

<b>REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL</b> <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>										<b>1. DATE OF REQUEST</b> <i>(YYYYMMDD)</i>	
<b>REQUEST FOR OFFICIAL TRAVEL</b>											
<b>2. NAME</b> <i>(Last, First, Middle Initial)</i>				<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> <i>(Include Area Code)</i>		
<b>8. TYPE OF AUTHORIZATION</b>			<b>9. TDY PURPOSE</b> <i>(See JTR, Appendix H)</i>				<b>10a. APPROX. NO. OF TDY DAYS</b> <i>(Including travel time)</i>			<b>b. PROCEED DATE</b> <i>(YYYYMMDD)</i>	
<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 <i>(Check one)</i>	
										RATE PER MILE: _____	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <i>(Overseas Travel only)</i>										<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR	
<b>13.</b>	a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.					b. OTHER RATE OF PER DIEM <i>(Specify)</i>					
<b>14. ESTIMATED COST</b>										<b>15. ADVANCE AUTHORIZED</b>	
a. PER DIEM			b. TRAVEL			c. OTHER			d. TOTAL		
\$			\$			\$			\$		
<b>16. REMARKS</b> <i>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</i>											
<b>17. TRAVEL-REQUESTING OFFICIAL</b> <i>(Title and signature)</i>						<b>18. TRAVEL-APPROVING/DIRECTING OFFICIAL</b> <i>(Title and signature)</i>					
<b>AUTHORIZATION</b>											
<b>19. ACCOUNTING CITATION</b>											
<b>20. AUTHORIZING/ORDER-ISSUING OFFICIAL</b> <i>(Title and signature)</i>								<b>21. DATE ISSUED</b> <i>(YYYYMMDD)</i>			
								<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.)*

**REPATRIATION PROCESSING CENTER  
PROCESSING SHEET**

OMB No. 0704-0334  
OMB approval expires  
Sep 30, 2017

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** E.O. 12656, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To document the movement of an evacuee from a foreign country to an announced safe haven. Information will be used, as needed, to assist the evacuee in the process of repatriation. This information is covered under DMDC 04, Emergency Evacuation and Repatriation (<http://dpcl.o.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6695/dmdc-04.aspx>).

**ROUTINE USE(S):** To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the U.S. Citizenship and Immigration Services (USCIS) for tracking and contacting foreign nationals evacuated to the U.S.; to the Department of Health and Human Services to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual. The DoD "Blanket Routine Uses" found at <http://dpcl.o.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> also apply to this system.

**DISCLOSURE:** Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members. Social Security Number (SSN) is used in the documentation of payments and loans provided in the process of evacuation and may be provided to the IRS if payment is not received. The Social Security Number (SSN) may also be used in the process of verifying an individual's identity and citizenship.

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2585,  
REPATRIATION PROCESSING CENTER PROCESSING SHEET**

*(Read before completing this form.)*

**GENERAL INSTRUCTIONS**

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, and Executive Order 9397.

Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

- (1) Official travel orders for Safehaven Status (DD Form 1610).
- (2) Permanent Change of Station (PCS) Orders.
- (3) Passport, Visa and International Immigration (shot) record.
- (4) Military/DoD Civilian/Dependent Identification Card.
- (5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

- (1) Passport and Visa (as applicable).
- (2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

**6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.**

**7. FOR PROCESSING CENTER USE ONLY.** Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person."

## SPECIFIC INSTRUCTIONS

### **SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)**

This section and Section III (Pages 5 through 8) will be completed by the "responsible person."

### **SECTION II - PROCESSING CENTER**

**Item 1. Airline and Flight Number.** Enter the airline and flight number arrived on.

**Item 2. Date of Arrival.** Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1998, MM=08 (August), DD=20 (20th).

**Item 3. Repatriation Center.** Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

**Item 4. Processing Date.** Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

**Item 5. Processing Time.** Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m.=0200, 3:00 p.m.=1500.

### **SECTION III - EVACUEE IDENTIFYING INFORMATION**

**Item 6. Name.** Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

**Item 7. Country Evacuated From.** Enter the original country from which you departed enroute to the United States.

**Item 8. Date of Birth.** Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1963, MM=08 (August), DD=20 (20th).

**Item 9. Place of Birth.** Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

**Item 10. Country of Citizenship.** Enter the country of citizenship. (Example: USA, Canada, England, France, Germany, etc.) If you are a U.S. citizen and a citizen of one or more other countries, please write USA. If you are not a U.S. citizen, and you are a citizen of more than one country, please write the country that issued the passport you are using for travel.

**Item 11. Gender.** Place an "X" in the appropriate block to indicate whether male or female.

**Item 12. Social Security Number (SSN).** Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

**Item 13. Marital Status.** Place an "X" in the block that indicates marital status, if applicable.

**Item 14. Passport Number and Country of Issue.** Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport. If you are a U.S. citizen and a citizen of one or more other countries, please use your U.S. passport information. If you are not a U.S. citizen, and you are a citizen of more than one country, please use the information on the passport you are using for travel.

**Item 15. Alien Number and Country of Issue.** Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

**Item 16. Classification Number(s) and Agency Code(s).** Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

**NOTE:** Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

**Item 17. Number of Family Members With You.** Enter the appropriate number of family members in the family group.

**NOTE:** If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

**Item 18. Number of Animals With You.** This space is only for use by DoD employees and their family members, and private U.S. citizens with service animals. Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

**FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).**

**Item 19. Emergency Contact in U.S.**

- a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.
- b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.
- c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.
- d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.
- e. Cell Telephone Number. Enter the "Emergency Contact's" cell telephone number (if known or applicable), to include the area code.

## **SPECIFIC INSTRUCTIONS** (Continued)

**Item 20. Final Destination.** If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

**NOTE:** If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

**Item 21.** If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

### **Item 22. Final Destination and Name of Escort for Unaccompanied Minor Child(ren).**

If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted (if known or applicable), to include the area code.

e. Cell Telephone Number. Enter the cell telephone number where the escort can be contacted (if known or applicable), to include the area code.

### **Item 23.a. through d. Accompanying Evacuees** (Page 7).

The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family.

### **Item 23 (Continued).**

Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

**NOTE:** Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

### **SECTION III (Continued) - SERVICES** (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

**Item 24. If No Services are Needed.** Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

**Item 25. Services Needed.** If assistance is required, place an "X" in the block next to each service required.

**Item 26. Additional Remarks.** This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

**NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.**

## SPECIFIC INSTRUCTIONS (Continued)

### SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

**Item 27. If No Services Are Required/Were Provided.** If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person."

#### **Item 28. Services Provided by DHHS.**

a. Cash Assistance.

b. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X \$150.00 = \$600.00.

**NOTE:** It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

c. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X \$50.00 per day per diem = \$400.00.

**NOTE:** If no lodging or per diem was provided, enter a zero in the "Total" block.

d. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

**Item 29. Total DHHS Costs.** Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

**Item 30.** Has Emergency Medical Assistance Been Provided Off-Site. Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

**Item 31. Additional Remarks.** Enter any additional information regarding services provided, if necessary.

### SECTION V - CLOSING QUESTIONS (DHHS)

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

**Items 32 through 36. Questions.** A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

**Item 37. Name of Interviewer.** The processing official/interviewer will sign in this space and print his or her name below.

**Item 38. Telephone Number.** The processing official/interviewer will enter the telephone number where he or she can be reached should the need arise.

### SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL

This section should be completed by Military Support Processing Team.

**Item 39. If No Services Were Provided.** If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

**Item 40. Services Provided.** If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

**NOTE:** For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

**Item 41. Costs.** For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

**Item 42. Total Costs.** Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

### SECTION VII - PROCESSING INFORMATION

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

**Item 43. Exit From Processing Center Date.** Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

**Item 44. Exit From Processing Center Time.** Enter the time, using military (24 hour) clock.

**Item 45. Destination.** Enter the destination by city, state, and/or country that the evacuees are going to.

**Item 46. Transportation Carrier(s).** Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

**Item 47. ETA and Date of Arrival at Destination.** Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

**Item 48. Additional Remarks.** Enter any additional information regarding exit processing, if necessary.



**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 ( <i>Military</i> )

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

6. NAME OF EVACUEE ( <i>Last, First, Middle Initial</i> )	
7. COUNTRY EVACUATED FROM	
8. DATE OF BIRTH (YYYYMMDD)	9. PLACE OF BIRTH ( <i>City, State, and Country</i> )
10. COUNTRY OF CITIZENSHIP	
11. GENDER ( <i>X one</i> )	12. SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
13. MARITAL STATUS ( <i>X one</i> )	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> 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> <b>1a</b> DoD: Service Member <b>b</b> DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) <b>c</b> DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) <b>2a</b> DoD: Civilian Employee WITH Transportation Agreement <b>b</b> DoD: Dependent of Civilian Employee WITH Transportation Agreement <b>c</b> DoD: Civilian Employee WITHOUT Transportation Agreement <b>d</b> DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement <b>3a</b> Non-DoD U.S. Government (USG): Employee <b>b</b> Non-DoD USG: Employee Dependent and/or Family Member <b>4</b> Citizen Residing Abroad (Child, Student, Private Business) <b>5</b> Tourist <b>6</b> Citizen on Business-Related Travel <b>7</b> U.S. Government Contractor	<b>CLASSIFICATION NUMBER</b> <b>8</b> Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) <b>9</b> Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) <b>10</b> Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) <b>11</b> Non-U.S. Civilian Employee (Works for U.S. Government) <b>12</b> Citizen of Country Other Than U.S. <b>13</b> Other, None of the Above (Specify)	<b>AGENCY CODE</b> <b>A</b> Army <b>N</b> Navy <b>F</b> Air Force <b>M</b> Marine Corps <b>G</b> Coast Guard <b>D</b> DoD Agency <b>O</b> Other U.S. Government Agency <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> <i>(Include yourself)</i>	<input type="text"/> <b>CHILDREN</b> <i>(Include all children)</i>
<b>c. CLASSIFICATION NUMBER</b>	<b>d. AGENCY CODE</b>	<b>18. NUMBER OF ANIMALS WITH YOU (If applicable)</b> <b>DoD and SERVICE ANIMALS ONLY</b>	
<b>e. CLASSIFICATION NUMBER</b>	<b>f. AGENCY CODE</b>	<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>19. EMERGENCY CONTACT IN U.S.</b> <i>(For person named in Item 6 above)</i>					
<b>a. NAME</b> (Last, First, Middle Initial)			<b>b. ADDRESS</b> (Street, City, State/Country, ZIP Code)		
<b>c. HOME TELEPHONE NO.</b> <i>(Include Area Code)</i>	<b>d. WORK TELEPHONE NO.</b> <i>(Include Area Code)</i>	<b>e. CELL TELEPHONE NO.</b> <i>(Include Area Code)</i>			

<b>20. FINAL DESTINATION AND NAME OF POINT OF CONTACT</b> (If applicable) <i>(If same as Item 19, enter "SAME")</i>					
<b>a. NAME</b> (Last, First, Middle Initial)			<b>b. ADDRESS</b> (Street, City, State/Country, ZIP Code)		
<b>c. HOME TELEPHONE NO.</b> <i>(Include Area Code)</i>	<b>d. WORK TELEPHONE NO.</b> <i>(Include Area Code)</i>	<b>e. CELL TELEPHONE NO.</b> <i>(Include Area Code)</i>			

<b>21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS</b> <i>(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)</i>											
<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. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)</b> <i>(Complete if applicable)</i>					
<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 NO.</b> <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	<b>d. WORK TELEPHONE NO.</b> <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	<b>e. CELL TELEPHONE NO.</b> <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>			

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

**23. ACCOMPANYING EVACUEES**

(Fill out for each accompanying person.)

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

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

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

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

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

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

26. ADDITIONAL REMARKS

**STOP HERE.**

**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. CASH ASSISTANCE	PERSONS X	DOLLARS	=	0.00
b. ONWARD TRANSPORTATION	PERSONS X	DOLLARS	=	0.00
	PERSONS X	DOLLARS	=	0.00
c. TEMPORARY LODGING AND PER DIEM	PERSONS X	DAYS X	DOLLARS =	0.00
d. MISCELLANEOUS <i>(Specify)</i>			=	
			=	
			=	
			=	
			<b>29. TOTAL COSTS</b>	<b>0.00</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. HAS REPATRIATE BEEN GIVEN A HEALTH AND HUMAN SERVICES WELCOME BROCHURE?		
33. 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?		
34. 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?		
35. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? <i>(Agreement must be attached to file.)</i>		
36. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

37. NAME OF INTERVIEWER *(Last, First, Middle Initial)*

38. TELEPHONE NUMBER *(Include Area Code)*



**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>
a. NAME (First, Middle Initial, Last)		<b>5. POSITION TITLE</b>		
b. ADDRESS (Street, City, State and Zip Code)				
<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 (YYYYMMDD)</b>	<b>11. DATE EVACUATED (YYYYMMDD)</b>
<b>12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)</b>			<b>13. RELATIONSHIP</b>	

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

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

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

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

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

**17. EMPLOYEE**

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

**18. DEPENDENT OR DESIGNATED REPRESENTATIVE**

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

**19. AUTHORIZED OFFICIAL**

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

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

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

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

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





## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

**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. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

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

**TEMPORARY MAIL DISPOSITION  
INSTRUCTIONS**

----- FOLD -----

NAME (Last, First, MI) (Print):

RECEPTACLE NUMBER:

**STATUS**

ADV ASG	LEAVE	CONFINED
TDY	HOSPITAL	AWOL

EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)

FROM: TO:

FORWARD ALL MAIL	HOLD ALL MAIL
------------------	---------------

**FORWARD ONLY**

LETTERS	PARCELS	NEWSPAPERS/MAG
PAYCHECK(S)	OTHER (Use Spec Inst)	

COMPLETE FORWARDING ADDRESS:

SPECIAL INSTRUCTIONS:

SIGNATURE OF RECEPTACLE HOLDER DATE (Yr, Mo, Day)

----- FOLD -----

**FOR ADVANCE RECEPTACLE ASGN,  
LIST NAME OF SPONSOR AND  
DUTY PHONE IN THE SPECIAL  
INSTRUCTIONS BLOCK.**



# REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION

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

1. Last Name <i>(Print Clearly)</i>		2. First Name		3. Middle Name	
-------------------------------------	--	---------------	--	----------------	--

4. Social Security Number	5. Date of Birth <i>(mm-dd-yyyy)</i>	6. Place of Birth	7. Identity Document Issuing _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____	8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------	---	-------------------	--	--

9. Current lodging where you may be contacted now .

10. Phone number where you may be contacted now.	11. E-mail address where you may be contacted now.
--	--

12. Medical condition, current injuries, or limited mobility relevant to evacuation.

### 13. Verifiable Billing Address at Final Destination in United States or other Permanent Address *(Not a Post Office Box)*

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. E-mail Address
-----------------	--	--------------------

### 22. Emergency Contact *(Do not list someone traveling with you)*

23. Last Name <i>(Print Clearly)</i>	24. First Name
--------------------------------------	----------------

25. Address Line 1

26. Address Line 2

27. City	28. State/Province	29. Country
----------	--------------------	-------------

30. Postal Code	31. Telephone Number <i>(Include Country/City Codes)</i>	32. E-mail Address
-----------------	--	--------------------

33. Relationship to you

### 34. Minor Children or Incapacitated/Incompetent Adults to be Repatriated or to Receive Emergency Medical and Dietary Assistance, list below. Check here if none

35. Last Name <i>(Print Clearly)</i>		36. First Name		37. Middle Name	
--------------------------------------	--	----------------	--	-----------------	--

38. Social Security Number	39. Date of Birth <i>(mm-dd-yyyy)</i>	40. Place of Birth	41. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____	42. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	43. This Person is My
----------------------------	--	--------------------	---	---	-----------------------

44. Last Name <i>(Print Clearly)</i>		45. First Name		46. Middle Name	
--------------------------------------	--	----------------	--	-----------------	--

47. Social Security Number	48. Date of Birth <i>(mm-dd-yyyy)</i>	49. Place of Birth	50. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____	51. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	52. This Person is My
----------------------------	--	--------------------	---	---	-----------------------

53. Last Name ( <i>Print Clearly</i> )		54. First Name			55. Middle Name	
56. Social Security Number	57. Date of Birth ( <i>mm-dd-yyyy</i> )	58. Place of Birth	59. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____		60. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	61. This Person is My
62. Last Name ( <i>Print Clearly</i> )		63. First Name			64. Middle Name	
65. Social Security Number	66. Date of Birth ( <i>mm-dd-yyyy</i> )	67. Place of Birth	68. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____		69. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	70. This Person is My
71. Last Name ( <i>Print Clearly</i> )		72. First Name			73. Middle Name	
74. Social Security Number	75. Date of Birth ( <i>mm-dd-yyyy</i> )	76. Place of Birth	77. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____		78. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	79. This Person is My
80. Last Name ( <i>Print Clearly</i> )		81. First Name			82. Middle Name	
83. Social Security Number	84. Date of Birth ( <i>mm-dd-yyyy</i> )	85. Place of Birth	86. Identity Document Issuing Country _____ <input type="checkbox"/> Passport No. _____ OR <input type="checkbox"/> National ID No. _____		87. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	88. This Person is My:
<b>89. PART 2 - Promissory Note and Repayment Agreement</b>						
<p>1. 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 Emergency, Medical and Dietary Assistance or Repatriation loans. This 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>2. I understand that:</p> <p>(a) 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>(b) 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>(c) If my loan is in default, I and all U.S. citizen listed family members will not be eligible for limited validity U.S. passports.</p> <p>(d) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.</p> <p>(e) I will be liable to pay any costs for collection.</p> <p>3. 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>4. 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.</p>						
<b>90. Signature Block for Applicant</b>						
I hereby accept the foregoing terms and conditions of repayment for myself and persons listed.						
91. Full Name Printed _____						
92. Signature _____ 93. Date ( <i>mm-dd-yyyy</i> ) _____						

**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 (mm-dd-yyyy) \_\_\_\_\_

97. I authorize the Department of State to provide information to the U.S. Department of Health and Human Services (HHS) (Repatriation Program) and/or its partners and grantees with information to assist in my/our resettlement if needed.

98. Signature \_\_\_\_\_ 99. Date (mm-dd-yyyy) \_\_\_\_\_

100. If form is signed before Notary Public in the United States for benefit of unaccompanied minor child or incapacitated or incompetent adult abroad.

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_, before me \_\_\_\_\_  
Date (mm-dd-yyyy) \_\_\_\_\_ (Notary)

Personally appeared, \_\_\_\_\_ Notary Public for My Commission Expires \_\_\_\_\_  
(Signer)

**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 (No Familial Relationship)
- Loan Includes Temporary Subsistence
- Other (Please Explain)

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

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

**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 U.S. Dollars currency for subsistence for the following dates: \_\_\_\_\_ and U.S. Dollars currency for Repatriation/Emergency Medical and Dietary Assistance.  
From (mm-dd-yyyy) \_\_\_\_\_ To (mm-dd-yyyy) \_\_\_\_\_

**PART 4 - 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 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 receiving repatriation/emergency medical and dietary assistance in foreign countries.

**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 repatriation/emergency medical and dietary assistance documentation and related services, law enforcement and administrative purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, 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: U.S. Department of State, CA/OCS/L, SA-17, 10th Floor, Washington, DC 20522-1707.



## EMERGENCY EVACUATION PROGRAM (EEP) Packet

<b>SECTION 4</b> <b>Vehicle, Residence and Household Goods Forms</b>		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	Inventory of Household Goods (DD Form 1701 or other like 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"/>	<b>DD Form 1299:</b> Application for Shipment/Storage	(1 per shipment) In the event household goods need to be shipped or placed in storage.
3. <input type="checkbox"/>	Residence Key Envelope	This envelope provides authorities who remain, 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 who remain, 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.
6. <input type="checkbox"/>	<b>*DD form 788 series:</b> Private Vehicle shipping document	Facilitates VPC processing of POV shipment, if it is possible, (5 per POV, 1 with family, 4 turned in to ECC). Use appropriate 788 series for Sedans, Vans, and Motorcycles.
7. <input type="checkbox"/>	<b>*DD 2506:</b> Vehicle impound document	This form will provide a disposition of vehicle

\*if applicable

## INVENTORY OF HOUSEHOLD GOODS

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

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

**APPLIANCES TO BE SERVICED**

TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS                      ELECTRIC		
WASHING MACHINE AUTOMATIC              NON AUTOMATIC		
IRONER MANGLE		
FREEZER CHEST                      UPRIGHT		
REFRIGERATOR GAS                      ELECTRIC SINGLE DOOR              DOUBLE DOOR		
TELEVISION TABLE                      PORTABLE CONSOLE		
STOVE GAS                      ELECTRIC		
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> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTENTS PACKED	MOBILE HOME BLOCKED	MOBILE HOME UNBLOCKED	STORED AT ORIGIN	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"/>	<input type="checkbox"/>			
PERMANENT	TEMPORARY			
d. DATE OF ORDERS (YYYYMMDD)	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. <i>(Include Area Code)</i>	
h. IN TRANSIT ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>				
9. PICKUP (ORIGIN) INFORMATION			10. DESTINATION INFORMATION	
a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i> <i>(If a mobile home park, include mobile home court name)</i>			a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i> <i>(If a mobile home park, include mobile home court name)</i>	
b. TELEPHONE NUMBER <i>(Include Area Code)</i>			b. AGENT DESIGNATED TO RECEIVE PROPERTY	
11. EXTRA PICKUP/DELIVERY ADDRESS <i>(If applicable)</i>			12. SCHEDULED DATE FOR (YYYYMMDD)	
			a. PACK	b. PICKUP
			c. DELIVERY	
13. REMARKS				
14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW <i>(If none, indicate "NONE.")</i>				
a. FROM		b. TO	c. NET POUNDS <i>(Actual or estimated)</i>	d. POUNDS OF PBP&E <i>(Actual or estimated)</i>
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS I certify that I have read and understand my shipping responsibilities and storage conditions printed on the back side of this form.				
a. SIGNATURE OF MEMBER/EMPLOYEE		b. DATE SIGNED	c. ADDRESS OF CONTRACTOR <i>(Street, Suite No., City, State, ZIP Code)</i>	
d. NAME OF CONTRACTOR <i>(Origin DPM or non-temporary storage)</i>				
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.				
a. REASON FOR NONAVAILABILITY OF SIGNATURE			b. CERTIFIED BY <i>(Signature)</i>	
			c. TITLE	

## PRIVACY ACT STATEMENT

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

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

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

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

## CERTIFICATION OF SHIPMENT RESPONSIBILITIES

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

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

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

## CONDITION FOR STORAGE

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

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

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

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

## RESIDENCE KEY ENVELOPE

### Owner's Information

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

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

Grade: \_\_\_\_\_ Unit: \_\_\_\_\_

Social (Last 4): \_\_\_\_\_

### On Base Housing

Location: \_\_\_\_\_

House Number: \_\_\_\_\_

### Off Base Address

(enclose a map with written instructions to your house)

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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:

\_\_\_\_\_

Your vehicle registration/title will be in the vehicle document jacket. Consult with SFS Pass and ID or your insurance company if you are unsure which document is your vehicle registration/title.

Include a copy (NOT THE ORIGINAL) in the Disaster Preparedness Folder for each vehicle owned by the family.

**PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE**

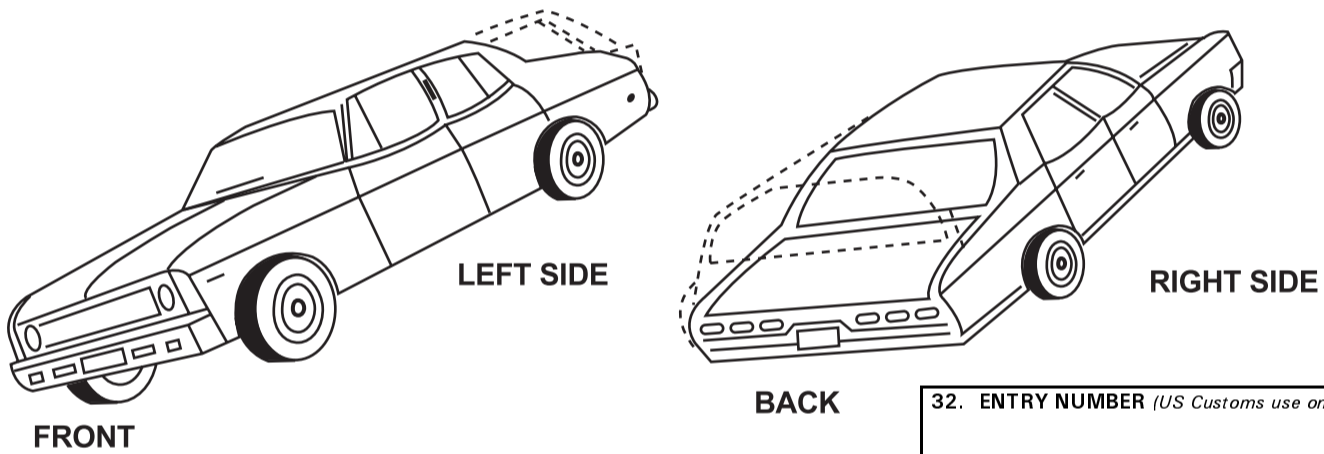
<b>TCMD DATA</b>	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	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
----------------------	---

<b>30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.</b>  a. DATE (YYYYMMDD)  b. SIGNATURE OF OWNER OR AGENT  c. NAME OF AGENT (Last, First, Middle Initial) (Print)  d. STREET ADDRESS  e. CITY, STATE, AND ZIP CODE	f.	(1) USER CODE	(2) INSPECTION	(3) DATE (YYYYMMDD)	(4) INSPECTOR'S PRINTED NAME (Last, First, Middle Initial)
	<b>X</b>		(a) Turn in joint inspection - owner/agent & Government representative		
	<b>T</b>		(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		
	<b>*</b>		(f) POD use (Optional)		

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

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



**32. ENTRY NUMBER (US Customs use only)**

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

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

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

**a. THE VEHICLE DESCRIBED ABOVE:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CONDITIONS GOVERNING SHIPMENT**

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

- 1. That only one (1) privately-owned vehicle is being transported overseas under permanent change of station orders for the owner and/or his family as personal property, and that it is free of any legal encumbrance that would preclude its shipment and is not intended for resale. Owner must also retain a second (extra) set of keys.
  
- 2. That this vehicle contains no personal property in excess of that authorized in regulations of the Service concerned. I further understand that personal property shipped will only include those items that can fit in the container normally provided for vehicular tools and accessories.
  
- (3) That no land transportation is authorized at Government expense except as specified in Section 12 of the Missing Persons Act, as amended, and 10 USC Section 2634(a).

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

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

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

**37. DELIVERY RECEIPT**

**a. EXCEPTIONS**

(1) BY OWNER	(2) VERIFICATION OR DISAGREEMENT WITH REASONS
--------------	---

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

<input type="checkbox"/> <b>SATISFACTORY</b>	<input type="checkbox"/> <b>UNSATISFACTORY</b>
--	--

**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
---	------------------



**PRIVATE VEHICLE SHIPPING DOCUMENT FOR VAN**

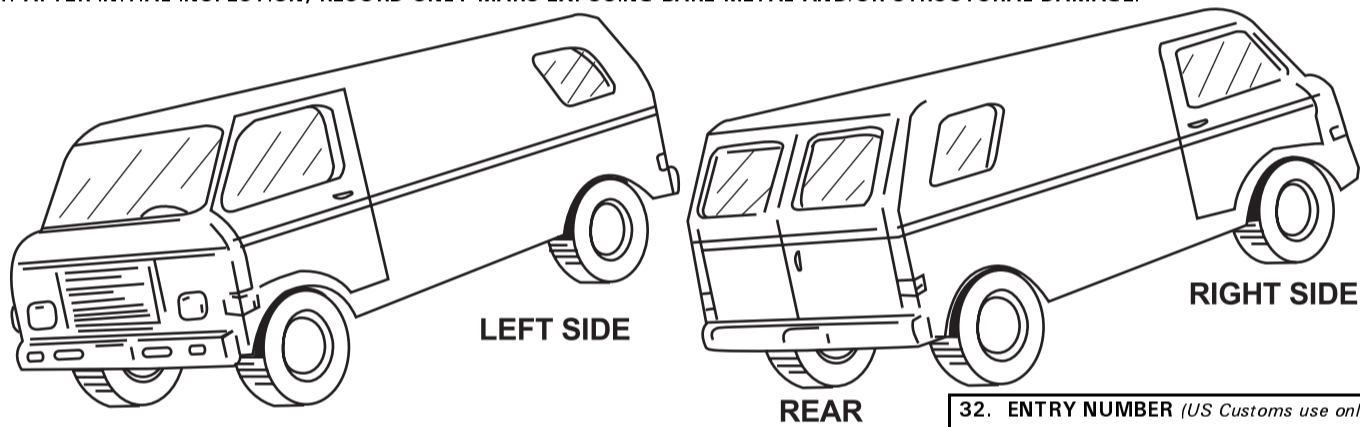
<b>TCMD DATA</b>	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	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
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<b>30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.</b>  a. DATE (YYYYMMDD)  b. SIGNATURE OF OWNER OR AGENT  c. NAME OF AGENT (Last, First, Middle Initial) (Print)  d. STREET ADDRESS  e. CITY, STATE, AND ZIP CODE	f.	(1) USER CODE	(2) INSPECTION	(3) DATE (YYYYMMDD)	(4) INSPECTOR'S PRINTED NAME (Last, First, Middle Initial)
	<b>X</b>		(a) Turn in joint inspection - owner/agent & Government representative		
	<b>T</b>		(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		
	<b>*</b>		(f) POD use (Optional)		

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

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



32. ENTRY NUMBER (US Customs use only)

<b>POV CONDITION CODES</b>	BE - Bent BR - Broken CH - Chipped	CR - Cracked DE - Dent GO - Gouged	LO - Loose MA - Marred MG - Missing	MI - Mildewed PF - Paint Faded RS - Rusted	RU - Rubbed SC - Scratched SO - Soiled	TO - Torn WO - Badly Worn
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33. INTERIOR CONDITION	CODE	34. ACCESSORIES	IN BOX	LOOSE	35. PROCESSING SERVICE	POE	POD
a. FRONT SEATS		a. CATALYTIC CONVERTER/PELLETS			a. ADD/DRAIN FUEL		
b. REAR SEAT		b. SIDE MIRRORS			b. CONNECT/DISCONNECT BATTERY		
c. REAR MIRROR		c. ANTENNA			c. PACK ACCESSORIES		
d. FRONT SEAT BELTS		d. FAN BELT			d. OTHER		
e. REAR SEAT BELTS		e. FENDER SKIRTS					
f. ASH TRAYS		f. FIRE EXTINGUISHER					
g. FLOOR MATS		g. FIRST AID KITS					
h. DOOR PANELS		h. CIGARETTE LIGHTER					
i. ARM RESTS		i. HAND TOOLS/FLASHLIGHT					
j. REAR SPEAKERS (Additional)		j. HUB CAPS					
k. CUSHION		k. JACK/LUG WRENCH					
l. UPHOLSTERY		l. JUMPER CABLES					
m. RADIO (AM, FM, Tape)		m. LUGGAGE RACK					
n. CB RADIO		n. BLANKET					
o. CARPET		o. WARNING TRIANGLE/TROUBLE LIGHT					
p. CLOCK		p. SPARE TIRE					

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

**a. THE VEHICLE DESCRIBED ABOVE:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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(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.:**

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

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

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

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

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

**37. DELIVERY RECEIPT**

**a. EXCEPTIONS**

(1) BY OWNER

(2) VERIFICATION OR DISAGREEMENT WITH REASONS

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

**SATISFACTORY**

**UNSATISFACTORY**

**38. MISCELLANEOUS INFORMATION**

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

**a. SIGNATURE OF OWNER OR AGENT**

**b. DATE (YYYYMMDD)**

**40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIVE**

**41. NAME OF PORT**

**PRIVATE VEHICLE SHIPPING DOCUMENT FOR MOTORCYCLE**

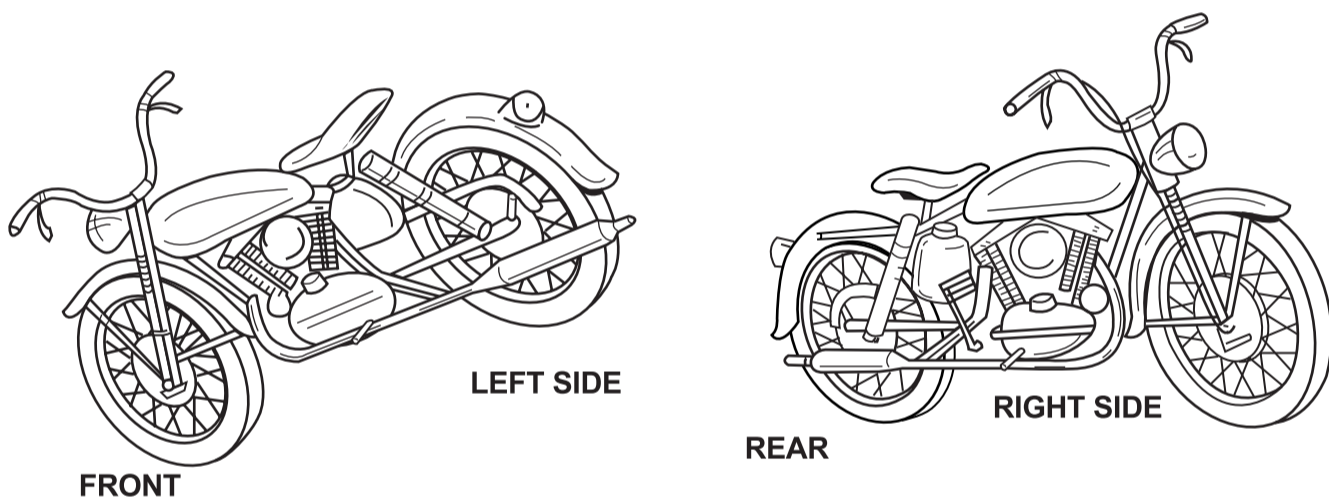
<b>TCMD DATA</b>	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
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28. STOWAGE LOCATION	29. BILLING ADDRESS FOR NOTIFICATION PURPOSES
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	<b>X</b>		(a) Turn in joint inspection - owner/agent & Government representative		
	<b>T</b>		(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		
	<b>*</b>		(f) POD use (Optional)		

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

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



**32. ENTRY NUMBER (US Customs use only)**

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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)**

THE MOTORCYCLE DESCRIBED ABOVE:

	a. Was manufactured after January 1, 1978 and does not have a manufacturers label affixed certifying its conformance with US EPA emissions standards. The owner must post a bond with US Customs prior to vehicle release at the US Port of Entry.
	b. Was manufactured after January 1, 1978 and does have a manufacturers label affixed certifying its conformance with US EPA emissions standards.
	c. Is not subject to the regulations under the Clean Air Act because it was manufactured before January 1, 1978.

**CONDITIONS GOVERNING SHIPMENT**

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

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

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

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

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

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

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**37. DELIVERY RECEIPT**

**a. EXCEPTIONS**

(1) BY OWNER

(2) VERIFICATION OR DISAGREEMENT WITH REASONS

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

**SATISFACTORY**

**UNSATISFACTORY**

**38. MISCELLANEOUS INFORMATION**

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

**a. SIGNATURE OF OWNER OR AGENT**

**b. DATE (YYYYMMDD)**

**40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIVE**

**41. NAME OF PORT**

# VEHICLE IMPOUNDMENT REPORT

## PART I - IDENTIFICATION

### 1. VEHICLE IDENTIFICATION

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

### 2. REGISTERED OWNER

a. NAME *(Last, First, Middle Initial)*

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

c. ORGANIZATION

d. TELEPHONE NUMBER  
*(Include Area Code)*

### 3. VEHICLE OPERATOR

a. NAME *(Last, First, Middle Initial)*

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

c. ORGANIZATION

d. TELEPHONE NUMBER  
*(Include Area Code)*

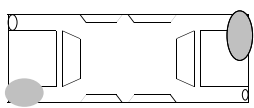
## PART II - DESCRIPTION

### 4. REASON FOR IMPOUNDMENT *(X all that apply)*

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

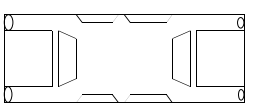
### 5. DAMAGE TO VEHICLE

EXAMPLE



a. SHADE DAMAGED AREA OF VEHICLE

FRONT



b. X ALL THAT APPLY

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

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

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

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



# EMERGENCY EVACUATION PROGRAM (EEP) Packet

<b>SECTION 5</b> <b>Family and Pets</b>		
	<b>DOCUMENT NAME</b>	<b>PURPOSE/NOTES</b>
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"/>	<b>DD Form 2208:</b> Rabies Vaccination Certificate	(2 copies in waterproof pouch for your airline-approved pet carrier)
3. <input type="checkbox"/>	<b>DD Form 2209:</b> 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)

\*if applicable

**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.

## FAMILY CARE CERTIFICATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Section 8013, Secretary of the Air Force; as implemented by Air Force Instruction 36-2908, Family Care Plans, and Executive Order 9397 (SSN), as amended.

**PURPOSE:** Provides information to unit commanders/supervisors for required actions related to personnel administration and counseling, assignment, off duty activities, and deployment management.

**ROUTINE USES:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD 'Blanket Routine Uses' apply.

**DISCLOSURE:** VOLUNTARY: Failure to provide requested information may result in disciplinary action and/or administrative separation from the States Air Force.

**SORN(s):** F036 AF PC C, Military Personnel Records System

### SECTION I. MEMBER'S CERTIFICATION

1. I have been counseled and fully understand Air Force policy on family care responsibilities. I have read AFI 36-2908, *Family Care Plans*, and understand that I must arrange for care of 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.
2. I affirm that I have made and will maintain arrangements for the care of my family to permit me to be worldwide available during all of the following circumstances:
 

A. Duty hours	D. Alerts	
B. Exercises	E. Temporary Duty	G. PCS or PCA
C. Unaccompanied Tours	F. Extended Duty Hours	H. Similar Military Obligations
3. I understand that I may be subject to a short notice deployment and that I will not be guaranteed special privileges because I have family members. I understand that if arrangements for the care of family members fail, I must still report for duty.
4. I understand failure to make and maintain adequate family care arrangements may be grounds for disciplinary action and separation from Regular Air Force, Air Force Reserve or Air National Guard components.
5. I understand I must complete, revise, or recertify my family care plan upon arrival at a new unit, before reenlisting or extending enlistment, on notification of assignment, when personal status or family circumstances change, or during the annual recertification/briefing.
6. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) for a smooth, rapid turnover of family care responsibilities.
7. 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.
8. 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.
9. 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.

TYPED OR PRINTED NAME, GRADE (Last, First, MI)	SIGNATURE	DATE
--	-----------	------

### SECTION II. DESIGNATION OF CAREGIVERS

11. I (We) have designated the following **temporary custodian** to care for my (our) family member(s) in the event of my (our) death or incapacity to assume temporary custody until a legal guardian is appointed by a court of competent jurisdiction. **(Temporary custodian must reside in the local vicinity to ensure immediate control of family members can be assumed. This individual may be a military member.)**

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS
---	------------------

TELEPHONE NUMBER (Include Area Code)	E - MAIL ADDRESS
--------------------------------------	------------------

12. I (We) have designated the following individual(s) as a **short-term caregiver** to care for my (our) family member(s) during short-term absences (e.g., temporary duty for schooling or training, or, in the case of Air Force Reserve and Air National Guard members, active duty for training). **(Short-term caregiver must reside in the local vicinity.)**

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS
---	------------------

TELEPHONE NUMBER (Include Area Code)	E - MAIL ADDRESS
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13. I (We) have designated the following individual(s) as a **long-term caregiver** to care for my (our) family member(s) during long-term absences (e.g., operational deployment, mobilization and for Reserve component members, activation of Reserve component personnel for an operational mission or in a period of national emergency or mobilization).

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS
---	------------------

TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS
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<b>FAMILY CARE CERTIFICATION</b> (Continued)		MEMBER:
<b>SECTION III. DESIGNATION OF CAREGIVER'S CERTIFICATION FOR NONCOMBATANT EVACUATION OPERATION (NEO)</b> (For Personnel assigned outside the Continental United States [OCONUS])		
14. I (We) have designated the following individual(s) as a non-military escort for family members requiring assistance such as infants, children, elderly and disabled adults when personal family considerations dictate.		
TYPED OR PRINTED NAME (Primary) (Last, First, MI)	COMPLETE ADDRESS	
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS	
TYPED OR PRINTED NAME (Alternate) (Last, First, MI)	COMPLETE ADDRESS	
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS	
<b>SECTION IV. DUAL MILITARY COUPLES CERTIFICATION</b> (Complete only when a military couple with family members share a joint domicile and have the same family care plan.)		
I have reviewed 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 any time 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 36-2908.		
TYPED OR PRINTED NAME, GRADE (Spouse)	SIGNATURE	DATE
TYPED OR PRINTED NAME, GRADE (Commander or First Sergeant)	SIGNATURE	DATE
<b>SECTION V. COMMANDER CERTIFICATION</b> (If additional space is needed, continue in REMARKS section)		
16. I have reviewed this Family Care Certification and I am satisfied that the member has made adequate family care arrangements that will allow for range a full of military duties and for worldwide availability as defined in AFI 36-2908.		
SIGNATURE OF COMMANDER OR FIRST SERGEANT		DATE
SIGNATURE OF COMMANDER OR FIRST SERGEANT		DATE
SIGNATURE OF COMMANDER OR FIRST SERGEANT		DATE
SIGNATURE OF COMMANDER OR FIRST SERGEANT		DATE
<b>SECTION VI. MEMBER RECERTIFICATION</b> (If additional space is needed, continue in REMARKS section)		
17. I have reviewed my Family Care Plan and I certify that it is still current.		
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
<b>REMARKS</b>		

## 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> ***NOTE: THIS FORM WILL BE PROVIDED BY YOUR PET'S VETERINARIAN***
---

<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.

## 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. <b>OWNER'S NAME</b> (Last, First, Middle Initial)	2. <b>TELEPHONE NUMBER</b> (Include Area Code) H: W:
--	--

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

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

<b>5. RABIES IMMUNIZATION DATA</b>				
a. <b>PRODUCER</b> (First 3 letters)	b. <b>LOT NUMBER</b>	c. <b>VIRUS TYPE</b>	d. <b>DATE VACCINATED</b>	e. <b>VACCINATION DURATION</b> 1 Y    /    3 Y

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.

<b>6. FACILITY ADDRESS</b> (Street, City, State, ZIP Code) Yokota Air Force Base Veterinary Service Bldg 4145-C, Earhart Avenue Yokota AB 96328 JAP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>7. VETERINARIAN</b></td> </tr> <tr> <td style="width: 70%; padding: 5px;">a. <b>NAME</b></td> <td style="width: 30%; padding: 5px;">b. <b>LICENSE NUMBER</b></td> </tr> <tr> <td style="padding: 5px;">c. <b>SIGNATURE</b></td> <td style="padding: 5px;">d. <b>DATE</b> (YYYYMMDD)</td> </tr> </table>	<b>7. VETERINARIAN</b>		a. <b>NAME</b>	b. <b>LICENSE NUMBER</b>	c. <b>SIGNATURE</b>	d. <b>DATE</b> (YYYYMMDD)
<b>7. VETERINARIAN</b>							
a. <b>NAME</b>	b. <b>LICENSE NUMBER</b>						
c. <b>SIGNATURE</b>	d. <b>DATE</b> (YYYYMMDD)						

### INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
  - 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.**
  - 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.
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## 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. <b>OWNER'S NAME</b> (Last, First, Middle Initial)	2. <b>TELEPHONE NUMBER</b> (Include Area Code) H: W:
--	--

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

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

<b>5. RABIES IMMUNIZATION DATA</b>				
a. <b>PRODUCER</b> (First 3 letters)	b. <b>LOT NUMBER</b>	c. <b>VIRUS TYPE</b>	d. <b>DATE VACCINATED</b>	e. <b>VACCINATION DURATION</b> 1 Y / 3 Y

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.

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<b>7. VETERINARIAN</b>							
a. <b>NAME</b>	b. <b>LICENSE NUMBER</b>						
c. <b>SIGNATURE</b>	d. <b>DATE</b> (YYYYMMDD)						

### INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
  - 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.**
  - 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



# EMERGENCY EVACUATION PROGRAM (EEP) Packet

<b>SECTION 6</b>		
<b>(Not required) Copies of Other Important Personal Documents</b>		
	<b>DOCUMENT NAME</b>	<b>PURPOSE/NOTES</b>
1. <input type="checkbox"/>	*Marriage License/Divorce Decree	Marriage Licenses, Divorce Papers, Birth Certificates, Adoption Papers will help establish sponsorship/relations, especially if your family changed since you arrived in Japan.
2. <input type="checkbox"/>	*Immunization Records	For school aged children
3. <input type="checkbox"/>	*Valid U.S. driver's license	
4. <input type="checkbox"/>		
5. <input type="checkbox"/>		
6. <input type="checkbox"/>		
7. <input type="checkbox"/>		
8. <input type="checkbox"/>		
9. <input type="checkbox"/>		

<b>Recommended Documentation</b>	
1. <input type="checkbox"/>	Copies of Medical & Dental Information
2. <input type="checkbox"/>	Immunizations Records
3. <input type="checkbox"/>	Insurance (health, life, etc)
4. <input type="checkbox"/>	Financial Records (checkbook/bank books/credit cards/tax records/current bills, etc)
5. <input type="checkbox"/>	School Records (transcripts, test scores, etc)
6. <input type="checkbox"/>	Employment Records (resume, latest pay voucher, SF50: Notification of Personal Action, latest performance evaluation, latest Performance Appraisal)
7. <input type="checkbox"/>	Prescriptions for important medications
8. <input type="checkbox"/>	Last Will and Testament
9. <input type="checkbox"/>	Important Contacts (tailor your contact list to meet your needs) and/or a duplicate of your Personal Address Book
10. <input type="checkbox"/>	Estimate: \$100 cash per person (dollars and yen)

\*if applicable

Sponsors should put copies of the following items into Tab 6 of the Disaster Preparedness Folder. All originals should be kept on hand in the event of an emergency.

- Dependent ID Cards
- Sponsor CAC
- Passports
- Visas
- Birth Certificates
- Naturalization Documents
- Resident Alien Documents
- Other Nationality Citizenship Documents
- Adoption Papers
- Marriage License
- Divorce Decree
- Wills
- Powers of Attorney
- Copy of PCS orders assigning member to Yokota AB

Other items can be added to this tab as determined by unit leadership but the above items are mandatory for inclusion in the Disaster Preparedness Folder.