



Noncombatant Evacuation Operation (NEO) Packet

PART I		
Introduction & Evacuee Preparedness		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	USARJ NEO Packet Checklist	
2. <input type="checkbox"/>	USARJ NEO Command Policy	
3. <input type="checkbox"/>	USARJ Personnel and Unit Readiness Memorandum	
4. <input type="checkbox"/>	NEO Warden Appointment Memorandum	
5. <input type="checkbox"/>	Map from Residence to NEO Evacuation Processing Center	The purpose of the Map is to send a representative to your residence in case you are unaccounted for. If you live on post, use the post map with your residence clearly marked. If you live off post, use a clearly marked strip map to/from your residence.



USARJ NEO Checklist

SPONSOR'S NAME:		RANK:	SPONSOR'S UNIT:	UNIT PHONE NO.:	APO AP:		
Required Documents (Must be maintained by NEO Warden for every Noncombatant)					YES	NO	N/A
1	USFJ Form 178-R Noncombatant Evacuation Operations Data Card						
2	Strip map from residence to Evacuation Processing Center (EPC)						
Required Documents for NEO Packet							
Part I (Introduction and Evacuee Preparedness)					YES	NO	N/A
1	USARJ NEO Packet Checklist						
2	USARJ NEO Command Policy						
3	USARJ Personnel and Unit Readiness Memorandum						
4	NEO Warden Appointment Memorandum						
5	Map from Residence to NEO EPC						
Part II (Identification: Family & Pets)							
1	USFJ Form 178-R: NEO Data Card						
2	ID Cards/CAC						
3	Passports, Visas*				Keep in Pouch		
4	Naturalization Certificates*						
5	Alien Registration Cards*						
6	Social Security Cards*						
7	Birth Certificates/Adoption Papers*/Guardianship Paperwork*						
Part III (Evacuation Forms and Orders)							
1	PCS Orders that assigned sponsor and family members to USARJ						
2	Evacuation Orders						
3	DD Form 2585: Repatriation Processing Form						
4	DD Form 1610: Request and Authorization for TDY/TAD Travel (5 copies)						
5	DD Form 93: Record of Emergency Data						
6	SGLV Form 8286: Servicemembers' Group Life Insurance Election						
7	DA Form 3955: Change of Address and Directory Card						
Part IV (Finance and Household Goods)					YES	NO	N/A
1	DD Form 2461: (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments						
2	DD Form 1337: (Military Personnel) Authorization/Designation for Emergency Pay & Allowances						
3	USAG-J 609: Unaccompanied Baggage Inventory						
4	DD Form 1252: US Customs and Border Protection Declaration for Personal Property Shipment						
5	DD Form 1252-1: US Customs and Border Protection Declaration for Personal Property Shipment (Firearms only)						
6	Evidence of Property (various forms or other proof)						
7	DD Form 1299: Application for Shipment/Storage						
8	Household Goods Weight Estimation Worksheet						
* if applicable							



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY JAPAN AND I CORPS (FORWARD)
UNIT 45005
APO AREA PACIFIC 96343-5005

APAJ-GC-O

27 NOV 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: U.S. Army Japan and I Corps (Forward) (USARJ/ICF) Noncombatant Evacuation Operations (NEO) Program

1. REFERENCES:

- a. Department of Defense (DoD) Directive 3025.14, "Noncombatant Evacuation Operations," 08 December, 2003
- b. Joint Plan for DoD Noncombatant Evacuation and Repatriation, November 2005
- c. Joint Publication 3-68, "Noncombatant Evacuation Operations," 22 January 2007

2. PURPOSE: To establish the USARJ/ICF NEO Program policy in order to ensure Noncombatant Evacuees (NCEs) are prepared and ready to evacuate from imminent danger areas to a designated safe haven. This policy letter also describes the responsibilities of commanders, staff, senior leaders, NEO Wardens and sponsors for the NEO Program.

3. APPLICABILITY: All personnel, their command sponsored and non-command sponsored dependents assigned or attached to USARJ/ICF, tenant units, assigned units and contractors in Japan. Installation Management Command (IMCOM) retains responsibility for all Department of Defense Education Administration (DoDEA), Defense Commissary Agency (DeCA) and Army and Air Force Exchange Services (AAFES) personnel.

4. BACKGROUND: The effects of the Great East Japan Earthquake clearly demonstrated the importance of unit and individual readiness in response to contingency situations. The USARJ/ICF NEO Program requires commander level emphasis to ensure the community is prepared for future contingencies. Commanders will fully support the NEO Program and associated training and exercises as directed. The USARJ/ICF Organization Inspection Program (OIP) will inspect the NEO Program annually.

a. NCEs. Family Members of U.S. active duty personnel and designated U.S. Government Civilian employees (non-emergency essential), pregnant Soldiers who meet the criteria set forth in component service directives, designated medically nondeployable Soldiers, expatriates and their Family Members, and Designated Third Country Nationals (DTCN) and their Families. Locally hired Civilian employees, expatriates, DTCNs and their Families may not be authorized funded evacuation and should note that evacuation support is on a reimbursable basis only, subject to space availability.

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SUBJECT: U.S. Army Japan and I Corps (Forward) (USARJ/ICF) Noncombatant Evacuation Operations (NEO) Program

b. NEO Program Manager. Appointed in writing by the USARJ/ICF Commander to provide program management and supervision for the NEO Program and conduct operational planning.

Develops and maintains the USARJ/ICF NEO Base Order. Conducts quarterly In-Progress Reviews (IPRs). The NEO Program manager also reviews and publishes USARJ/ICF command policies and operational plans.

c. NEO Program Coordinator. Appointed in writing by the USARJ/ICF Commander to supervise the in-processing of all assigned personnel and provide initial information on NEO packet preparation requirements. Ensures the NEO Tracking System (NTS) equipment is maintained and that NEO Wardens are trained on the equipment. Also serves as the single point of contact for NEO Wardens.

d. NEO Wardens. Appointed in writing by unit commanders to ensure NCEs are informed and NEO packets are prepared and inspected annually. NEO Wardens operate at NEO sites during exercises and contingencies. NEO Wardens alert and assist NCEs during exercise and contingencies. All units assigned or attached to USARJ/ICF, tenant units, DoDEA, and units operating in Japan will appoint a NEO Warden.

5. RESPONSIBILITIES:

a. Commanders, staff, and senior leaders:

(1) Implement the NEO Program within their organizations.

(2) Appoint in writing, a primary and alternate NEO Warden, who have a minimum of 12 months remaining in the unit when approved. The appointment memorandum is maintained in each NEO packet, and a copy of the memo is forwarded within seven calendar days to the USARJ/ICF NEO Program Coordinator.

(3) Ensure all NCEs have a NEO packet, and NEO Wardens are provided the time necessary to assist their NCEs in preparation for NEO. This includes inspection of NEO packets, participation in quarterly NEO Warden Meetings, NEO in-processing briefs, and participation in mandatory NEO exercises.

(4) Ensure the NEO Warden reviews all NEO packets semi-annually.

b. NEO Wardens:

(1) Attend quarterly NEO Warden Meetings.

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SUBJECT: U.S. Army Japan and I Corps (Forward) (USARJ/ICF) Noncombatant Evacuation Operations (NEO) Program

(2) Ensures all NCEs and pets are identified to the commander, staff, and senior leaders and USARJ/ICF NEO Program Coordinator. Maintains a roster of all NCEs and pets eligible for evacuation for which they are responsible.

(3) Verify all NCE phone numbers through telephonic contact with their NCEs, inspect all NEO packets and kits of their NCE Families and validate strip maps by reconnoitering routes to all NCE residences both on and off military installation, within 30 days of appointment.

(4) Identify themselves as a NEO Warden to each sponsor and adult NCE in their area of responsibility.

(5) Provide a NEO packet with NEO forms to newly arrived personnel. Instruct and assist the sponsor and family to complete the forms as necessary.

(6) Inspect all NEO packets within 30 days of issuance or of assuming responsibilities as a NEO Warden. Inspect all NEO packets for completion and maintenance semi-annually, and provide this information to USARJ/ICF NEO Program manager. Report annually in writing to the unit commander the results of all inspections and indicate any trends that are detected.

(7) Should not perform duties that will preclude them from performing NEO warden duties during an ordered or voluntary evacuation. Serves under operational control (OPCON) of the USARJ/ICF Commander from the time an evacuation is declared and until released.

c. Sponsors and NCEs in coordination with their unit or directorate:

(1) Ensure all documents contained in the NEO packet are complete, accurate, and current.

(2) Ensure ID cards, passports, and applicable visas are current.

(3) Active duty members and designated emergency-essential/mission essential civilian employees will appoint a power of attorney to the Designated Senior Noncombatant (DSN) or someone in the United States for shipping and receiving household goods.

(4) Familiarize themselves with emergency and NEO procedures, know who the unit NEO Wardens are, and ensure their NEO packet is complete and updated annually.

(5) Reconnoiter routes to the NEO Evacuation Control Center (NEO ECC). Transportation to the NEO ECC is not provided. Attach a strip map from residence to NEO ECC to every NEO packet.

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SUBJECT: U.S. Army Japan and I Corps (Forward) (USARJ/ICF) Noncombatant Evacuation Operations (NEO) Program

(6) Prepare an alternate care plan for pets in the event concurrent transportation is not available. Many commercial carriers do not transport animals during extreme weather conditions. Pets may have to stay behind for extended periods of time. Commercial transportation for pets may be borne by NEO families. Complete the necessary paperwork for pets and maintain copies in the NEO packet.

6. EXERCISES AND CONTINGENCIES

a. On order, identified personnel report to the USARJ/ICF Commander for training, exercises, and evacuation execution. NEO Wardens are attached under OPCON to the USARJ/ICF Commander for exercises.

b. On order, NEO Wardens alert their NCE Families and assist in NEO execution. NEO Wardens notify their adult NCE Family Members of evacuation instructions telephonically, in person, or by leaving a NEO Warden notification letter with instructions.

c. Single parents or dual military/Civilian parents notify the guardian designated in the Family/Dependent Care Plan (must be designated by a power of attorney) to escort children during evacuation. Married military couples and sole military parents are required by regulation to have powers of attorney for other adult noncombatants to serve as "Loco Parentis" to escort Family Members under the age of 18 to the United States.

d. Report the notification status of NCEs hourly to the designated unit NEO representative during exercises and execution until 100% notification has been achieved.

7. The proponent for this policy is G-3, Future Operations Division at 263-4601.



MICHAEL T. HARRISON, SR.
MG, USA
Commanding

DISTRIBUTION:

- A
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- C
- D



DEPARTMENT OF THE ARMY
UNITED STATES ARMY JAPAN AND I CORPS (Forward)
UNIT 45005
APO AREA PACIFIC 96343-5005

REPLY TO
ATTENTION OF
APAJ-GA

3 NOV 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Personnel and Unit Readiness

1. The effects of the Great East Japan Earthquake clearly demonstrated the importance of unit and individual readiness in response to possible contingency situations.
2. Personnel accountability is a critical function of Command. Recent events exposed the weaknesses of some units' and organizations' ability to maintain 100% accountability of personnel. Let me clearly state that 100% personnel accountability is the standard for this Command, and nothing less.
3. The Non-Combatant Evacuation Operations (NEO) program requires Commander level emphasis. Completion of a NEO Packet is a mandatory requirement for all USARJ personnel and affiliated DoD organizations. All units/tenant organizations will designate a NEO Warden and alternate in writing. Both the sponsor and any Eligible Family Members (EFMs) will have a NEO Packet. Newcomers will complete NEO packets before the sponsor begins their new assignment. Units will be inspected on their compliance with this NEO Packet requirement during Command Inspection Program (CIP). Commanders will fully support the NEO program, associated training, and exercises, as directed.
4. Commanders, staff, and tenant organization senior leaders are responsible for maintaining and exercising their unit Emergency Notification Rosters (ENRs) on a periodic (bi-weekly) basis. The ENR is an essential tool for ensuring that all assigned personnel can be contacted on short notice in the event of an emergency. Commanders and senior leaders will put special emphasis on ensuring that they are able to contact off-post personnel. Additionally, it is imperative that the Command Center can contact commanders, staff, and tenant organization senior leaders. The standard to enable this is to verify/update contact information with the USARJ Command Center by the last working day of each month.
5. Another very important initiative ongoing within our Army is the deployability of personnel, which is key to the overall readiness of our Army. This initiative also requires commander and senior enlisted leader involvement. I expect you to make this one of your top priorities. Together we can make a difference, your involvement in actively monitoring the non-deployable Soldiers within your formation requires active engagement at all levels of command.
6. While I am exceptionally proud of all our collective accomplishments during and after the Great East Japan Earthquake, I hold commanders and senior leaders responsible for taking the

APAJ-GA
SUBJECT: Personnel and Unit Readiness

corrective actions outlined above to ensure that we meet and raise the standard on unit and individual readiness. Going forward, I expect all commanders and senior leaders to take an active, personal interest in inculcating a culture of unit and individual readiness for any contingency that may arise.

ICHI DAN!



MICHAEL T. HARRISON, SR.

MG, USA

Commanding

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DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
UNITED STATES ARMY JAPAN
UNIT 45005
APO AREA PACIFIC 96343-5005

REPLY TO
ATTENTION OF:

APAJ-HC

7 February 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Additional Duty Appointment: Noncombatant Evacuation Operations (NEO) Warden.

1. Effective this date, the following individual is appointed as indicated:

BLACKMON, Jimmy L. GS-6 (Primary)

2. Appointed as: Noncombatant Evacuation Operations (NEO) Warden.

3. Authority: USFJ Pamphlet 30-12.

4. Purpose: To conduct duties as NEO Warden in accordance with directives from higher headquarters and appropriate regulations.

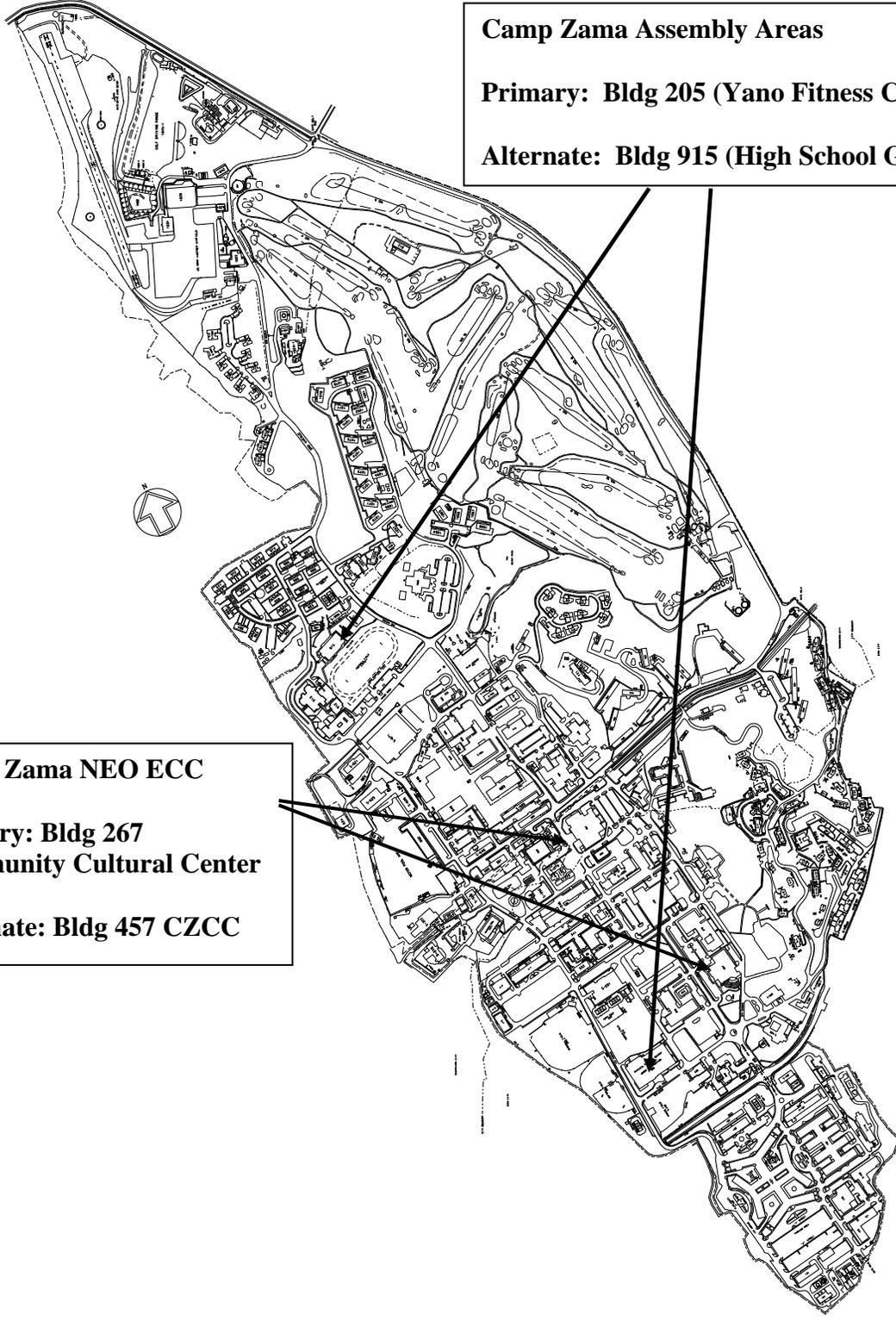
5. Period: Until officially relieved or released from appointment or assignment.

6. Special Instructions: This memorandum supersedes all memorandums on the above subject.

7. The point of contact for this memorandum is the undersigned at 263-3134, or email at walter.pratt@zama.army.mil.

A handwritten signature in black ink, appearing to read "Walter E. Pratt", is written over a horizontal line.

WALTER E. PRATT
CPT, AR
Commanding



Camp Zama Assembly Areas
Primary: Bldg 205 (Yano Fitness Center)
Alternate: Bldg 915 (High School Gym)

Camp Zama NEO ECC
Primary: Bldg 267
Community Cultural Center
Alternate: Bldg 457 CZCC



Noncombatant Evacuation Operation (NEO) Packet

PART II		
Identification: Family & Pets		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	USFJ Form 178-R: NEO Data Card	
2. <input type="checkbox"/>	ID Cards/CAC	
3. <input type="checkbox"/>	Passports, Visas*	Keep in Pouch
4. <input type="checkbox"/>	Naturalization Certificates*	
5. <input type="checkbox"/>	Alien Registration Cards*	
6. <input type="checkbox"/>	Social Security Cards	
7. <input type="checkbox"/>	Birth Certificates/Adoption Papers*	

*if applicable

Privacy and Security. NEO packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, noncombatants or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to a NEO warden to inspect without being present). NEO wardens should inspect the contents of the NEO packet in the presence of either the sponsor or the adult noncombatant.

NONCOMBATANT EVACUATION OPERATIONS (NEO) CARD

USFJ FORM 178-R

<i>Mark with an "X"</i>	[] USA	[] USAF	[] USN	[] USMC	[] DoD Civilian	[] Other: []
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SPONSOR'S NAME (<i>Last, First, MI</i>)	SPONSOR'S SEX	SPONSOR'S GRADE	SPONSOR'S SSN (Last 4)
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SPONSOR'S DEROS (DD Month YY)	SPONSOR'S DUTY TELEPHONE NUMBER	SPONSOR'S CONTACT TELEPHONE NUMBER
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SPONSOR'S UNIT	SPONSOR'S DUTY STATION (Zama, Yokota, Atsugi)
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NONCOMBATANT NAMES <i>(Last, First, MI)</i>	SEX	SSN	DATE OF BIRTH <i>(YYYY MM DD)</i>	CITIZENSHIP	RELATIONSHIP	PASSPORT NUMBER

NONCOMBATANT LOCAL ADDRESS	NONCOMBATANT MAILING ADDRESS
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EMERGENCY CONTACT AT DESINATION (*Name, address, telephone number and/or email address*)

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

NAME OF SCHOOL ATTENDED BY CHILD – NOTE: If child is NOT DoD ENROLLED, please provide NAME, ADDRESS & TELEPHONE NUMBER to school.

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

PETS <i>(If applicable)</i>	TYPE OF PET	WEIGHT OF PET <i>(In pounds)</i>	ADMIN USE ONLY			
<i>(Name)</i>						
<i>(Name)</i>						

MEDICAL NEEDS

REMARKS (*Non-combatant's email address*):

SPONSOR'S SIGNATURE	DATE (YYYY MM DD)
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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 noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. **ROUTINE USES:** Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. **MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.



Noncombatant Evacuation Operation (NEO) Packet

PART III		
Evacuation Forms and Orders		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	PCS Orders	PCS Orders assigning sponsor and family members to USARJ. Command Sponsorship paperwork if not on original PCS orders.
2. <input type="checkbox"/>	Evacuation Orders	
3. <input type="checkbox"/>	DD Form 2585: Repatriation Processing Form	
4. <input type="checkbox"/>	DD Form 1610: Request and Authorization for TDY/TAD Travel	(5 copies)
5. <input type="checkbox"/>	DD Form 93: Record of Emergency Data	
6. <input type="checkbox"/>	DA Form 3955: Change of Address and Directory Card	

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.

Privacy and Security. NEO packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, noncombatants or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to a NEO warden to inspect without being present). NEO wardens should inspect the contents of the NEO packet in the presence of either the sponsor or the adult noncombatant.

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (*X one*) **YES** **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER

2. DATE OF ARRIVAL (YYYYMMDD)

3. REPATRIATION CENTER

4. PROCESSING DATE (YYYYMMDD)

5. PROCESSING TIME (*Military*)

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

6. NAME OF EVACUEE (*Last, First, Middle Initial*)

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH (YYYYMMDD)

9. PLACE OF BIRTH (*City, State, and Country*)

10. COUNTRY OF CITIZENSHIP

11. GENDER (*X one*)

12. SOCIAL SECURITY NUMBER

MALE **FEMALE**

13. MARITAL STATUS (*X one*)

SINGLE **MARRIED** **WIDOWED** **SEPARATED** **DIVORCED**

14.a. PASSPORT NUMBER

b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER

b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued) (Read before completing Items 16 and 23)

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER 1a DoD: Service Member b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) 2a DoD: Civilian Employee WITH Transportation Agreement b DoD: Dependent of Civilian Employee WITH Transportation Agreement c DoD: Civilian Employee WITHOUT Transportation Agreement d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement 3a Non-DoD U.S. Government (USG): Employee b Non-DoD USG: Employee Dependent and/or Family Member 4 Citizen Residing Abroad (Child, Student, Private Business) 5 Tourist 6 Citizen on Business-Related Travel 7 U.S. Government Contractor	CLASSIFICATION NUMBER 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) 11 Non-U.S. Civilian Employee (Works for U.S. Government) 12 Citizen of Country Other Than U.S. 13 Other, None of the Above (Specify)	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/> ADULTS (Include yourself)	<input type="text"/> CHILDREN (Include all children)
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (If applicable)	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/> DOGS	<input type="text"/> CATS
		<input type="text"/> BIRDS	<input type="text"/> OTHER

19. EMERGENCY CONTACT IN U.S.
(For person named in Item 6 above)

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (If applicable)
(If same as Item 19, enter "SAME")

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS
(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)

a. BRANCH OF SERVICE/DOD AGENCY (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. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)				c. SSN	d. RANK/GRADE	
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)						

22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)
(Complete if applicable)

a. NAME OF ESCORT (Last, First, Middle Initial)			b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	e. CELL TELEPHONE NO. (Final Destination of Escort) (Include Area Code)			

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) (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).)	
(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) (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).)	
(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) (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).)	
(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) (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).)	
(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 =	
b. ONWARD TRANSPORTATION	PERSONS X	DOLLARS =	
	PERSONS X	DOLLARS =	
c. TEMPORARY LODGING AND PER DIEM	PERSONS X	DAYS X	DOLLARS =
d. MISCELLANEOUS <i>(Specify)</i>			=
			=
			=
			=
		29. TOTAL COSTS	=

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)*

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>											1. DATE OF REQUEST <i>(YYYYMMDD)</i>	
REQUEST FOR OFFICIAL TRAVEL												
2. NAME <i>(Last, First, Middle Initial)</i>				3. SOCIAL SECURITY NUMBER				4. POSITION TITLE AND GRADE/RATING				
5. LOCATION OF PERMANENT DUTY STATION (PDS)						6. ORGANIZATIONAL ELEMENT			7. DUTY PHONE NUMBER <i>(Include Area Code)</i>			
8. TYPE OF AUTHORIZATION			9. TDY PURPOSE <i>(See JTR, Appendix H)</i>				10a. APPROX. NO. OF TDY DAYS <i>(Including travel time)</i>			b. PROCEED DATE <i>(YYYYMMDD)</i>		
11. ITINERARY			<input type="checkbox"/> VARIATION AUTHORIZED									
12. TRANSPORTATION MODE												
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		
13.	a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.					b. OTHER RATE OF PER DIEM <i>(Specify)</i>						
14. ESTIMATED COST											15. ADVANCE AUTHORIZED	
a. PER DIEM			b. TRAVEL			c. OTHER			d. TOTAL			
\$			\$			\$			\$		\$	
16. REMARKS <i>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</i>												
17. TRAVEL-REQUESTING OFFICIAL <i>(Title and signature)</i>							18. TRAVEL-APPROVING/DIRECTING OFFICIAL <i>(Title and signature)</i>					
AUTHORIZATION												
19. ACCOUNTING CITATION												
20. AUTHORIZING/ORDER-ISSUING OFFICIAL <i>(Title and signature)</i>									21. DATE ISSUED <i>(YYYYMMDD)</i>			
									22. TRAVEL AUTHORIZATION NUMBER			

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.)*

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

PRINT NAME <i>(Last, First, MI)</i>	GRADE	SSN	PURGE DATA
NEW ORGANIZATION <i>(Complete Designation)</i>			BOX NUMBER

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 39 USC and DOD/Postal Service Agreement, 2 Feb. 59. **PRINCIPLE PURPOSE:** To route and forward (Directory) mail. **ROUTINE USES:** Used by Army military and civilian personnel in mail functions and address inquires. Data are inspected bt commanders, postal officers, and military and civilian inspectors. **DISCLOSURE:** Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.

OLD MAILING ADDRESS <i>(Include BOX No., if any, and ZIP Code)</i>	NEW MAILING ADDRESS <i>(Include ZIP Code)</i>
--	---

DATE DEPARTED OLD ORG:	DATE DUE NEW ORG:
QUARTERS/OFF POST ADDRESS	REMARKS

CONSENT: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.	<i>(IF DEPARTING, COMPLETE BELOW ITEMS)</i>
	HEADQUARTERS ISSUING ORDERS

SIGNATURE	DATE	ORDER NUMBER	ORDER DATE
-----------	------	--------------	------------



Noncombatant Evacuation Operation (NEO) Packet

PART IV		
Finance and Household Goods		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	DD Form 2461: (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments	(DoD Civilian Employees & family members-3 copies) This form will help you expedite emergency pay and allowances if needed.
2. <input type="checkbox"/>	DD Form 1337: (Military Personnel) Authorization/Designation for Emergency Pay & Allowances	(2 copies) This form will help you expedite emergency pay and allowances if needed.
3. <input type="checkbox"/>	USAG-J Form 609: Unaccompanied Baggage Inventory	
4. <input type="checkbox"/>	DD Form 1252: US Customs and Border Protection Declaration for Personal Property Shipment	(1 per shipment)
5. <input type="checkbox"/>	DD Form 1252-1: US Customs and Border Protection Declaration for Personal Property Shipment (Firearms only)	
6. <input type="checkbox"/>	DD Form 1299: Application for Shipment/Storage	(1 per shipment)
7. <input type="checkbox"/>	Evidence of Property	DD Form 1701: Inventory of Household Goods. Include photos; DD Form 1797: Personal Property Counseling Checklist; EA Form 741-E: Personal Property Record
8. <input type="checkbox"/>	Household Goods Weight Estimation Worksheet	

**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.

1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)				
8. EVACUATED INSTALLATION		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
		9. EVACUATION ORDER NO.	10. DATE OF ORDER (YYYYMMDD)	11. DATE EVACUATED (YYYYMMDD)
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP	

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.**

UNACCOMPANIED BAGGAGE INVENTORY

PROPERTY OF

ARTICLE (See Reverse)

ESTIMATED WEIGHT

TOTAL ESTIMATED WEIGHT

US CUSTOMS AND BORDER PROTECTION (CBP) DECLARATION FOR PERSONAL PROPERTY SHIPMENTS	WARNING: Any false statement or willful omission herein subjects the shipment to seizure and forfeiture or any person involved to a penalty equal to its value as well as to criminal prosecution.	CBP DECLARATION NUMBER
---	---	-------------------------------

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 19 U.S.C. 1498.
PRINCIPAL PURPOSE(S): To declare shipments of household goods, unaccompanied baggage, and privately owned vehicles for which free entry is claimed. Section A - Owner CBP declaration for type of shipment and reason for shipment. Section B - Overseas Port shipment data.
ROUTINE USE(S): (1) Use of your Social Security Number is proof of identification that person processing through CBP is not an impostor and also assists in criminal prosecution if contraband or undeclared articles, for which CBP fees are due, are found in shipment. (2) Origin transportation officer retains a copy as proof that shipment has been properly processed. Copy will be destroyed when no longer required.
DISCLOSURE: Voluntary; however, failure to provide your SSN and other requested personal information may cause delay in processing through CBP, pending positive identification.

PART I - HOUSEHOLD GOODS, UNACCOMPANIED BAGGAGE, AND PRIVATELY OWNED VEHICLES

1. TO: <i>(Overseas POE/APOE)</i>	2. FROM: <i>(Transportation Officer)</i>
--	---

SECTION A - OWNER'S CBP DECLARATION *(Attach copy of orders)*

3. NAME <i>(Last, First, Middle Initial) (Print or type)</i>	4. GRADE	5. SOCIAL SECURITY NUMBER
6. UNIT ADDRESS OVERSEAS <i>(Include APO number)</i>	7. ADDRESS IN UNITED STATES <i>(Include ZIP Code)</i>	

8. **DECLARATION FOR:** *(X appropriate item) (Attach copy of orders)*

HOUSEHOLD GOODS

 UNACCOMPANIED BAGGAGE

 PRIVATELY OWNED VEHICLE

9. **I DECLARE THAT:** (1) All items in this shipment to the United States consist only of personal property for my personal use or the use of members of my family who have been residing with me; (2) The shipment contains no prohibited items; (3) Any articles which are (a) Restricted or (b) In excess of the quantities entitled to free entry under the law and regulations thereunder are listed and identified as such in the remarks space below *(with the cost or fair value, if not obtained by purchase, given for those not entitled to free entry)* or if there are none, I have written the words "No Exceptions," in that space; (4) None of the items are to be taken or shipped to the United States as an accommodation for others or for sale, barter, or exchange; (5) This declaration is made for me and for *(State number)* _____ *members of my family;* (6) Total quantities of alcohol beverages and cigars included in this and other sets of CBP declaration forms: Alcohol beverages *(State number)* _____ ; Cigars *(State number)* _____ ; and (7) I have been serving overseas under competent US Government orders and was: *(Check appropriate item below)*

- a. Assigned to permanent duty overseas.
- b. Required to perform temporary duty overseas for 140 days or more.
- c. Assigned to temporary duty overseas under orders which intended the duration to be 140 days or more.
- d. Directed from one overseas duty station to another overseas duty station and return of my personal property to the United States has been approved as indicated in supplemental instructions to orders.
- e. Directed to evacuate myself, family, or personal property to the United States.
- f. Directed to ship personal property in advance of the issuance of travel orders.

10. THE STATEMENTS ABOVE ARE MADE WITH FULL KNOWLEDGE OF THE APPLICABLE PROVISIONS OF DOD REGULATION 4500.9-R PART V AND OVERSEAS INSTRUCTIONS.

a. SIGNATURE OF OWNER	b. DATE (YYYYMMDD)
-----------------------	--------------------

11. REMARKS	12. FOR USE OF US CBP OFFICERS
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SECTION B - OVERSEAS PORT SHIPMENT DATA

13. NAME OF CARRIER	14. VOYAGE OR FLIGHT NO.
---------------------	--------------------------

US CUSTOMS AND BORDER PROTECTION (CBP) DECLARATION FOR PERSONAL PROPERTY SHIPMENTS	WARNING: Any false statement or willful omission herein subjects the shipment to seizure and forfeiture or any person involved to a penalty equal to its value as well as to criminal prosecution.	CBP DECLARATION NO. <i>(For Issuing Office Use)</i>
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DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 19 U.S.C. 1498.
PRINCIPAL PURPOSE(S): To declare shipments of household goods, unaccompanied baggage, and privately owned vehicles for which free entry is claimed. Section A - Owner CBP declaration for type of shipment and reason for shipment. Section B - Overseas Port shipment data.
ROUTINE USE(S): (1) Use of your Social Security Number is proof of identification that person processing through CBP is not an impostor and also assists in criminal prosecution if contraband or undeclared articles, for which CBP fees are due, are found in shipment. (2) Origin transportation officer retains a copy as proof that shipment has been properly processed. Copy will be destroyed when no longer required.
DISCLOSURE: Voluntary; however, failure to provide your SSN and other requested personal information may cause delay in processing through CBP, pending positive identification.

PART II - FIREARMS AND AMMUNITION

1. TO: <i>(Overseas POE/APOE)</i>	2. FROM: <i>(Transportation Officer)</i>
--	---

SECTION A - OWNER'S CBP DECLARATION *(Attach copy of orders)*

3. NAME <i>(Last, First, Middle Initial) (Print or type)</i>	4. GRADE	5. SOCIAL SECURITY NUMBER
6. UNIT ADDRESS OVERSEAS <i>(Include APO number)</i>	7. ADDRESS IN UNITED STATES <i>(Include ZIP Code)</i>	

8. I DECLARE THAT: (1) All items in this shipment to the United States consist only of privately owned firearms and ammunition for my personal use; (2) The shipment contains (a) No surplus military firearm except as indicated in 2 below (b) No prohibited firearm (c) The firearms are generally recognized as suitable for sporting purposes as determined by the Department of Treasury or as indicated in 2 below. I have have not been serving overseas under U.S. Government orders and am traveling under orders for (or to): *(X appropriate item below)*

- a. TDY or PCS to the United States or enroute to another oversea duty station
- b. PCS to the United States from overseas.
- c. PCS from overseas to a restricted oversea area where firearms are prohibited and personal property is being returned to the US.
- d. PCS to the US from a permanent duty station abroad to a permanent duty station in the United States or for release from active duty.
- e. PCS from a combat area or a combat zone to the United States.
- f. TDY to the United States from overseas.

COMPLETE DECLARATION BELOW

9. DECLARATION CONCERNING IMPORTATION OF FIREARMS OR AMMUNITION PREVIOUSLY TAKEN OUT OF THE UNITED STATES
Under penalty of perjury I hereby declare that my present address is _____
and that I departed from the United States *(Including possessions thereof)* at *(Place of exit)* _____
on or about *(YYYYMMDD)* _____ and took with me as part of my personal property, the firearm(s) and ammunition which I previously possessed in the United States. Indicate as code "A" in description below.

10. FIREARMS OR AMMUNITION ACQUIRED DIRECTLY FROM A LICENSED US FIREARMS DEALER OR THROUGH AN AUTHORIZED ROD AND GUN CLUB OR THROUGH MILITARY EXCHANGE SERVICES SPECIFICALLY FOR THE MEMBER.
Indicate as code "C" in description below. Evidence of such acquisitions will be attached.

11. FIREARMS OR AMMUNITION ACQUIRED OVERSEAS OTHER THAN AS INDICATED IN 10 ABOVE.
An approved Import Permit (ATF Form 6) (Firearms) Part II and Release and Receipt of Imported Firearms (ATF Form 6A) (Firearms) should be attached if available. If not, indicate as code "D" in description below.

12. DESCRIPTION OF FIREARMS OR AMMUNITION *(List additional firearms/ammunition in Remarks, on back.)*

a. FIREARMS						
ITEM	CODE	MANUFACTURER	COUNTRY OF MANUFACTURE	CALIBER SIZE OR GAUGE	MODEL	SERIAL NUMBER
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

b. AMMUNITION				
ITEM	CODE	TYPE	QUANTITY	CALIBER
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

13. THE STATEMENTS ABOVE ARE MADE WITH FULL KNOWLEDGE OF THE APPLICABLE PROVISIONS OF DOD REGULATION 4500.9-R PART V AND OVERSEAS INSTRUCTIONS.

a. SIGNATURE OF OWNER	b. DATE <i>(YYYYMMDD)</i>
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SECTION B - OVERSEAS PORT SHIPMENT DATA

14. NAME OF CARRIER

15. VOYAGE/FLIGHT NO.

16. REMARKS

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY <i>(Read Privacy Act Statement on back before completing form.)</i>		1. DATE PREPARED (YYYYMMDD)	2. SHIPMENT NUMBER
3. NAME OF PREPARING OFFICE		4. TO <i>(Responsible Origin Personal Property Shipping Office)</i>	
		a. NAME	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE		b. ADDRESS <i>(Street, Suite Number, City, State, ZIP Code)</i>	
6. MEMBER OR EMPLOYEE INFORMATION			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SSN	d. AGENCY
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:			
a. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS <i>(Enter quantity estimate)</i>			
(1) POUNDS	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) <i>(Enter "NONE" if not applicable)</i>	(3) EXPENSIVE AND VALUABLE ITEMS <i>(Number of cartons)</i>	
b. MOBILE HOME INFORMATION <i>(Enter dimensions in feet and inches)</i>			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT
(5) TYPE EXPANDO <i>(Describe)</i>			
c. MOBILE HOME SERVICES REQUESTED <i>(X as applicable)</i>			
<input type="checkbox"/> CONTENTS PACKED	<input type="checkbox"/> MOBILE HOME BLOCKED	<input type="checkbox"/> MOBILE HOME UNBLOCKED	<input type="checkbox"/> STORED AT ORIGIN <input type="checkbox"/> STORED AT DESTINATION
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:			
a. TYPE ORDERS <i>(X one)</i>		b. ISSUED BY	c. NEW DUTY ASSIGNMENT
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY		
d. DATE OF ORDERS (YYYYMMDD)	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. <i>(Include Area Code)</i>
h. IN TRANSIT ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>			
9. PICKUP (ORIGIN) INFORMATION		10. DESTINATION INFORMATION	
a. ADDRESS <i>(Street, Apartment Number, City, County, State, ZIP Code)</i> <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.

PERSONAL PROPERTY RECORD

DATE OF PREPARATION

For use of this form see Eighth Army Reg 190-31; the proponent agency is Eighth Army Provost Marshal's Office.

Recording identifying data of your high value property will assist in recovering lost or stolen property, and for claims against the Government and/or private insurance, as appropriate.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. **AUTHORITY:** Title 10 USC 3012 and 5 USC 301.
2. **PRINCIPAL PURPOSE:** To record identifying data of individual property.
3. **ROUTINE USES:** Upon the reporting of a loss by the individual, information may be used to assist in the recovery and return of the personal property. Information can also assist in the adjudication of claims against the Government for loss or damage to personal property.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. Failure to provide information will have no adverse effect on the individual.

TYPED OR PRINTED NAME OF OWNER (Last -First - MI)

SSN

SIGNATURE OF OWNER

REMEMBER --

1. When marking your personal property, use the prefix "USA" followed by your Social Security Number.
2. When you have completed marking your property, display DA Label 167, Warning, Army Operation Identification, in a conspicuous location outside your room or building, announcing that property inside has been marked for identification by law enforcement agencies.

ITEM NO.	NAME OF ITEM	QTY	BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION	SERIAL NO. OR MARKING	DATE ACQUIRED <i>(if known)</i>	VALUE	INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING RECORDING OF PROPERTY AND DATE

LIVING & FAMILY ROOMS

Item	cu.ft.	# of pieces	total cu.ft.
Bar, Portable	15		
Bench, Fireside, Piano	5		
Bookcase	20		
Bookshelves, Sectional	5		
Chair, Arm	10		
Chair, Occasional	15		
Chair, Overstuffed	25		
Chair, Rocker	12		
Chair, Straight	5		
Clock, Grandfather	20		
Clock, Grandmother	15		
Day bed	30		
Desk, Small, or Winthrop	22		
Desk, Secretary	35		
Fire place Equip.	5		
Foot stool	2		
Lamp, Floor or Pole	3		
Magazine Rack	2		
Music Cabinet	10		
Other			

Item	cu.ft.	# of pieces	total cu.ft.
Piano, Baby Grand or Upright	70		
Piano, Parlor Grand	80		
Piano, Spinnet	60		
Radio, Table	2		
Rugs/Pad Large	10		
Rugs/Pad Small	3		
SOFA, 2 cushion	35		
SOFA, 3 Cushion	50		
SOFA, 4 Cushion	60		
SOFA, Sectional, each section	30		
SOFA Rattan/Wicker	10		
STEREO	20		
Studio Couch, Hide-a-bed	50		
Table, Drop leaf, occasional	12		
Table, Coffee, End, Nest	5		
Telephone Stand & Chair	5		
Television, Combination	25		
Television/ Radio Console	15		
Television, Table model	10		
TV, Big Screen over 52Inch	40		
Other			

Total number of items in this section

Total cube for this section

Constructed Weight for this section

DINING ROOM

Item	cu.ft.	# of pieces	total cu.ft.
Bench, Harvest	10		
Buffet, Base	30		
Buffet, Top	20		
Cabinet, Corner	20		
Cabinet, China	25		
Chair Arm	8		
Chair, Straight	5		

Item	cu.ft.	# of pieces	total cu.ft.
Server	15		
Table, Dinette	15		
Table Extension	30		
Tea Cart	5		
Rugs/Pad Large	10		
Rugs/Pad Small	3		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

BEDROOM

Item	cu.ft.	# of pieces	total cu.ft.
Bed-To Include Box Spring & Mattress			
Bed, Bunk, set of 2	70		
Bed, Single	40		
Bed, Double	60		
Bed, King/Queen	70		
Bed, Rollaway	20		
Bed, Waterbed base	10		
Bookshelves	5		
Bureau, Dresser,	25		
Chest of drawers	40		
Cedar Chest	15		
Chair, Boudoir	10		

Item	cu.ft.	# of pieces	total cu.ft.
Chair, straight/ Rocker	5		
Chaise Lounge	25		
Dresser, Double	50		
Dresser, Triple	60		
Night Table	5		
Rugs/Pad Large	10		
Rugs/Pad Small	3		
Vanity Dresser	20		
Vanity Bench	3		
Wardrobe, small	20		
Wardrobe, Large	40		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

DEN, OFFICE, STUDY

Item	cu.ft.	# of pieces	total cu.ft.
Bookcase	20		
Chair, Swivel, office	8		
Copier/Printer, large	12		
Desk, Computer	25		
Desk, Hutch	28		
Other			
Other			

Item	cu.ft.	# of pieces	total cu.ft.
Desk, Office	30		
Desk, Secretary	35		
File Cabinet, 2 Drawer	6		
File Cabinet, 3 Drawer	8		
File Cabinet, 4 Drawer	10		
File Cabinet, Lateral	15		
Table	5		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

NURSERY

Item	cu.ft.	# of pieces	total cu.ft.
Bassinet	3		
Bed, Youth	30		
Chair, Childs	3		
Chair, High	5		
Chest of drawers	12		
Chest, Toy	5		
Crib, Baby	10		

Item	cu.ft.	# of pieces	total cu.ft.
Table, Childs	5		
Play Pen	5		
Rugs/Pad Large	10		
Rugs/Pad Small	3		
Stroller, Baby	8		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

KITCHEN

Item	cu.ft.	# of pieces	total cu.ft.
Chair, High	5		
Ironing Board	2		
Kitchen Cabinet	20		
Kitchen Chair	5		
Kitchen Table	10		
Microwave stand/Cart	8		

Item	cu.ft.	# of pieces	total cu.ft.
Roaster	5		
Serving Cart	15		
Stool	3		
Table, Small	5		
Utility Cabinet	10		
Vegetable/Rice Bin	3		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

APPLIANCES

Item	cu.ft.	# of pieces	total cu.ft.
Air Conditioner	30		
Dehumidifier	10		
Dishwasher	20		
Dryer, Clothes Gas/Electric	25		
Freezer Cubic Cap			
9 or less	16		
10 to 15	25		
16 to 18	30		
19 and Over	32		
Mangle Iron	12		
Range, Gas/Electric	30		

Refrigerator, Cubic Cap	cu.ft.	# of pieces	total cu.ft.
10 -15	25		
16 -18	30		
19 -21	37		
22 and Over	44		
Side By Side	52		
Stack, Washer/Dryer	46		
Vacuum	5		
Washing Machine	25		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

PORCH, OUTDOOR, FURNITURE & EQUIPMENT

Item	cu.ft.	# of pieces	total cu.ft.
Barbecue/Port Grill	10		
Birdbath	5		
Chair, Lawn	5		
Chair, Porch	10		
Clothes Line	5		
Clothes, Dryer/Rack	5		
Garden Hose & Tools	10		
Glider or Settee	20		
Ladder, extension	10		
Lawn Mower, Hand	5		
Lawn Mower, Power	15		
Lawn Mower, Riding	35		
Leaf Sweeper	5		
Outdoor Childs Slide	10		
Outdoor Childs Gym	20		
Outdoor Drying Rack	5		

Item	cu.ft.	# of pieces	total cu.ft.
Outdoor Swing	30		
Picnic Table	20		
Picnic Bench	5		
Porch Chair	10		
Rocker/Swing	15		
Roller, Lawn	15		
Rug, Large	7		
Rug, Small	3		
Sandbox	10		
Settee	20		
Spreader	1		
Table	10		
Umbrella	5		
Wheel Barrow	8		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

EXERCISE & SPORT EQUIPMENT

Item	cu.ft.	# of pieces	total cu.ft.
Bicycle	7		
Camp Stove	5		
Cooler, small	3		
Cooler, Large	5		
Exercise Bike	10		
Other			
Other			
Other			

Item	cu.ft.	# of pieces	total cu.ft.
Skis	2		
Tent	5		
Treadmill/Stairstepper	20		
Universal Gym component	10		
Weight Bench	5		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

MISCELLANEOUS

Item	cuff.	# of pieces	total cuff.
Ash or Trash Can	5		
Basket, Clothes	5		
Bicycle	10		
Bird Cage & Stand	5		
Card Table	1		
Carriage, Baby	15		
Chairs, Folding	1		
Clothes Hamper	5		
Cot, Folding	5		
Fan	5		
Footlocker	5		
Golf Bag	2		
Heater, Gas/Electric	5		
Metal Shelves	5		
Plant Stand	5		

Item	cuff.	# of pieces	total cuff.
Ping Pong Table	20		
Pool Table w/o slate	40		
Pool Table w slate	100		
Sewing Machine	10		
Sled	2		
Step Ladder	5		
Suitcase	4		
Table Utility	5		
Tackle Box	2		
Tool Chest, Small	5		
Tool Chest, Medium	10		
Tool chest, Large	15		
Tricycle	3		
Wagon, Childs	5		
Workbench	20		

Total number of items in this section

Total cube for this section

Constructed Weight for this section

GARAGE

Item	cu.ft.	# of pieces	total cu.ft.
Utility Trailer	50		
Motorcycle, Large	100		
Motorcycle, Small	58		
3/4 Wheelers	50		
Other			
Other			
Other			

Item	cu.ft.	# of pieces	total cu.ft.
Cabinet, utility	10		
Camper	500		
Camper shell	300		
Canoe, Kayak or Scull.	50		
Car Ramps	8		
Golf Cart	40		
Snow Mobile	60		

Total number of items in this section		
Total cube for this section		
Constructed Weight for this section		
	Military	Civilian
Total number of items		

CARTONS

Item	cu.ft.	# of pieces	total cu.ft.
Dishpack	10		
Less than 3 Cube	5		
3 cube- 4 Cube	3		
4.5 Cube	4.5		
6 Cube	6		
6.5 Cube	6.5		
Wardrobe	10		
Mirror Ctn	5		
Crates	10		

Total cube		
Constructed Weight		
Pro Gear		
Minus Pro Gear		
10% packing Material allow Military only		
Weight Chargeable to Member		
Enter Members Weight Allowance		
Amount Over/Under Weight allowance		



Noncombatant Evacuation Operation (NEO) Packet

PART V		
Automobile and Residence		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	Vehicle Key Turn In Envelope	
2. <input type="checkbox"/>	Residence Key Turn In Envelope	
3. <input type="checkbox"/>	Vehicle Insurance	
4. <input type="checkbox"/>	USFJ Form 207: Military Vehicle Registration	(2 copies)
5. <input type="checkbox"/>	Certificate of Title of Motor Vehicle	(2 copies)
6. <input type="checkbox"/>	DD Form 2506: Vehicle Impound Report	
7. <input type="checkbox"/>	DA Form 4137: Evidence/Property Custody Document	
8. <input type="checkbox"/>	DD Form 788-series: Vehicle Inspection Worksheet	Facilitates VPC processing of POV shipment, if it is possible, (5 per POV, 1 with family, 4 turned in to ECC). Used for Sedans, Vans, Pickups, and Motorcycles.

These documents provide authorities who remain a means to access vehicles to move them to shipping ports and access your residence for security reasons or to ship your household goods if required.

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

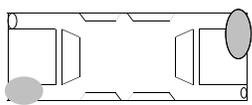
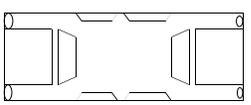
d. TELEPHONE NUMBER
(Include Area Code)

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 
---	--

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>	

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

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	

<p>EVIDENCE/PROPERTY CUSTODY DOCUMENT</p> <p>For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command</p>	<p>MPR/CID SEQUENCE NUMBER</p> <hr/> <p>CRD REPORT/CID ROI NUMBER</p>
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RECEIVING ACTIVITY	LOCATION
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	ADDRESS <i>(Include Zip Code)</i>
LOCATION FROM WHERE OBTAINED	REASON OBTAINED TIME/DATE OBTAINED

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

CHAIN OF CUSTODY (Continued)				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) _____
 DESTROY _____
 OTHER (Specify) _____

FINAL DISPOSAL AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, PERTAINING TO THE INVESTIGATION INVOLVING _____ (Grade)
 _____ (Name) _____ (Organization) (IS) (ARE) NO LONGER

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. (If article(s) must be retained, do not sign, but explain in separate correspondence.)

 (Typed/Printed Name, Grade, Title) (Signature) (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

 (Typed/Printed Name, Organization) (Signature)

PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE

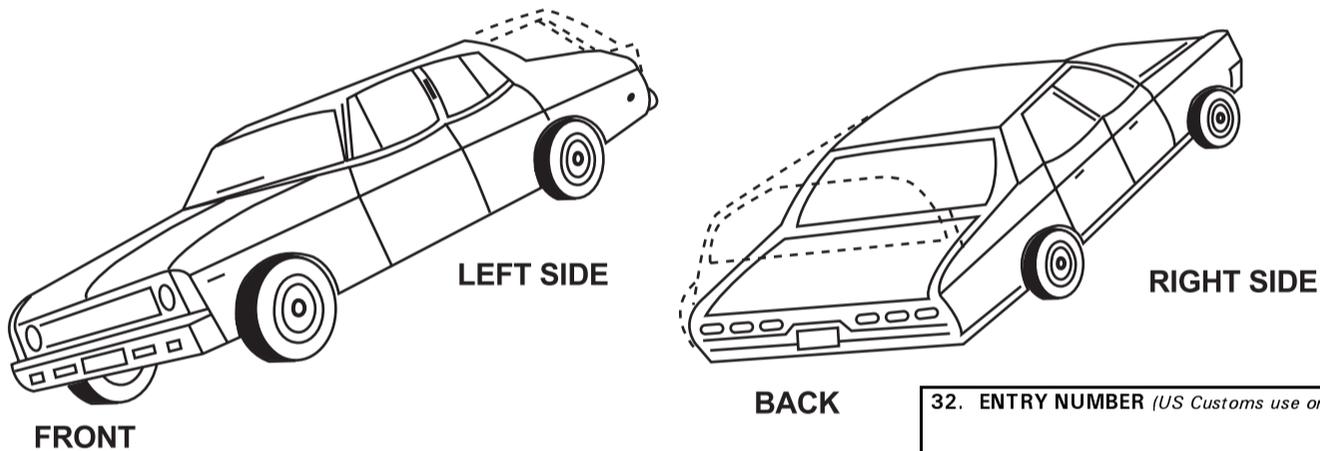
TCMD DATA	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	15. DOC ID (1-3) TP8	16. POV YR, MAKE (9-14)		17. OWNER'S LAST NAME (54-66)		18. F & MI (67-68)	19. GRADE (69-70)
20. STATE (71-72)	21. LICENSE NUMBER (73-77)		21. COLOR (78-80)	22. BODY TYPE	23. VEHICLE IDENTIFICATION NUMBER		
24. ODOMETER READING		25. VESSEL (Voyage Number)		26. AUTHORIZATION CHARGES PAID, ETC.		27. DATE LOADED (YYYYMMDD)	

28. STOWAGE LOCATION	29. BILLING ADDRESS FOR NOTIFICATION PURPOSES
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30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted. 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)
	X		(a) Turn in joint inspection - owner/agent & Government representative		
	T		(b) POE use (Optional)		
	<input type="checkbox"/>		(c) POE check in stow/condition when stuffed in container		
	<input type="checkbox"/>		(d) POD check in stow/condition when removed from container		
	<input type="checkbox"/>		(e) Release of custody by discharge stevedore		
	*		(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)

POV CONDITION CODES	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.

(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.)*

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 VAN

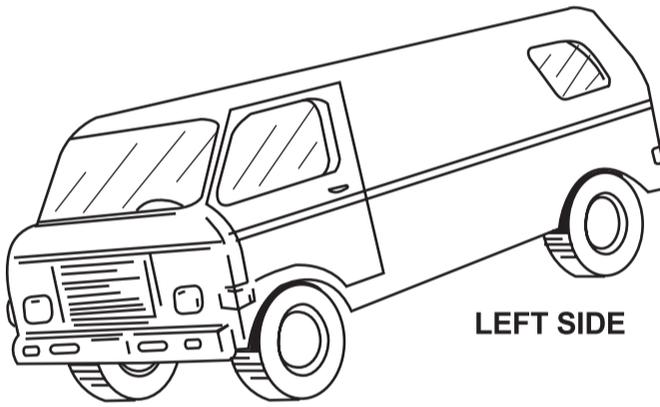
TCMD DATA	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	15. DOC ID (1-3) TP8	16. POV YR, MAKE (9-14)		17. OWNER'S LAST NAME (54-66)		18. F & MI (67-68)	19. GRADE (69-70)
20. STATE (71-72)	21. LICENSE NUMBER (73-77)	21. COLOR (78-80)		22. BODY TYPE	23. VEHICLE IDENTIFICATION NUMBER		
24. ODOMETER READING		25. VESSEL (Voyage Number)		26. AUTHORIZATION CHARGES PAID, ETC.		27. DATE LOADED (YYYYMMDD)	

28. STOWAGE LOCATION	29. BILLING ADDRESS FOR NOTIFICATION PURPOSES
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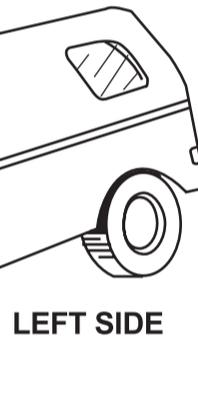
30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted. a. DATE (YYYYMMDD) b. SIGNATURE OF OWNER OR AGENT c. NAME OF AGENT (Last, First, Middle Initial) (Print) d. STREET ADDRESS e. CITY, STATE, AND ZIP CODE	f.	(1) USER CODE	(2) INSPECTION	(3) DATE (YYYYMMDD)	(4) INSPECTOR'S PRINTED NAME (Last, First, Middle Initial)
	X		(a) Turn in joint inspection - owner/agent & Government representative		
	T		(b) POE use (Optional)		
	<input type="checkbox"/>		(c) POE check in stow/condition when stuffed in container		
	<input type="checkbox"/>		(d) POD check in stow/condition when removed from container		
	<input type="checkbox"/>		(e) Release of custody by discharge stevedore		
	*		(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.

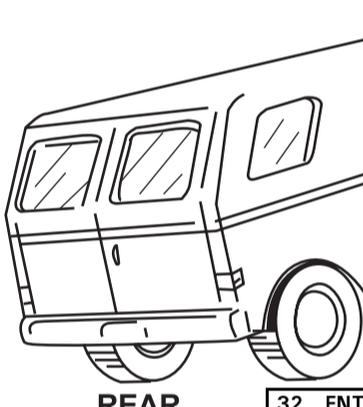
31. AFTER INITIAL INSPECTION, RECORD ONLY MARS EXPOSING BARE METAL AND/OR STRUCTURAL DAMAGE.



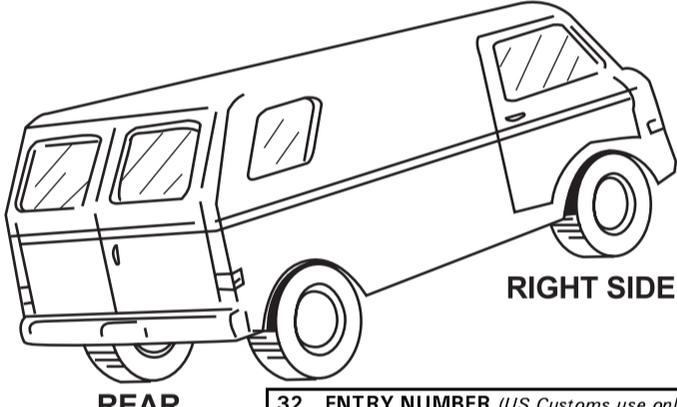
FRONT



LEFT SIDE



REAR



RIGHT SIDE

32. ENTRY NUMBER (US Customs use only)

POV CONDITION CODES	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.

(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
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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)
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40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIVE	41. NAME OF PORT
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PRIVATE VEHICLE SHIPPING DOCUMENT FOR MOTORCYCLE

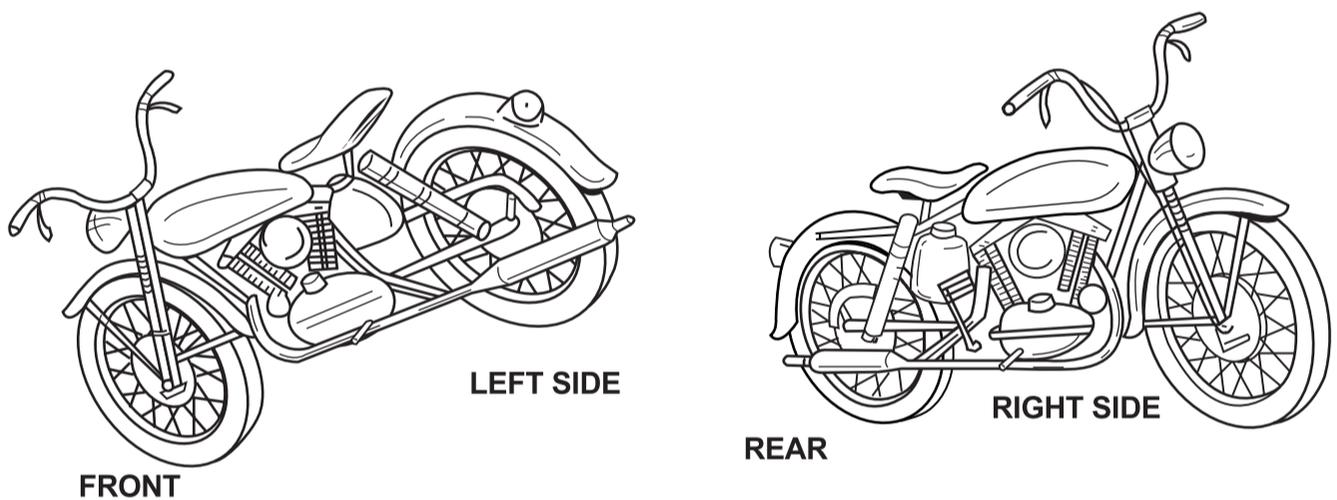
TCMD DATA	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)	15. DOC ID (1-3) TP8	16. POV YR, MAKE (9-14)		17. OWNER'S LAST NAME (54-66)		18. F & MI (67-68)	19. GRADE (69-70)
20. STATE (71-72)	21. LICENSE NUMBER (73-77)		21. COLOR (78-80)	22. BODY TYPE	23. VEHICLE IDENTIFICATION NUMBER		
24. ODOMETER READING		25. VESSEL (Voyage Number)		26. AUTHORIZATION CHARGES PAID, ETC.		27. DATE LOADED (YYYYMMDD)	

28. STOWAGE LOCATION	29. BILLING ADDRESS FOR NOTIFICATION PURPOSES
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30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted. 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)	
	<input checked="" type="checkbox"/>	X	(a) Turn in joint inspection - owner/agent & Government representative			
	<input type="checkbox"/>	T	(b) POE use (Optional)			
	<input type="checkbox"/>	□	(c) POE check in stow/condition when stuffed in container			
	<input type="checkbox"/>	◇	(d) POD check in stow/condition when removed from container			
	<input type="checkbox"/>	○	(e) Release of custody by discharge stevedore			
	<input type="checkbox"/>	*	(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)

POV CONDITION CODES	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)

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.

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

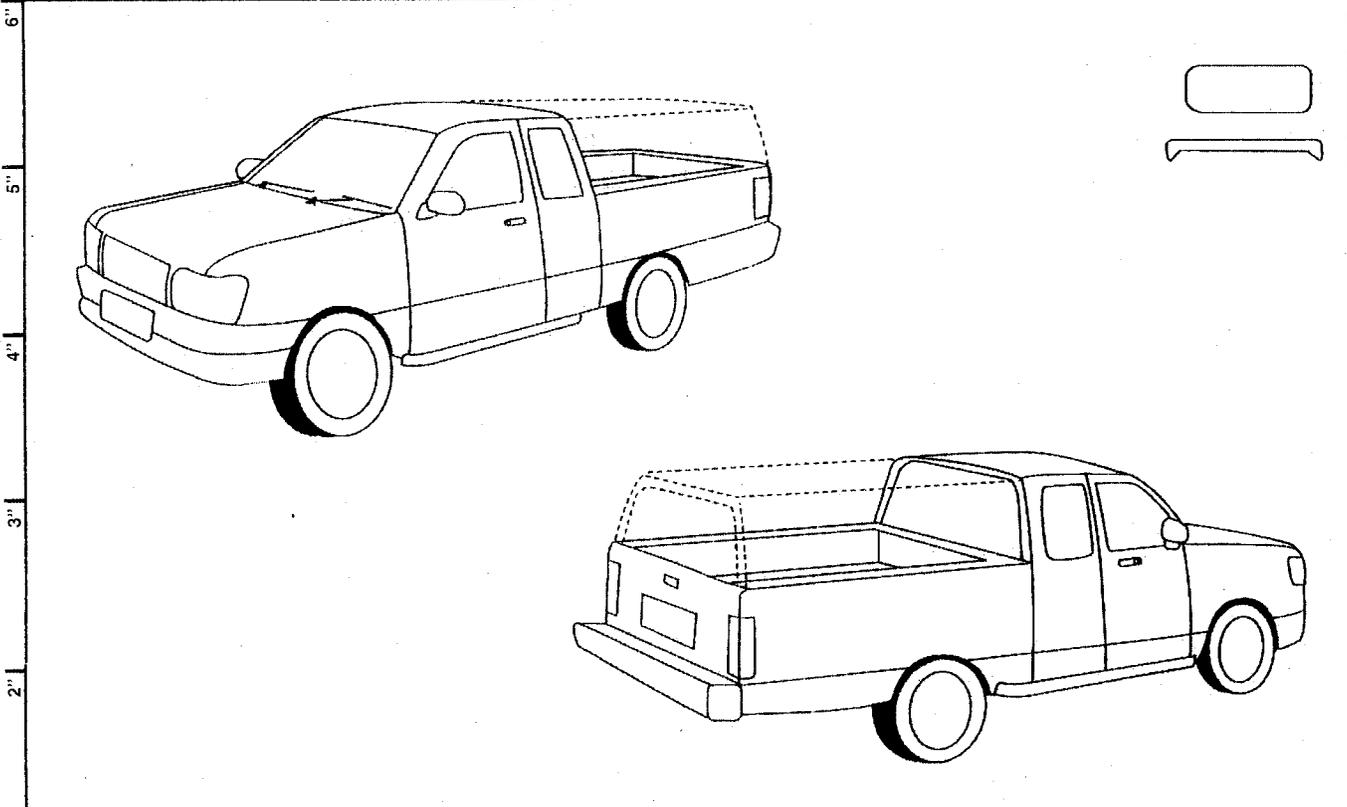
AMERICAN AUTO LOGISTICS VEHICLE INSPECTION AND SHIPPING FORM - VISF

ORDER NUMBER:		OWNER'S LAST NAME, FIRST & MI:		GRADE:	POE:	POD:
VEHICLE IDENTIFICATION NUMBER:		ODOMETER READING:	POV YEAR, MAKE, MODEL, COLOR, BODY TYPE, LICENSE NUMBER, STATE:			
RDD:	DIMENSIONS:		WEIGHT:	CUBE:	PIECES:	PACK:
TRANS. CONTROL NUMBER:		CONSIGNOR:	CONSIGNEE:	TR ACCOUNT:	NEXT DUTY ADDRESS FOR NOTIFICATION PURPOSES:	

INSPECTED IN MY PRESENCE, CONDITION ACKNOWLEDGED AS CHECKED BELOW, AND CONDITIONS GOVERNING SHIPMENT OF REVERSE ACCEPTED.

DATE:	SIGNATURE OF OWNER OR AGENT:	NAME OF AGENT:
STREET ADDRESS, CITY, STATE, ZIP CODE:		

USER CODES:	INSPECTOR CODE:	DATE:	INSPECTOR'S PRINTED NAME:	USER CODES:	INSPECTOR CODE:	DATE:	INSPECTOR'S PRINTED NAME:
X				◆			
T				*			
+				^			
○				✓			



Fuel Level: Alarm: Y / N / Disengaged	Keys: Remote: Y / N	Emergency Brake: Y / N	Mileage:	Initials:				
Intensity Codes - Length / Diameter: 1 - Less Than and Including 1" 2 - Over 1" Up To and Including 3" 3 - Over 3" Up To and Including 6" 4 - 6" Up To and Including 12" 5 - Over 12"	Condition Codes: BE - Bent BR - Broken BU - Burned BX - Boxed CH - Chipped	CD - Corroded CR - Cracked CU - Cut DE - Dent DS - Discolor FD - Fire Dmg	FI - Factory FL - Flat FS - Fluid Stain GO - Gouged HS - Hairline HO - Hole	IO - Inoperable LO - Loose MA - Marred MC - Mechanical MG - Missing MI - Mildewed	MS - Misaligned MT - Mounted OK - No Exception PD - Paint Dmg PF - Paint Fade PI - Pitted	PL - Peeling PU - Punctured RS - Rusted RU - Rubbed SC - Scratched SD - Scratch with Dent	SF - Scuffed SO - Soiled ST - Stained TP - Touch up TO - Torn WO - Worn	LF - Left Front / LR - Left Rear RF - Right Front / RR - Right Rear SK - Scratch to Clear Coat SM - Scratch to Metal WD - Weatherstrip Damage WP - Will Polish Out

BOX INVENTORY:	QTY.	CONDITION INTENSITY	INTERIOR ACCESSORIES:		DRIVER SIDE INTERIOR:		PASSENGER SIDE INTERIOR:	
			CONDITION / INTENSITY / MODEL / LOC.		CONDITION / INTENSITY / MODEL / LOC.		CONDITION / INTENSITY / MODEL / LOC.	
Antenna - Manual / Electric			Radio AM/FM / Tape / CD		Left Front Door Jam		Right Front Door Jam	
Ash Trays			Radio Face Removed Y / N		LF Door Panel		RF Door Panel	
Blanket			CD Changer / DVD Player / VCR		LF Door Handles		RF Door Handles	
Car Cover / Bra			TV Monitor		LF Seat Upholstery		RF Seat Upholstery	
Cigarette Lighter			Amplifier / Subwoofer		LF Seat Levers		RF Seat Levers	
Fire Extinguisher			Speakers Front Upper		LF Carpet		RF Carpet	
First Aid Kit			Speakers Front Lower		LF Seat Belt / Cover		RF Seat Belt / Cover	
Flashlight			Speakers Rear Upper		LF Window / Tinting		RF Window / Tinting	
Floor Mats			Speaker Rear Lower		Left Rear Door Jam		Right Rear Door Jam	
Hand Tools			Exposed Wires Y / N / Taped		LR Door Panel		RR Door Panel	
Ice Scraper			Dashboard		LR Door Handles		RR Door Handles	
Jumper Cables			Instrument Panel		LR Seat Upholstery		RR Seat Upholstery	
License Plates			Steering Wheel / Horn		LR Seat Levers		RR Seat Levers	
Owner / Repair Manuals			Steering Column		LR Carpet		RR Carpet	
Seat Covers			Turn Signal/Cruise Control Arm		LR Seat Belt / Cover		RR Seat Belt / Cover	
Sun Shades			Gear Shift Lever Knob Boot		LR Window / Tinting		RR Window / Tinting	
Thermos Bottle			Glove Box		REAR AREA SUV / VAN / HATCHBACK INTERIOR:		EXTERIOR ACCESSORIES:	
Toof Box			Wheel Lock in Glove Box Y / N		CONDITION / INTENSITY / MODEL / LOC.		CONDITION / INTENSITY / MODEL / LOC.	
Warning Triangle			Center Console Knobs		Door Jam		Hub Caps / Rims / Rings	
misc.			Cup Holder		Door Panel		Hood / Window / Sunroof Guards	
misc.			Rear View Mirror		Door Handles		Fog Lights	
misc.			Sun Visors		1/4 Panel		Wiper Arm / Blade	
misc.			Head Liner / Interior Roof		Seat Upholstery		Left Outside Mirror Glass	
misc.			Dome / Interior Lights		Seat Levers		Right Outside Mirror Glass	
misc.			Sunroof		Carpet		Battery	
Accessory Box / Sealed Y / N			Child's Safety Seat		Seat Belt / Cover		Truck Bed Cover	
Storage Vehicle Y / N			Rear Trunk Interior		Window / Tinting		Truck Camper Shell	
Battery Level			Lift Jack Lift Lug Wrench		Spare Tire Cover		Truck Bed Interior	
Fluid Levels Checked Y / N			Spare Tire FS / TMP		misc.		Luggage Rack	
					misc.		Rear Tire Mount Assembly	

INSPECTOR'S NOTES:

AMERICAN AUTO LOGISTICS VEHICLE INSPECTION AND SHIPPING FORM - VISF

ORDER NUMBER:		OWNER'S LAST NAME, FIRST & MI:			GRADE:	POE:	POD:
VEHICLE IDENTIFICATION NUMBER:		ODOMETER READING:		POV YEAR, MAKE, MODEL, COLOR, BODY TYPE, LICENSE NUMBER, STATE:			
RDD:	DIMENSIONS:			WEIGHT:	CUBE:	PIECES:	PACK:
TRANS. CONTROL NUMBER:		CONSIGNOR:	CONSIGNEE:	TR ACCOUNT:	NEXT DUTY ADDRESS FOR NOTIFICATION PURPOSES:		

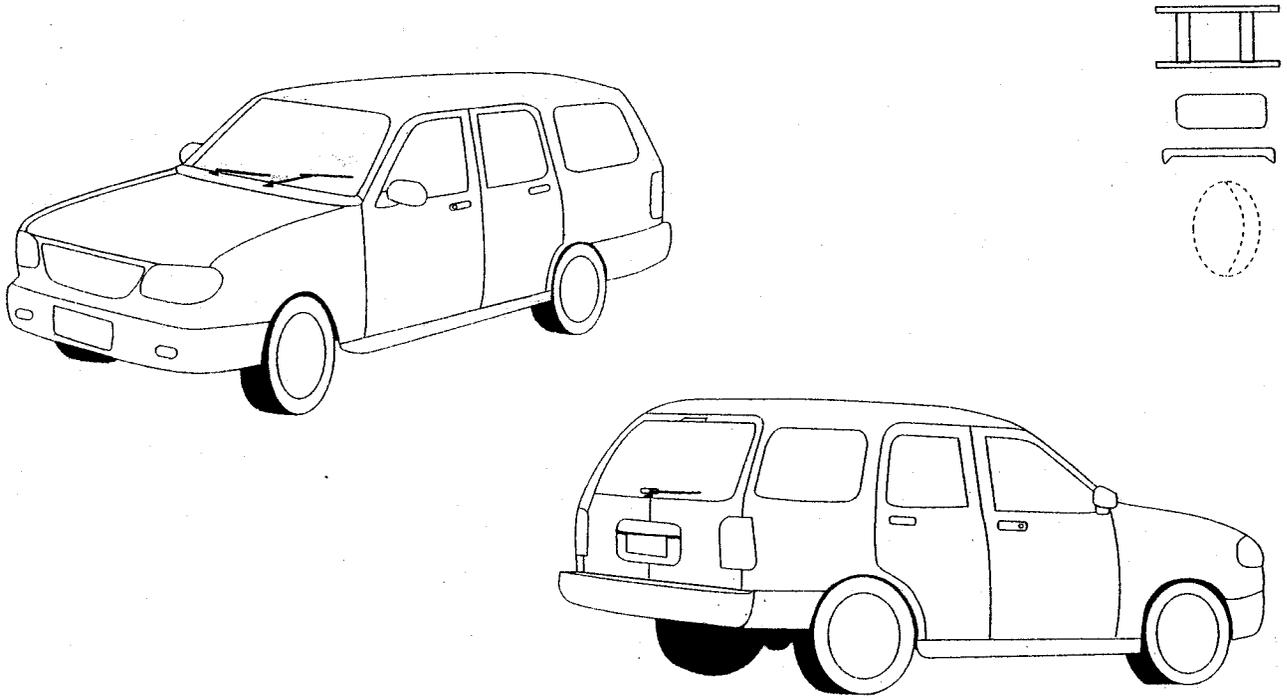
INSPECTED IN MY PRESENCE, CONDITION ACKNOWLEDGED AS CHECKED BELOW, AND CONDITIONS GOVERNING SHIPMENT OF REVERSE ACCEPTED.

DATE:	SIGNATURE OF OWNER OR AGENT:	NAME OF AGENT:
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STREET ADDRESS, CITY, STATE, ZIP CODE:

USER CODES:	INSPECTOR CODE:	DATE:	INSPECTOR'S PRINTED NAME:	USER CODES:	INSPECTOR CODE:	DATE:	INSPECTOR'S PRINTED NAME:
X				◆			
T				*			
+				^			
○				✓			

6"
5"
4"
3"
2"
1"



Fuel Level:	Alarm: Y / N / Disengaged	Keys:	Remote: Y / N	Emergency Brake: Y / N	Mileage:	Initials:
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Intensity Codes - Length / Diameter:	Condition Codes:	CO - Corroded	FI - Factory	IO - Inoperable	MS - Misaligned	PL - Peeling	SF - Scuffed	LF - Left Front / LR - Left Rear
1 - Less Than and Including 1"	BE - Bent	CR - Cracked	FL - Flat	LO - Loose	MT - Mounted	PU - Punctured	SO - Soiled	RF - Right Front / RR - Right Rear
2 - Over 1" Up To and Including 3"	BR - Broken	CU - Cut	FS - Fluid Stain	MA - Marred	OK - No Exception	RS - Rusted	ST - Stained	SK - Scratch to Clear Coat
3 - Over 3" Up To and Including 6"	BU - Burned	DE - Dent	GO - Gouged	MC - Mechanical	PD - Paint Dmg.	RU - Rubbed	TP - Touch up	SM - Scratch to Metal
4 - 6" Up To and Including 12"	BX - Boxed	DS - Discolor	HS - Hairline	MG - Missing	PF - Paint Fade	SC - Scratched	TO - Torn	WD - Weatherstrip Damage
5 - Over 12"	CH - Chipped	FD - Fire Dmg.	HO - Hole	MI - Mildewed	PI - Pitted	SD - Scratch with Dent	WO - Worn	WP - Wheel Polish Out

BOX INVENTORY:	QTY.	CONDITION INTENSITY	INTERIOR ACCESSORIES:		DRIVER SIDE INTERIOR:		PASSENGER SIDE INTERIOR:	
			CONDITION / INTENSITY / MODEL / LOC.	CONDITION / INTENSITY / MODEL / LOC.	CONDITION / INTENSITY / MODEL / LOC.	CONDITION / INTENSITY / MODEL / LOC.		
Antenna - Manual / Electric			Radio AM/FM / Tape / CD		Left Front Door Jam		Right Front Door Jam	
Asli Trays			Radio Face Removed Y / N		LF Door Panel		RF Door Panel	
Blanket			CD Changer / DVD Player / VCR		LF Door Handles		RF Door Handles	
Car Cover / Bra			TV Monitor		LF Seat Upholstery		RF Seat Upholstery	
Cigarette Lighter			Amplifier / Subwoofer		LF Seat Levers		RF Seat Levers	
Fire Extinguisher			Speakers Front Upper		LF Carpet		RF Carpet	
First Aid Kit			Speakers Front Lower		LF Seat Belt / Cover		RF Seat Belt / Cover	
Flashlight			Speakers Rear Upper		LF Window / Tinting		RF Window / Tinting	
Floor Mats			Speaker Rear Lower		Left Rear Door Jam		Right Rear Door Jam	
Hand Tools			Exposed Wires Y / N / Taped		LR Door Panel		RR Door Panel	
Ice Scraper			Dashboard		LR Door Handles		RR Door Handles	
Jumper Cables			Instrument Panel		LR Seat Upholstery		RR Seat Upholstery	
License Plates			Steering Wheel / Horn		LR Seat Levers		RR Seat Levers	
Owner / Repair Manuals			Steering Column		LR Carpet		RR Carpet	
Seat Covers			Turn Signal/Cruise Control Arm		LR Seat Belt / Cover		RR Seat Belt / Cover	
Sun Shades			Gear Shift Lever Knob Boot		LR Window / Tinting		RR Window / Tinting	
Thermos Bottle			Glove Box		REAR AREA SUV / VAN / HATCHBACK INTERIOR:		EXTERIOR ACCESSORIES:	
Tool Box			Wheel Lock in Glove Box Y / N		CONDITION / INTENSITY / MODEL / LOC.		CONDITION / INTENSITY / MODEL / LOC.	
Warning Triangle			Center Console Knobs		Door Jam		Hub Caps / Rims / Rings	
misc.			Cup Holder		Door Panel		Hood / Window / Sunroof Guards	
misc.			Rear View Mirror		Door Handles		Fog Lights	
misc.			Sun Visors		1/4 Panel		Wiper Arm / Blade	
misc.			Head Liner / Interior Roof		Seat Upholstery		Left Outside Mirror Glass	
misc.			Dome / Interior Lights		Seat Levers		Right Outside Mirror Glass	
misc.			Sunroof		Carpet		Battery	
Accessory Box / Sealed Y / N			Child's Safety Seat		Seat Belt / Cover		Truck Bed Cover	
Storage Vehicle Y / N			Rear Trunk Interior		Window / Tinting		Truck Camper Shell	
Battery Level			Lift Jack Lift Lug Wrench		Spare Tire Cover		Truck Bed Interior	
Fluid Levels Checked Y / N			Spare Tire FS / TMP		misc.		Luggage Rack	
					misc.		Rear Tire Mount Assembly	

INSPECTOR'S NOTES:



Noncombatant Evacuation Operation (NEO) Packet

PART VI		
Other Required Documentation		
	DOCUMENT NAME	PURPOSE/NOTES
1. <input type="checkbox"/>	Marriage License/Divorce Decree*	
2. <input type="checkbox"/>	Immunization Records	For school aged children
3. <input type="checkbox"/>	Valid U.S. driver's license*	
4. <input type="checkbox"/>	DA Form 5304: Family Care Plan Counseling Checklist*	
5. <input type="checkbox"/>	DA Form 5305: Family Care Plan*	
6. <input type="checkbox"/>	HQAJ Form 3664: Power of Attorney Worksheet	____ Yes, I would like to have a Power of Attorney (PoA) prepared. ____ No, I do not want a PoA prepared.
7. <input type="checkbox"/>	Waiver of Evacuation Opportunity	____ Yes, I would like to waive (give-up) my right for a government-assisted evacuation. (See attached form) ____ No, I do not want to waive my rights for a government-assisted evacuation.
8. <input type="checkbox"/>	DD Form 2208: Pet Vaccination Record	(2 copies in waterproof pouch for your airline-approved pet carrier)
9. <input type="checkbox"/>	DD Form 2209: Veterinary Health Certificate	(2 copies in waterproof pouch for your airline-approved pet carrier)

Recommended Documentation		
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

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 PLAN COUNSELING CHECKLIST

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

- AUTHORITY:** For use of this form, see AR 600-20; the proponent agency is DCS, G-1.
- PRINCIPAL PURPOSE:** To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.
- ROUTINE USES:** None.
- DISCLOSURE:** Mandatory; failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant soldiers, single parents, and dual-military couples with family members will be counseled in accordance with AR 600-20. The soldier and the commanding officer (*or designated representative*) will initial each item on the checklist.

PART I - ACTIVE ARMY AND RESERVE COMPONENT	SOLDIER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander (<i>or designated representative</i>) because my current family status is:		
1. A pregnant soldier who:		
a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of AC or RC of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>).		
2. A soldier who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A soldier who is divorced (<i>not remarried</i>) and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.		
4. A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A soldier categorized as half of a dual-military couple of the AC or RC of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>) who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member (s) so as to be: (1) Available for duty when and where the needs of the Army dictate; (2) Able to perform my assigned military duties without interference of family responsibilities.		
C. I have been counseled on the importance of:		
1. Selecting qualified, reliable, and stable guardians (<i>temporary and long-term</i>), whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family member (s).		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member (s) during any periods of absence to include: during duty hours, alerts, field duty, roster duty, TDY, deployments, AT, MUTAS, ADT, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements (<i>housing, educational, legal, transportation, financial, religious, special, etc.</i>) to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship (<i>DA Form 5841</i>) which will authorize guardian (s) to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member (s) regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child (<i>ren</i>) in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance (<i>DA Form 5840</i>) agreeing to accept full responsibility for my family member (s); attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member (s).		

PART I - ACTIVE ARMY AND RESERVE COMPONENT (Continued)	SOLDIER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172 for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.		
I. I understand that my Family Care Plan must be updated and recertified by my commander at least annually (more often if required by my commander or mission of my unit), or in the event of any change in my family status, guardians, legal custody, duty station, etc.		
J. I understand that it is strongly encouraged (though not mandatory) that I ensure that I have an updated will which specifies my desires concerning custody of my family member (s) in the event of my death.		
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.		
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member(s) unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 608-75.		
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member(s) to guardian or guardian to dependent family member (s).		
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member(s) in the event that Noncombatant Evacuation Operations (NEO) are put into effect.		
O. If NEO procedures are not initiated at the time I am required to implement my Family Care Plan, I understand that I may request the opportunity to personally escort my family member(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Army will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.		
P. I understand that members of a dual-military couple may submit the same basic Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305 forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.		
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of (See Figure 5-4, AR 600-20).		
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the Family Care Plan.		
S. I understand that I must submit the complete Family Care Plan with all attendant documents to my commander within the time limits specified by my commander (or designated representative): <input type="checkbox"/> AA 30 days from date of this counseling session. <input type="checkbox"/> RC 60 days from date of this counseling session.		
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.		
PART II - ACTIVE ARMY AND RC SERVING ON ACTIVE DUTY		
Policies, Provisions, Entitlements, Benefits, and Services:		
A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See Chapter 3, AR 614-200 (AA enlisted) or Chapter 6, AR 614-100 (AA officers) or AR 135-91(RC).		
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours (including unaccompanied tours). The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.		
C. Entitlements to assignment of government or pay of basic allowances for quarters. See Chapter 10, AR 210-50.		
D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in Chapter 1, part 3, AR 37-104-3; and Chapter 20, DoD Military Pay and Allowances Entitlements Manual.		
E. Provisions for applying for concurrent travel of family members when alerted for overseas movement Approved joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46.		

PART II - ACTIVE ARMY	SOLDIER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Chapter 4, AR 55-71 and Part D, Chapter 5, Volume 1, Joint Federal Travel Regulation (JFTR).		
G. The entitlement to government paid transportation of family members to the next permanent duty station. See Chapter 9, AR 37-106 and Part C, JFTR. Transportation allowances for dependent family member movement will be paid for under the following conditions: 1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TDY stations at government expense.		
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied. See Section III, Chapter 1, AR 55-46 regarding tour length requirements to qualify for family member movement to, from and between overseas areas.		
H. The status of noncommand sponsored family members in the overseas command. See paragraph 1-17, AR 55-46.		
I. Services provided by the Army Community Services (ACS) regarding financial planning. See chapter 9, AR 608-1.		
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.		
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.		
L. Provisions of CHAMPUS.		

PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION

A. **Military spouse:** *We have been counseled on our responsibilities to the military service and our family member (s.)*

1. SIGNATURE OF SPOUSE	2. DATE (YYYYMMDD)	
3. TYPED OR PRINTED NAME OF SPOUSE		

B. **Spouse's commander:** *I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.*

1. SIGNATURE OF SPOUSE'S COMMANDER	2. DATE (YYYYMMDD)	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		
		b. E-MAIL ADDRESS

PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** *I have been counseled on my responsibilities to the Army and to my family member(s) .*

1. SIGNATURE OF SOLDIER	2. DATE (YYYYMMDD)	
3. TYPED OR PRINTED NAME OF SOLDIER		

B. **Soldier's commander:** *I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).*

1. SIGNATURE OF SOLDIER'S COMMANDER	2. DATE (YYYYMMDD)	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		
		b. E-MAIL ADDRESS

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy and E.O. 9397.

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None

DISCLOSURE: Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

PART I - SOLDIER'S FAMILY CARE

<p>A. I was counseled on _____ (date), and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.</p>	INITIALS															
<p>B. I have made and will maintain arrangements for the care of my family members during all the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Duty</td> <td style="width: 33%;">6. Temporary Duty</td> <td style="width: 33%;">11. Deployment</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>7. Unit Training Assembly</td> <td>12. Other Military Duty</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>8. Active Duty Training</td> <td>13. Emergencies</td> </tr> <tr> <td>4. Alerts</td> <td>9. Unaccompanied Tours</td> <td>14. Leave/non-duty Time</td> </tr> <tr> <td>5. Annual Training</td> <td>10. Mobilization</td> <td></td> </tr> </table>	1. Duty	6. Temporary Duty	11. Deployment	2. Exercises/field duty	7. Unit Training Assembly	12. Other Military Duty	3. Permanent Change of Station	8. Active Duty Training	13. Emergencies	4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time	5. Annual Training	10. Mobilization		
1. Duty	6. Temporary Duty	11. Deployment														
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3. Permanent Change of Station	8. Active Duty Training	13. Emergencies														
4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time														
5. Annual Training	10. Mobilization															
<p>C. I understand the importance of ensuring the proper care for my family members, and ensuring my own readiness and deployability as well. I further understand that in light of the critical nature of both these requirements:</p>																
<p>1. Failure to make and maintain adequate family member care arrangements in accordance with the Army's policy is grounds for disciplinary action or separation.</p>																
<p>2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army.</p>																
<p>3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment.</p>																
<p>4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ.</p>																
<p>5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander.</p>																
<p>6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 600-75.</p>																
<p>D. I have made all necessary arrangements (legal, educational, financial, religious, special, etc.) to ensure a smooth, rapid turnover of family member care responsibilities in case this plan is implemented.</p>																
<p>E. I have arranged for necessary travel required to transfer my family members to a designated person. If my principal designee is not in the local area, I have arranged with a nonmilitary person in the local area to assume temporary guardianship of my family members until they are transferred to my principal care designee, or that designee arrives to assume responsibility for their care.</p>																
<p>F. A copy of DA Form 5841 (Power of Attorney) or equivalent documents and a copy of DA Form 5840 (Certificate of Acceptance as Guardian or Escort) for each escort or guardian whether temporary or long-term is attached to this plan.</p>																
<p>G. The following additional required documents are completed, included in this plan, and will be put into effect as part of my Family Care Plan.</p>																
<p>1. DD Form 1172 (Application for Uniformed Services Identification Card - DEERS Enrollment) for each family member whether they have a currently valid ID card or not.</p>																
<p>2. DD Form 2558 (Authorization to Start, Stop or Change an Allotment) or other proof of financial support for expenses incurred by guardian and family members.</p>																
<p>3. Copies of Letters of Instruction (which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents), outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.</p>																
<p>H. I have thoroughly briefed escorts and guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family members.</p>																
<p>I. I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian (s) and escort(s) I have designated will be both willing and able to carry out the responsibilities of caring for my family members.</p>																

PART II - DESIGNATION OF GUARDIANS/ESCORTS

A. I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort or principal (long-term) guardian.

<p>1. TYPED OR PRINTED NAME</p>	<p>2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)</p>
<p>3. TELEPHONE NUMBER (Include Area Code)</p>	<p>2b. E-MAIL ADDRESS</p>

B. I (We) have designated the following individual(s) as principal long-term guardian(s) for my(our) family member(s). The designated guardian(s) reside in the continental United States or United States territories.

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	
2b. E-MAIL ADDRESS	

C. I (We) have designated the following individual(s) as escort for my(our) family member(s) if evacuation from OCONUS becomes necessary (applies only to persons assigned OCONUS):

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	
2b. E-MAIL ADDRESS	

**PART III - DUAL MILITARY COUPLES ONLY
MILITARY SPOUSE AND COMMANDER CERTIFICATION**

A. **Spouse:** We have made arrangements and will maintain arrangements for the care of our family member(s) in all circumstances required by our commitment to the military and our family.

1. SIGNATURE OF SPOUSE	2. DATE (YYYY/MM/DD)
3. TYPED OR PRINTED NAME OF SPOUSE	

4. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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B. **Commander:** I have counseled the military spouse assigned to my unit, reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements.

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF COMMANDER		

5. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** I (We) have made arrangements and will maintain arrangements for the care of my(our) family member(s) in all circumstances required by my(our) commitment to the military and my(our) family.

1. SIGNATURE OF SOLDIER	2. DATE (YYYY/MM/DD)
3. TYPED OR PRINTED NAME OF SOLDIER	

4. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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B. **Commander:** I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF COMMANDER		

5. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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POWER OF ATTORNEY QUESTIONNAIRE

DATE *(Office Use Only)*

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.
PRINCIPAL PURPOSE: To provide the information required to assist the Legal Assistance Attorney draft up a Legal Document.
ROUTINE USES: Aid in proper identification of all parties concerned and prepare an accurate Legal Document with the information provided by the client.
DISCLOSURE: Voluntary. Nondisclosure may cause problems in providing accurate information on the Legal Document.

TYPE OF POWER OF ATTORNEY

GENERAL SPECIAL

We highly discourage the use of a General Power of Attorney for a specific need.

GRANTOR'S NAME

GRADE / RANK

SSN - *(Last 4 digits)*

STATUS

SERVING IN SERVING WITH ACCOMPANYING
 ARMY AIR FORCE NAVY MARINE CORP CIVILIAN

STATE OF RESIDENCE

HOME PHONE NO.

ORGANIZATION / UNIT

WORK PHONE NO.

GRANTEE'S NAME

CITY / STATE

EXPIRATION DATE

TO DO *(What action you want done.)*

IF THE POWER OF ATTORNEY IS FOR A POV, LIST YEAR, MAKE, MODEL AND SERIAL NUMBER.

	YEAR / MAKE	MODEL	SERIAL NO. / VEHICLE IDENT NO.
1			
2			

FOR CHILD CARE, GUARDIANSHIP OR SINGLE PARENT P/A LIST CHILD(REN)'S NAME(S) AND DOB.

	NAME OF CHILD	DATE OF BIRTH
1		
2		
3		
4		
5		
6		

Waiver of Evacuation Opportunity

ATTENTION:

This form is to be used ONLY IF YOU DESIRE TO WAIVE the opportunity for evacuation. By signing this form, you have agreed to REFUSE any form of evacuation assistance offered (military or civil) by the government of the United States of America.

In addition – (initial each)

- By refusing any form of evacuation assistance from the United States Government, evacuation from Japan WILL BE AT YOUR OWN EXPENSE. Individuals who decline assistance understand that the United States Government will reserve the right to deny any claims/expenses for “self-evacuation”.
- If you initially refuse evacuation assistance, the United States Government reserves the right to deny/grant ANY FUTURE REQUEST (second-chance) to YOU and/or YOUR PARTY during the period of evacuation.
- By refusing assistance, you have accepted the fact that United States Government WILL NOT REPEAT THE OFFER for evacuation assistance.

Today's Date

Service Member/Sponsor

Last, First MI

Signature

Spouse/Dependent

Last, First MI

Signature

Dependent

Last, First MI

Signature (not required if a minor)

Dependent

Last, First MI

Signature (not required if a minor)

Dependent

Last, First MI

Signature (not required if a minor)

Dependent

Last, First MI

Signature (not required if a minor)

Dependent

Last, First MI

Signature (not required if a minor)

Witness

Last, First MI

Rank Unit or Office

Date

Signature

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.

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

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

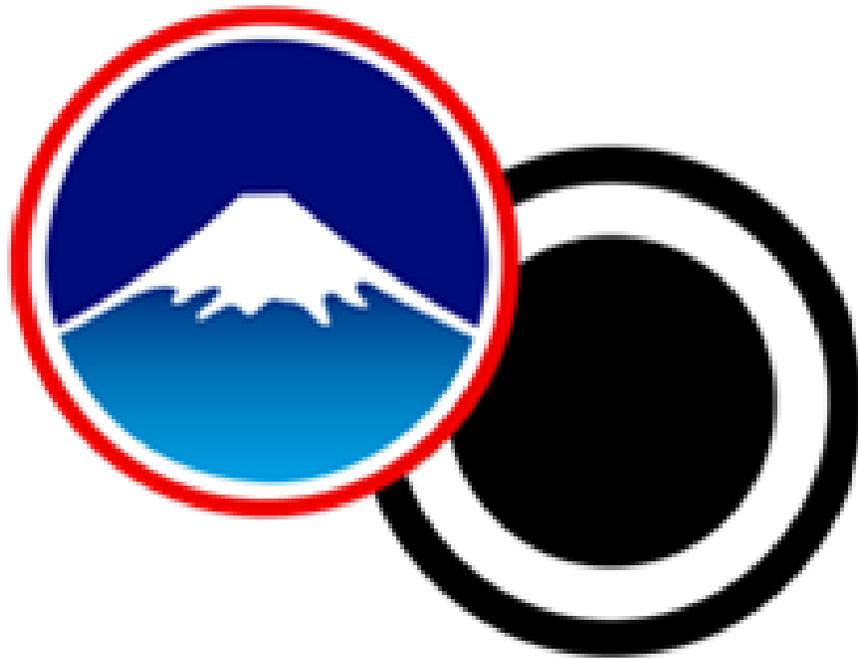
This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS (<i>Street, City, State, ZIP Code</i>)	7. VETERINARIAN		
	a. NAME	b. LICENSE NUMBER	
	c. SIGNATURE	d. DATE (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.

NEO Folder



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



NEO

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)

Appliances Off/Unplugged

Yes No

Special Instructions

(LOCATION)

Border Legend
(change the color)

 - Camp Zama

 - SHA

 - SGD

 - Off Base



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 # 1

License Plate: _____

Make: _____

Model: _____

Color: _____ Year: _____

JCI Exp: _____ Ins Exp: _____

Current Location:

Border Legend
(change the color)

 - Camp Zama

 - SHA

 - SGD

 - Off Base

