



# CFAS Mass Notification System (MNS) Registration Form (MNS 登録用紙)



**CFAS N37 Emergency Management Department,  
Bldg. 100, Office 301, DSN (315) 252-2330/2300/2321**

## Registration Information (登録情報):

First Name (名) (REQUIRED):	Last Name (姓) (REQUIRED):
Command and UIC (コマンドとUIC) (REQUIRED):	PRD (Rotation Date) (異動予定日) (REQUIRED):
Work Email Address (仕事用Eメールアドレス) (REQUIRED):	
Work Cell Phone Number (仕事用携帯電話番号) (REQUIRED):	
Personal Email Address (私用Eメールアドレス) (Optional):	
Personal Cell Phone Number (私用携帯電話番号) (Optional):	

## Dependent's Registration Information (扶養家族の登録情報):

Family Member's Email Address (家族のEメールアドレス) (Optional):
Family Member's Email Address (家族のEメールアドレス) (Optional):
Family Member's Cell Phone Number(s) (家族の携帯電話番号) (Optional):
Family Member's Cell Phone Number(s) (家族の携帯電話番号) (Optional):

Email forms to CFAS N37 Emergency Management at: [CFAS-EM@us.navy.mil](mailto:CFAS-EM@us.navy.mil)

MAY 2026

This form will be destroyed after successful registration in the CFAS AtHoc System.