

Emergency Evacuation Program (EEP) packet



- The USFJ Emergency Evacuation Program (EEP) Checklist and Packet are a mandatory personal and family preparedness item that must be completed by everyone who is attached to CFAS such as military personnel, contractors and their dependents. All sponsors are required to maintain an EEP checklist and packet to be prepared for the possibility of an evacuation.
- In the event of a base-wide evacuation, your EEP checklist and packet will be a crucial component in making the process go as smoothly as possible.
- Please note that the forms in your EEP Packet may contain personally identifiable information (PII).
- The USFJ EEP Packet is comprised of six sections, with the first five sections containing the required documentation that must be maintained in the packet.

How to attain USFJ EEP checklist

- The USFJ EEP Checklist, fillable PDF forms, and instructions on completing the forms are available on the CFAS emergency management Homepage:

<https://cnrj.cnmc.navy.mil/Installations/CFA-Sasebo/>

- This packet is not optimized for mobile devices

EMERGENCY EVACUATION PROGRAM (EEP) Checklist Step by step guide

SECTION 1: Administration and Reference

SECTION 2: Identification

SECTION 3: Evacuation and Finance Orders/Forms

SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 5: Family and Pets

SECTION 6: (Not required) Other Important Personal Documents



EMERGENCY EVACUATION PROGRAM (EEP) Checklist

SPONSOR'S NAME:		RANK:	SPONSOR'S UNIT:	UNIT PHONE NUMBER:	CURRENT ADDRESS:		
Documents for EEP Packet							
SECTION 1: Administration and Reference					YES	NO	N/A
1	Emergency Bag/Kit Checklist						
2	USFJ Command Policy Memo						
3	Unit, Wardens, and Community Contact Information						
4	* Map from Residence to Rally Point/Evacuation Control Center						
SECTION 2: Identification					YES	NO	N/A
1	* USFJ Form 178-R: EEP/NEO Data Card (Complete and turn in a copy to Warden)						
2	** DoD ID (No copy, have on person)						
3	** US Passport w/SOFA Stamp (copy and have on person)						
SECTION 3: Evacuation and Finance Orders/Forms					YES	NO	N/A
1	** Orders or Letters of Employment/Assigning SOFA members to Japan						
2	DD Form 1610: Evacuation Orders						
3	DD Form 2585: Repatriation Processing Form						
4	DD Form 2461: (Civilian) Authorization for Emergency Evac Advance &						
5	DD Form 1337: (Military) Authorization for Emergency Pay & Allowances						
6	Change of Address form (local post office form)						
7	DS-3072 Repatriation Emergency Medical & Dietary Assistance Loan Application						
8	DS-5528 Evacuee Manifest and Promissory Note						
SECTION 4: Vehicle, Residence and Household Goods Forms					YES	NO	N/A
1	Inventory of Household Goods (DD Form 1701 or other like inventory)						
2	DD Form 1299: Application for Shipment/Storage (2 copies)						
3	Residence Key Envelope						
4	Vehicle Key Envelope						
5	Military Vehicle Registration/Certificate of Title (2 copies)						
6	DD form 788: Vehicle Inspection Document						
7	DD 2506: Vehicle Impound Document (2 copies)						
SECTION 5: Family and Pets					YES	NO	N/A
1	Family Care Plan / Certification (Forms for each branch)						
2	DD Form 2208 Rabies Vaccination Certificate						
3	DD Form 2209 Pet Health Certificate						
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)						
SECTION 6: (Not required) Other Important Personal Documents					YES	NO	N/A
1-12	** Various others, such as Power of Attorneys (you may want to give a person who would remain in Japan a POA to sell your vehicle, care for pets that are not eligible for evacuation, etc.)						
DATE OF INSPECTION:		INSPECTOR'S NAME (PRINTED):		INSPECTOR'S SIGNATURE:		SPONSORS SIGNATURE:	

* Required Documents (Must be maintained by EEP Warden for every Evacuee)

** No example provided in this packet

SECTION 1: Administration and Reference

EMERGENCY KITS

In the downloaded USFJ EEP checklist you will receive information on the necessary equipment to have in your home emergency kit, Vehicle Emergency Kit, Workplace Emergency Kit, Portable Emergency Kit and any Additional considerations to your emergency kits

To prepare your family for an emergency, assemble one or more emergency kits that include enough supplies for at least three days.

These kits will enable you and your family to respond to an emergency more quickly. Your emergency kits will be useful whether you have to shelter in place or evacuate.

What to Put in Your Basic Home Kit

- Necessary
 - Water—at least one gallon per person per day for at least three days
 - Food—nonperishable food for at least three days; select items that require no cooking, preparation, or refrigeration such as high energy foods and ready-to-eat canned meat, vegetables, fruit
 - Manual can opener (if the food is canned), preferably on a multi-tool
 - Reusable plates, cups, utensils, saucepan (a metal bowl can double as a cup or plate)
 - First aid kit
 - Prescription medications and medical equipment/care aids
 - N95- or N100-rated dust masks
 - Personal sanitation supplies, such as moist towelettes, garbage bags and plastic ties
 - Hand-crank or battery operated flashlight
 - Hand-crank radio or battery operated cell phone charger
 - All-hazards NOAA (National Oceanic and Atmospheric Administration) weather radio
 - Extra batteries at the size required
 - Brightly colored plastic poncho (can be used as shelter, clothing or a marker)
 - Weather appropriate clothing to keep your family warm and dry
 - Cash in the local currency
 - Any tools needed for turning off utilities
 - Local maps and your family emergency plan
 - Important documents, including will, medical and financial power of attorney, property documents, medical instructions
 - Emergency preparedness handbook
 - Your command reporting information – know the Army Disaster Personnel Accountability and Assessment System (ADPAAS)
- Additional considerations
 - Infant formula and diapers if you have young children
 - Pets supplies, including food, water, medication, leash, travel case and documents
 - Sleeping bag or other weather-appropriate bedding for each person
 - Disinfectant
 - Matches or flint in a waterproof container
 - Coats, jackets and rain gear
 - Fire extinguisher
 - Paper and pencil
 - Books, games, puzzles, toys and other activities for children
 - Any items necessary for a specific type of disaster



- Additional items that can be essential for those stationed abroad:
 - Passports
 - Birth abroad certificates for children born overseas
 - Cash in the local currency
 - Card with local translations of basic terms
 - Electrical current converter

Portable Emergency Kit

- Take this kit with you when you are ordered to evacuate.
- Place items in a designated area that will be easily accessible in the event of an emergency.
- Make sure every member of your family knows where the kit is.
- If you are required to shelter in place, keep this kit with you.
- Consider adding enough supplies to last two weeks.

Workplace Emergency Kit

- This kit should be in one container to be kept at your work station in case you must evacuate from work.
- Make sure you have comfortable walking shoes at your work place in case you have to walk long distances.
- This kit should include at least food, water and a first aid kit.
- Make sure you include your family's communications procedure.

Vehicle Emergency Kit

- In the event that you are stranded while driving, keep this kit in your vehicle at all times.
- This kit should contain at a minimum food, water, a first aid kit, signal flares, jumper cables and seasonal clothing (coats, rain gear).
- Make sure you include your family's communications procedure.

Maintaining Your Kits

- Routinely evaluate your kits and their relevance to the threats in your area.
- Throw away and replace any expired or damaged medications, food or water.

Where to Find Additional Information

- Federal Emergency Management Agency (FEMA)—
 - <https://www.ready.gov/build-a-kit>
 - <https://www.ready.gov/kids/build-a-kit>
 - <https://www.ready.gov/kit-storage-locations>
 - <https://www.ready.gov/maintaining-your-kit>
- American Red Cross—
 - www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/get-a-kit
- Ready Army—www.ready.army.mil

It's up to you. Prepare strong. Get an emergency supply kit with enough supplies for at least three days, make an emergency plan with your family and be informed about what might happen.

SECTION 1: Administration and Reference

USFJ Command Policy Memo

Located in the downloaded USFJ EEP checklist, USFJ Command Policy Memo outlines the Sub-Unified Commander's intent for the EEP and compliance requirements



HEADQUARTERS
UNITED STATES FORCES, JAPAN
APO AREA PACIFIC 96328-5068

MEMORANDUM FOR COMMANDER, FIFTH AIR FORCE
COMMANDER, MARFORJ
COMMANDER, CNFJ
COMMANDER, USARJ
DEPUTY COMMANDER, U.S. FORCES, JAPAN
COMMANDERS OF TENANT UNITS IN JAPAN
ALL MILITARY PERSONNEL IN JAPAN

APR 06 2018

FROM: COMUSFJ

SUBJECT: IMPLEMENTATION OF A STANDARDIZED EMERGENCY EVACUATION PROCEDURES CHECKLIST

1. PURPOSE:

This memorandum directs the implementation of a standardized NEO/EEP checklist across USFJ. The attached checklist is designed to replace each service component's individual emergency evacuation checklist and provide all SOFA status members, regardless of their location and service component affiliation, with one standardized emergency evacuation checklist.

2. AUTHORITY AND APPLICABILITY

USPACOMINST 0530.1, Command Relationships in U.S. PACOM (S), 14 January 2018
USPACOM FY 18/19 Theater Campaign Order, 3 August 2017
Joint Publication 1, Doctrine for the Armed Forces of the United States, 25 March 2013
Joint Publication 3-0, Joint Operations, 11 August 2011

3. BACKGROUND:

In order to standardize service component NEO/EEP procedures a NEO/EEP Working Group began meeting in July 2017. SMEs from USFJ, CNFJ, 5 AF, USARJ, MARFORJ, and DODEA were present and reviewed each service specific NEO/EEP checklists. The working group developed the attached standardized checklist. The checklist was then staffed with each service component for comment. Based on the comments received, the checklist was further modified to the attached checklist for implementation.

4. REQUIREMENTS:

a. All service components and tenant units in Japan will ensure that the attached USFJ NEO/EEP checklist is implemented and utilized by their respective commands and NEO/EEP coordinators. Personnel who are present in Japan and have already prepared a service specific NEO/EEP checklist will have 90 days to update their NEO/EEP checklist IAW the attached standardized checklist. Personnel arriving in Japan after today will utilize the attached checklist. Standardizing the NEO/EEP checklist will ensure that in the event of an emergency evacuation all USFJ personnel will be utilizing a common checklist. This will simplify and expedite personnel handling during an emergency evacuation.

b. Service component commanders in Japan will publish and direct implementation of this directive to all assigned military personnel, military dependents, and SOFA members assigned to Japan. Military and Department of Defense civilian personnel who fail to prepare a NEO/EEP checklist within 180 days of this memorandum using the attached updated checklist are subject to UCMJ punishment and/or adverse administrative action.

c. Questions concerning this memorandum should be directed to the USFJ J35, at (DSN) 225-5601.

A handwritten signature in black ink, appearing to read "J. Martinez".

JERRY P. MARTINEZ,
Lieutenant General, USAF
Commander, United States Forces, Japan

Attached:
USFJ EEP Packet

SECTION 1: Administration and Reference

Unit, Wardens, and Community Contact Information

Important contact information needed during a crisis.
Identifies who your Warden is and contact information

Map from Residence to Rally Point/Evacuation Control 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

The Map to personal residence could be a Google Map screenshot with additional information as required. On base members can use maps from base map located in the Horizons Magazine.

From Fussa Gate turn straight
Make a left turn at the guy with the broom
Make the first right at the burning man
My house is the purple one with the little red corvette –
1970-7 Mamiya House

EXAMPLE



EXAMPLE

SECTION 2: Identification

USFJ Form 178-R: EEP/NEO Data Card

Noncombatant Evacuation Operations (NEO) Data Card/USFJ Form 178-R: Complete this form and provide a copy to your Command EEP Coordinator or Warden (Also keep a copy in your EEP packet).

This form must be updated as required to reflect any change in the information and an updated copy provided to your Command EEP Coordinator or Warden

DEROS: date eligible/estimated to return from overseas.

DOD ID

Do not put your DoD ID card or make a copy, but have ready on hand

US Passport w/SOFA Stamp

Do not place your passport in your packet but make a copy of passport to put in this section and have passport readily available

NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD (USFJ FORM 178-R)							
<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> DODCIVILIAN <input type="checkbox"/> OTHER ()							
SPONSOR NAME (Last, First, MI)			SEX	GRADE	SSN		
DEROS (DD Month YY)		DUTY TELEPHONE NUMBER			HOME TELEPHONE NUMBER		
UNIT							APO AP
NONCOMBATANT NAMES (Last, First, MI)	SEX	SSN	DATE OF BIRTH (DD Month YY)	CITIZENSHIP (See Legend)	RELATIONSHIP (See Legend)	PASSPORT NUMBER	
NONCOMBATANT LOCAL ADDRESS							
EMERGENCY CONTACT/DESTINATION (Address and telephone number)							
NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY (Only sole parent/EEC or dual military/EEC)							
NAME, ADDRESS & TELEPHONE NUMBER OF SCHOOL ATTENDED BY CHILDREN (If applicable)							
AUTOMOBILE (If applicable)	MAKE	MODEL	YEAR	LICENSE NUMBER			
PETS (If applicable)	TYPE OF PET	WEIGHT OF PET (In pounds)	CITIZENSHIP		RELATIONSHIP		
			U = U.S. R = ROK T = OTHER EEC = Emergency Essential Civilian	S = SON D = DAUGHTER H = HUSBAND W = WIFE	F = FATHER-IN-LAW M = MOTHER-IN-LAW A = OTHER MALE B = OTHER FEMALE		
MEDICAL NEEDS							
REMARKS:							
SPONSOR'S SIGNATURE					DATE (DD Month YY)		
<p align="center">PRIVACY ACT STATEMENT</p> <p>1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.</p> <p>2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.</p> <p>3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.</p> <p>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.</p>							

SECTION 3: Evacuation and Finance Orders/Forms

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1	** Orders or Letters of Employment/Assigning SOFA members to Japan
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4	DD Form 2461: (Civilian) Authorization for Emergency Evac Advance &
5	DD Form 1337: (Military) Authorization for Emergency Pay & Allowances
6	Change of Address form (local post office form)
7	DS-3072 Repatriation Emergency Medical & Dietary Assistance Loan Application
8	DS-5528 Evacuee Manifest and Promissory Note

Contact your HR Dept. for a copy of your current orders or letter of employment.

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REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)</small>				1. DATE OF REQUEST <small>(YYYYMMDD)</small>	
REQUEST FOR OFFICIAL TRAVEL					
2. NAME <small>(Last, First, Middle Initial)</small>		3. SOCIAL SECURITY NUMBER		4. POSITION TITLE AND GRADE/RATING	
5. LOCATION OF PERMANENT DUTY STATION (PDS)			6. ORGANIZATIONAL ELEMENT <small>(Including travel time)</small>		7. DUTY PHONE NUMBER <small>(Include Area Code)</small>
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED					
12. TRANSPORTATION MODE					
a. COMMERCIAL		b. GOVERNMENT		c. LOCAL TRANSPORTATION	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE
				SHIP	RENTAL
					TAXI
					OTHER
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <small>(Overseas Travel only)</small>				PRIVATELY OWNED CONVEYANCE <small>(Check one)</small>	
				RATE PER MILE: _____	
				ADVANTAGEOUS TO THE GOVERNMENT	
				MILEAGE REIMBURSEMENT AND PER DIEM IS	
				LIMITED TO CONSTRUCTIVE 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 <small>(Specify)</small>		
14. ESTIMATED COST					
a. PER DIEM		b. TRAVEL		c. OTHER	d. TOTAL
\$		\$		\$	\$ 0.00
15. ADVANCE AUTHORIZED					
16. REMARKS <small>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</small>					
17. TRAVEL REQUESTING OFFICIAL <small>(Title and signature)</small>			18. TRAVEL APPROVING/DIRECTING OFFICIAL <small>(Title and signature)</small>		
AUTHORIZATION					
19. ACCOUNTING CITATION					
20. AUTHORIZING/ORDER ISSUING OFFICIAL <small>(Title and signature)</small>				21. DATE ISSUED <small>(YYYYMMDD)</small>	
				22. TRAVEL ORDER NUMBER	

PRIVACY ACT STATEMENT <small>(5 U.S.C. 552a)</small>	
AUTHORITY: 5 U.S.C. 5701, 5702, and E.O. 9397.	
PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel.	
ROUTINE USE(S): None.	
DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of your travel request.	
16. REMARKS <small>(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</small>	

Complete header information only (Blocks 2-7) but do not sign form at this time.

SECTION 3: Evacuation and Finance Orders/Forms

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8	DS-5528 Evacuee Manifest and Promissory Note

This is an important document. To speed up the evacuation process, fill in as much of the document on pages 5-7 as per instruction. Complete the rest after boarding your evacuation flight/vessel

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 oldest 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

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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
1a 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	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.)

a. CLASSIFICATION NUMBER b. AGENCY CODE

c. CLASSIFICATION NUMBER d. AGENCY CODE

e. CLASSIFICATION NUMBER f. AGENCY CODE

17. NUMBER OF FAMILY MEMBERS WITH YOU

ADULTS (include yourself) CHILDREN (include all children)

18. NUMBER OF ANIMALS WITH YOU (if applicable) DO AND SERVICE ANIMALS ONLY

DOGS CATS
BIRDS 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)

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)
ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD 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/AFPO)

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)

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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) (5) RELATIONSHIP TO PERSON COMPLETING FORM (X one)

MALE FEMALE SPOUSE SON/DAUGHTER PARENT 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 (8) CLASSIFICATION NUMBER (9) AGENCY CODE

(8) PASSPORT NUMBER COUNTRY OF ISSUE (e) 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) (5) RELATIONSHIP TO PERSON COMPLETING FORM (X one)

MALE FEMALE SPOUSE SON/DAUGHTER PARENT 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 (8) CLASSIFICATION NUMBER (9) AGENCY CODE

(8) PASSPORT NUMBER COUNTRY OF ISSUE (e) 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) (5) RELATIONSHIP TO PERSON COMPLETING FORM (X one)

MALE FEMALE SPOUSE SON/DAUGHTER PARENT 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 (8) CLASSIFICATION NUMBER (9) AGENCY CODE

(8) PASSPORT NUMBER COUNTRY OF ISSUE (e) 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) (5) RELATIONSHIP TO PERSON COMPLETING FORM (X one)

MALE FEMALE SPOUSE SON/DAUGHTER PARENT 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 (8) CLASSIFICATION NUMBER (9) AGENCY CODE

(8) PASSPORT NUMBER COUNTRY OF ISSUE (e) 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.

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SECTION 3: Evacuation and Finance Orders/Forms

SECTION 3: Evacuation and Finance Orders/Forms	
1	** Orders or Letters of Employment/Assigning SOFA members to Japan
2	DD Form 1610: Evacuation Orders
3	DD Form 2585: Repatriation Processing Form
4	DD Form 2461: (Civilian) Authorization for Emergency Evac Advance &
5	DD Form 1337: (Military) Authorization for Emergency Pay & Allowances
6	Change of Address form (local post office form)
7	DS-3072 Repatriation Emergency Medical & Dietary Assistance Loan Application
8	DS-5528 Evacuee Manifest and Promissory Note

This form is only for non-emergency essential DoD civilians and their families. Complete **Blocks 1-8**, and **Blocks 12-14** but do not sign form at this time.

This form will help you expedite emergency pay and allowances if needed

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: Information is collected, used, and disclosed for the purpose of processing emergency evacuation advance and allotment payments.				
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)		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION		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

SECTION 3: Evacuation and Finance Orders/Forms

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This form can redirect mail from your local address to your new address.

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)
 Individual (#5) Entire Family (#5) Business (#6)

2. Is This Move Temporary? Yes No

3. Start Date: (ex. 02/27/14) _____

4. TEMPORARY move, print to (ex. 03/31/14) _____

5a. LAST Name & Jr./Sr./etc. **MOUSE**

5b. FIRST Name and MI **MICKEY**

6. BUSINESS Move, Print Business Name _____

7a. OLD Mailing Address **518 Crestview Dr**

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate. _____

7c. OLD CITY **Beverly Hills** 7d. State **CA** 7e. ZIP **90210**

8a. NEW Mailing Address **Moved LEFT NO Forwarding Address**

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate. _____

8c. NEW CITY _____ 8d. State _____ 8e. ZIP _____

9. Print and Sign Name (see conditions on reverse)
 Print: _____ Sign: _____

10. Date Signed: (ex. 01/27/14) _____

PS FORM 3575 OCTOBER 2014 Visit usps.com to change your address online 1014B

USPS Official Mail Forwarding Change of Address:
 This form can be obtained from the US Post Office.

Complete Blocks 5a, 5b, and 7a – 7d

SECTION 3: Evacuation and Finance Orders/Forms

This form can be used to apply for emergency loan, repatriation, or medical assistance

Complete Blocks 1-8, 23-33, 35-88 as applicable but do not sign form at this time.

SECTION 3: Evacuation and Finance Orders/Forms	
1	** Orders or Letters of Employment/Assigning SOFA members to Japan
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U.S. Department of State

OMB APPROVAL NO. 1480-0170
EXPIRATION DATE: 09/30/2015
ESTIMATED BURDEN: 20 MINUTES

REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION

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

1. Last Name (Print Clearly) 2. First Name 3. Middle Name

4. Social Security Number 5. Date of Birth (mm-dd-yyyy) 6. Place of Birth 7. Identity Document Issuing Country 8. Sex (Male/Female)

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

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

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

14. Address Line 1

15. Address Line 2

16. City 17. State/Province 18. Country

19. Postal Code 20. Telephone Number (include Country/City Codes) 21. E-mail Address

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

23. Last Name (Print Clearly) 24. First Name

25. Address Line 1

26. Address Line 2

27. City 28. State/Province 29. Country

30. Postal Code 31. Telephone Number (include Country/City Codes) 32. E-mail Address

33. Relationship to you

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

35. Last Name (Print Clearly) 36. First Name 37. Middle Name

38. Social Security Number 39. Date of Birth (mm-dd-yyyy) 40. Place of Birth 41. Identity Document Issuing Country 42. Sex (Male/Female) 43. This Person is My

44. Last Name (Print Clearly) 45. First Name 46. Middle Name

47. Social Security Number 48. Date of Birth (mm-dd-yyyy) 49. Place of Birth 50. Identity Document Issuing Country 51. Sex (Male/Female) 52. This Person is My

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Identity Document Number from Line 7

53. Last Name (Print Clearly) 54. First Name 55. Middle Name

56. Social Security Number 57. Date of Birth (mm-dd-yyyy) 58. Place of Birth 59. Identity Document Issuing Country 60. Sex (Male/Female) 61. This Person is My

62. Last Name (Print Clearly) 63. First Name 64. Middle Name

65. Social Security Number 66. Date of Birth (mm-dd-yyyy) 67. Place of Birth 68. Identity Document Issuing Country 69. Sex (Male/Female) 70. This Person is My

71. Last Name (Print Clearly) 72. First Name 73. Middle Name

74. Social Security Number 75. Date of Birth (mm-dd-yyyy) 76. Place of Birth 77. Identity Document Issuing Country 78. Sex (Male/Female) 79. This Person is My

80. Last Name (Print Clearly) 81. First Name 82. Middle Name

83. Social Security Number 84. Date of Birth (mm-dd-yyyy) 85. Place of Birth 86. Identity Document Issuing Country 87. Sex (Male/Female) 88. This Person is My

89. PART 2 - Promissory Note and Repayment Agreement

1. I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for Emergency, Medical and Dietary Assistance or Repatriation loans. This loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.

2. I understand that:

(a) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
 (b) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
 (c) If my loan is in default, I and all U.S. citizen listed family members will not be eligible for limited validity U.S. passports.
 (d) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
 (e) I will be liable to pay any costs for collection.

3. I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 975005, St. Louis, MO 63197-5005. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-0008. Send questions by courier (DHL, FedEx, UPS, etc.): Accounts Receivable Branch, Comptroller and Global Financial Services 1969 Dyess Ave., Building 544-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2116 or internationally, call 843-748-0592. To make inquiries by email, contact: FMPARD@state.gov.)

4. I understand that assistance requested from the Department of Health and Human Services (HHS) will be provided based on availability upon arrival in the United States. In addition, reception and resettlement assistance provided by HHS is in the form of a loan which has to be paid back to the U.S. Government.

90. Signature Block for Applicant

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed.

91. Full Name Printed _____

92. Signature _____ 93. Date (DD-MMM-YYYY) _____

Page 2 of 3

Identity Document Number from Line 7

94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.

I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to: (Please place a check in the following boxes for the people to whom you authorize information to be released.) family, friends, individual members of congress, members of the press, and the general public.

95. Signature _____ 96. Date (mm-dd-yyyy) _____

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

98. Signature _____ 99. Date (mm-dd-yyyy) _____

100. If form is signed before Notary Public in the United States for benefit of unaccompanied minor child or incapacitated or incompetent adult abroad. State of _____ County of _____ On _____ Date (mm-dd-yyyy) before me _____ (Notary)

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

PART 3 - CONSULAR NOTES - For Official Use Only

No Signature of Loan Recipient - Minor No Social Security Number
 No Signature of Loan Recipient - Incapacitated/Incompetent Adult Escort (No Familial Relations/ship)
 Loan Includes Temporary Subsistence Other (Please Explain)

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

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

Repatriation to United States or Emergency Medical or Dietary Assistance Abroad (EMDA) Loan Amount
 Amount in Foreign Currency _____ Amount in U.S. Currency _____

The above total includes U.S. Dollars currency for subsistence for the following dates: _____ and U.S. Dollars currency for Repatriation/Emergency Medical and Dietary Assistance. From (mm-dd-yyyy) To (mm-dd-yyyy)

PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above.

Signature of Consular Officer _____ Name of Post _____
 Typed or Printed Name of Consular Officer _____ Date (mm-dd-yyyy) _____

SEAL

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. §§ 2570, 2571 and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens receiving repatriation/emergency medical and dietary assistance in foreign countries.

ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing repatriation/emergency medical and dietary assistance documentation and related services, law enforcement and administrative purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCSL, U.S. DEPARTMENT OF STATE, CA/OCSL, SA-17, 10th Floor, WASHINGTON, DC 20522-1707.

Page 3 of 3

SECTION 3: Evacuation and Finance Orders/Forms

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5	DD Form 1337: (Military) Authorization for Emergency Pay & Allowances
6	Change of Address form (local post office form)
7	DS-3072 Repatriation Emergency Medical & Dietary Assistance Loan Application
8	DS-5528 Evacuee Manifest and Promissory Note

Complete **Blocks 1-12, 23-33, and 35-88** as applicable but do not sign form at this time

EVACUEE MANIFEST AND PROMISSORY NOTE ESTIMATED BURDEN: 20 Minutes

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

1. Last Name (Print Clearly) 2. First Name 3. Middle Name

4. Social Security Number 5. Date of Birth (DD-MMM-YYYY) 6. Place of Birth 7. Identity Document (Issuing Country, Passport No., or National ID No.) 8. Sex Male Female

9. Current lodging where you may be contacted now

10. Phone number where you may be contacted now 11. Email address where you may be contacted now

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

13. Verifiable billing address at final destination in United States or other permanent address (Not a Post Office Box) (Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members)

14. Address Line 1

15. Address Line 2

16. City 17. State/Province 18. Country

19. Postal Code 20. Telephone Number (Include Country/City Codes) 21. Email Address

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

23. Last Name (Print Clearly) 24. First Name

25. Address Line 1

26. Address Line 2

27. City 28. State/Province 29. Country

30. Postal Code 31. Telephone Number (Include Country/City Codes) 32. Email Address

33. Relationship to you

34. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, list below. Check here if none

35. Last Name (Print Clearly) 36. First Name 37. Middle Name

38. Social Security Number 39. Date of Birth (DD-MMM-YYYY) 40. Place of Birth 41. Identity Document (Issuing Country, Passport No., or National ID No.) 42. Sex Male Female 43. This Person is My: Spouse Child Other (Please Explain)

44. Last Name (Print Clearly) 45. First Name 46. Middle Name

47. Social Security Number 48. Date of Birth (DD-MMM-YYYY) 49. Place of Birth 50. Identity Document (Issuing Country, Passport No., or National ID No.) 51. Sex Male Female 52. This Person is My: Spouse Child Other (Please Explain)

Identity Document Number from Line 7

53. Last Name (Print Clearly) 54. First Name 55. Middle Name

56. Social Security Number 57. Date of Birth (DD-MMM-YYYY) 58. Place of Birth 59. Identity Document (Issuing Country, Passport No., or National ID No.) 60. Sex Male Female 61. This Person is My: Spouse Child Other (Please Explain)

62. Last Name (Print Clearly) 63. First Name 64. Middle Name

65. Social Security Number 66. Date of Birth (DD-MMM-YYYY) 67. Place of Birth 68. Identity Document (Issuing Country, Passport No., or National ID No.) 69. Sex Male Female 70. This Person is My: Spouse Child Other (Please Explain)

71. Last Name (Print Clearly) 72. First Name 73. Middle Name

74. Social Security Number 75. Date of Birth (DD-MMM-YYYY) 76. Place of Birth 77. Identity Document (Issuing Country, Passport No., or National ID No.) 78. Sex Male Female 79. This Person is My: Spouse Child Other (Please Explain)

80. Last Name (Print Clearly) 81. First Name 82. Middle Name

83. Social Security Number 84. Date of Birth (DD-MMM-YYYY) 85. Place of Birth 86. Identity Document (Issuing Country, Passport No., or National ID No.) 87. Sex Male Female 88. This Person is My: Spouse Child Other (Please Explain)

Government employees on official assignment and/or Eligible Family Members.

1. I clearly understand that I am accepting evacuation of my own free will and at my own risk to a location chosen by the U.S. Government. The mode of transportation may be via charter or military transport. I also understand that the evacuation flight may not comply with normal international safety or luggage/cargo regulations/standards. In the case of military aircraft travel, the U.S. Government acts only as an agent and not as a contract carrier.

2. U.S. Citizens: I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for all applicable expenses for my/our evacuation. This evacuation loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.

3. I understand that:

(a) I will be billed for the cost of my/our transportation no greater than the amount of a full-fare economy flight, or comparable alternate transportation, to the designated destination(s) that would have been charged immediately prior to the events giving rise to the evacuation.

(b) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.

(c) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.

(d) If my loan is in default, I and all listed U.S. citizen family members will not be eligible for a limited validity U.S. passports.

(e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.

(f) I will be liable to pay any costs for collection.

4. I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, P.O. Box 978005, St. Louis, MO 63197-9000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, P.O. Box 150008, Charleston, SC 29415-0008. Send questions by courier (DHL, FedEx, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1963 Dyess Ave., Building 646-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2116 or internationally, call 843-745-0592. To make inquiries by email, contact: PMPAR@state.gov.)

5. Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.

90. Signature Block for Applicant (Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. I understand that refusal to sign does not relieve me of my debt. If the persons listed used the transport.

91. Full Name Printed _____

92. Signature _____ 93. Date (DD-MMM-YYYY) _____

Identity Document Number from Line 7

PART 3 - CONSULAR NOTES - For Official Use Only

No Signature of Loan Recipient - Minor No Social Security Number

No Signature of Loan Recipient - Incapacitated/Incompetent Adult Escort of the Primary Applicant (No Familial Relationship)

Loan Includes Temporary Subsistence Associated with Evacuation Other (Please Explain)

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

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

FOR OFFICIAL USE ONLY TO BE COMPLETED BY U.S. CONSULAR OFFICER (Insert number of individuals for each category)

Transport Number U.S. Citizen Loan Recipient Legal Permanent Resident Loan Recipient USG Employee/EFM on Official Assignment

Transport Type Third Country or Host Country National Loan Recipient Foreign Diplomat Loan Recipient

Evacuation from _____ to _____ on date (DD-MMM-YYYY)

PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above and certifies the persons listed boarded the transport.

Signature of Consular Officer _____ Name of Post _____

Typed or Printed Name of Consular Officer _____ Date (DD-MMM-YYYY) _____

Title of Consular Officer _____ SEAL

94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.

I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to: (Please place a check in the following boxes for the people to whom you authorize information to be released.) family, friends, individual members of congress, members of the press, and the general public.

95. Signature _____ 96. Date (DD-MMM-YYYY) _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2671, 2715, 4802, and 2357; and E.O. 9337, as amended.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuations.

ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes. Also see the Department of State's routine uses for Overseas Citizens Services Records and the Preliminary Statement of Routine Uses published in the Federal Register.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CAJOC/SIL, 4th Floor, SA-28, U.S. Department of State, Washington, DC 20522-2202.

SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 4: Vehicle, Residence and Household Goods Forms	
1	Inventory of Household Goods (DD Form 1701 or other like inventory)
2	DD Form 1299: Application for Shipment/Storage (2 copies)
3	Residence Key Envelope
4	Vehicle Key Envelope
5	Military Vehicle Registration/Certificate of Title (2 copies)
6	DD form 788: Vehicle Inspection Document
7	DD 2506: Vehicle Impound Document (2 copies)

In the event household goods need to be shipped or placed in storage. (1 per shipment)

DD Form 1299 Application for Shipment and/or Storage of Personal Property: Complete blocks 6a-6d, 9a and 9b, but do not sign form at this time

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY
(Read Privacy Act Statement on back before completing form.)

1. DATE PREPARED (YYYYMMDD) 2. SHIPMENT NUMBER

3. NAME OF PREPARING OFFICE 4. TO (Responsible Origin Personal Property Shipping Office)
a. NAME b. ADDRESS (Street, Suite Number, City, State, ZIP Code)

5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE

6. MEMBER OR EMPLOYEE INFORMATION
a. NAME (Last, First, Middle Initial) b. RANK/GRADE c. SSN d. AGENCY

7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:

(1) HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS (Enter quantity estimate)
(2) POUNDS (3) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (4) EXPENSIVE AND VALUABLE ITEMS (Number of cartons)
(5) POUNDS OF PBP&E (Enter "NONE" if not applicable)

8. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)
(1) SERIAL NUMBER (2) LENGTH (3) WIDTH (4) HEIGHT (5) TYPE EXPANDED (Describe)

9. MOBILE HOME SERVICES REQUESTED (X as applicable)
CONTENTS PACKED MOBILE HOME BLOCKED MOBILE HOME UNBLOCKED STORED AT ORIGIN STORED AT DESTINATION

10. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:
a. TYPE ORDERS (X one) b. ISSUED BY c. NEW DUTY ASSIGNMENT
PERMANENT TEMPORARY

11. DATE OF ORDERS (YYYYMMDD) a. ORDERS NUMBER b. PARAGRAPH NO. c. IN TRANSIT TELEPHONE NO. (Include Area Code)

12. IN TRANSIT ADDRESS (Street, Apartment Number, City, State, ZIP Code)

9. PICKUP (ORIGIN) INFORMATION
a. ADDRESS (Street, Apartment Number, City, County, State, ZIP Code)
(If a mobile home park, include mobile home court name)
b. TELEPHONE NUMBER (Include Area Code)

13. EXTRA DISK/INFLIBRARY ADDRESS (If applicable)

10. DESTINATION INFORMATION
a. ADDRESS (Street, Apartment Number, City, County, State, ZIP Code)
(If a mobile home park, include mobile home court name)
b. AGENT DESIGNATED TO RECEIVE PROPERTY

14. SCHEDULED DATE FOR (YYYYMMDD)
a. PACK b. PICKUP c. DELIVERY

15. REMARKS

16. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "NONE.")

a. FROM	b. TO	c. NET POUNDS (Actual or estimated)	d. POUNDS OF PBP&E (Actual or estimated)

17. 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 (Street, Suite No., City, State, ZIP Code)
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)

18. 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 (Signature)
c. TITLE

DD FORM 1299, SEP 1998 PREVIOUS EDITION IS OBSOLETE. Reset Adobe Professional 7.0

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:

- 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.
- 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.
- 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.
- I agree, prior to shipment and at my expense to place my mobile home in condition to withstand transportation.
- 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.
- I understand the Government will not be responsible for goods remaining in storage after the expiration of the authorized period.
- 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:

- I will notify the transportation office responsible for storing my nontemporary storage account of any changes in my storage entitlement.
- 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.
- The Government may store the household goods in Government facilities or in commercial storage under a Government contract.
- 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.
- 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.
- 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.
- 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.
- 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.

DD FORM 1299 (BACK), SEP 1998

SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 4: Vehicle, Residence and Household Goods Forms	
1	Inventory of Household Goods (DD Form 1701 or other like inventory)
2	DD Form 1299: Application for Shipment/Storage (2 copies)
3	Residence Key Envelope
4	Vehicle Key Envelope
5	Military Vehicle Registration/Certificate of Title (2 copies)
6	DD form 788: Vehicle Inspection Document
7	DD 2506: Vehicle Impound Document (2 copies)

Residence and Vehicle Key Envelopes: Complete and print on envelopes or apply to envelopes containing keys. Use mailing envelopes if key drop envelopes are not available

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

VEHICLE KEY ENVELOPE

Owner's Information
 Last Name: _____
 First Name: _____
 Grade: _____ Unit: _____
 Social (Last 4): _____

Vehicle # 1
 License Plate: _____
 Make: _____
 Model: _____
 Color: _____ Year: _____
 JCI Exp: _____ Ins Exp: _____
 Current Location: _____

Vehicle # 2
 License Plate: _____
 Make: _____
 Model: _____
 Color: _____ Year: _____
 JCI Exp: _____ Ins Exp: _____
 Current Location: _____

This envelope provides authorities a means to access your residence for security reasons or to ship your household goods if required and safely relocate vehicles or move them to shipping ports if required.

SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 4: Vehicle, Residence and Household Goods Forms	
1	Inventory of Household Goods (DD Form 1701 or other like inventory)
2	DD Form 1299: Application for Shipment/Storage (2 copies)
3	Residence Key Envelope
4	Vehicle Key Envelope
5	Military Vehicle Registration/Certificate of Title (2 copies)
6	DD form 788: Vehicle Inspection Document
7	DD 2506: Vehicle Impound Document (2 copies)

Japan Compulsory Insurance (JCI): Insert copy of vehicle JCI

This document would be used to help you file a claim if your vehicles cannot be recovered. (2 copies)

自動車検査証

平成 24 年 1 月 18 日

車種 自動車

型式 2GR

型式指定番号 3.450ガソリン

15269 0850

所有者の氏名又は名称 **Owners Name**

所有者の住所 **Owners Address**

214831

使用者の氏名又は名称 **Users Name**

使用者の住所 **Users Address**

If your car is under lease or finance your name will appear here.

13822 0421

有効期間の満了する日 **Shaken Expiry Date**

平成 25 年 3 月 30 日

【注意】、移転登録
 【21年度税制】平成23年3月25日 継続検査 受検済み
 平成22年度燃費基準10%向上達成車
 【走行距離計表示値】60,900km (平成23年3月25日)
 平成11年騒音規制車、近接排気管規制車
 以下余白

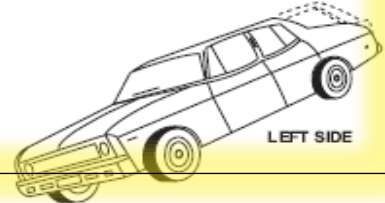
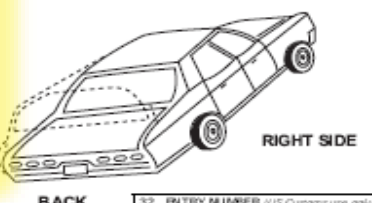
SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 4: Vehicle, Residence and Household Goods Forms	
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4	Vehicle Key Envelope
5	Military Vehicle Registration/Certificate of Title (2 copies)
6	DD form 788: Vehicle Inspection Document
7	DD 2506: Vehicle Impound Document (2 copies)

DD Form 788 Private Vehicle Shipping Document for Automobile: Complete Blocks 16-23.

Facilitates VPC processing of POV shipment, if it is possible. Use appropriate 788 series for Sedans, Vans, and Motorcycles. , (5 copies per POV; 1 with family, 4 turned in to ECC)

PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE

30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.		<input checked="" type="checkbox"/> (1) USED <input type="checkbox"/> (2) TITLED <input type="checkbox"/> (3) POE check in situ/condition when loaded in container <input type="checkbox"/> (4) POE check in situ/condition when unloaded from container <input type="checkbox"/> (5) Release of custody by (to be completed by owner) <input checked="" type="checkbox"/> (6) POE used
31. AFTER INITIAL INSPECTION, RECORD ONLY MARKS EXPOSING BLAME TO METAL AND/OR STRUCTURAL DAMAGE.		FRONT:  LEFT SIDE BACK:  RIGHT SIDE
33. INTERIOR CONDITION		34. ACCESSORIES
35. DOD POV IMPORT CONTROL PROGRAM		36. DOD POV IMPORT CONTROL PROGRAM

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.:

- 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.
- 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.
- 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(g).

(4) That failure of the owner to provide sufficient permanent type addresses 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 having 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, should it, would not be responsible for its release or return to the owner or agent.

37. DELIVERY RECEIPT

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 TRANSHIPMENT, EXCEPT AS NOTED ABOVE.

40. SIGNATURE OF OWNER OR AGENT

41. NAME OF PORT

SECTION 4: Vehicle, Residence and Household Goods Forms

SECTION 4: Vehicle, Residence and Household Goods Forms	
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5	Military Vehicle Registration/Certificate of Title (2 copies)
6	DD form 788: Vehicle Inspection Document
7	DD 2506: Vehicle Impound Document (2 copies)

Complete Blocks 1a-1f (1), 2a-2d, and 3a-3d.

This form will provide a disposition of your vehicle

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			3. VEHICLE OPERATOR	
a. NAME (Last, First, Middle Initial)			a. NAME (Last, First, Middle Initial)	
b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)			b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)	
c. ORGANIZATION		d. TELEPHONE NUMBER (Include Area Code)		
c. ORGANIZATION			d. TELEPHONE NUMBER (Include Area Code)	
PART II - DESCRIPTION				
4. REASON FOR IMPOUNDMENT (X all that apply)			5. DAMAGE TO VEHICLE	
<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED	EXAMPLE		
<input type="checkbox"/> BURNED	<input type="checkbox"/> ILLEGALLY PARKED	a. SHADE DAMAGED AREA OF VEHICLE		
<input type="checkbox"/> DWI	<input type="checkbox"/> STOLEN			
OTHER (Specify)		b. X ALL THAT APPLY		
6. CONDITION OF VEHICLE WHEN IMPOUNDED (X all that apply)			Intact	Missing
<input type="checkbox"/> DOOR LOCKED	<input type="checkbox"/> DOOR UNLOCKED	ENGINE	<input type="checkbox"/>	BATTERY
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> TRUNK UNLOCKED	MIRROR(S)	<input type="checkbox"/>	JACK
<input type="checkbox"/> KEYS IN CAR	<input type="checkbox"/> KEYS MISSING	LUG WRENCH	<input type="checkbox"/>	RADIO
OTHER (Specify)		TAPE DECK	<input type="checkbox"/>	SPARE WHEEL/TIRE
			LR WHEEL/TIRE	RR WHEEL/TIRE
			RF WHEEL/TIRE	LF WHEEL/TIRE
			WHEEL COVERS	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 (YYYYMMDD)		12. TIME IMPOUNDED		13. REPORTED BY
				a. NAME (Last, First, Middle Initial)
				b. RANK
				c. DATE
14. TOWED AT				
15. STORED AT				
16. WITNESSED BY				
a. NAME (Last, First, Middle Initial)		b. RANK	c. DATE	
d. ORGANIZATION		e. SIGNATURE		
17. RELEASED BY				
a. NAME (Last, First, Middle Initial)		b. RANK	c. DATE	
d. ORGANIZATION		e. SIGNATURE		

SECTION 5: Family and Pets

SECTION 5: Family and Pets	
1	Family Care Plan / Certification (Forms for each branch)
2	DD Form 2208 Rabies Vaccination Certificate
3	DD Form 2209 Pet Health Certificate
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)

Complete all applicable blocks. Single and **dual military couples** with dependents must complete **Blocks 18A-18E** for the care and escorting of unaccompanied minor evacuees by a designated escort. **Dual military couples** must also complete **Blocks 19A-19D**

Contact your Legal Office for Powers of Attorney if needed. Military and Emergency Essential sponsors who will rely on others to escort their children must provide powers of attorney and Family Care Plans to alleviate complications. Family Care Plans are required under normal circumstances for sole/dual-military parents or Emergency Essential Civilians. Ensure a copy is filed in your Evacuation Information Packet

FILLABLE FORM DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE

REQUIRING DIRECTIVE OPNAVINST 1740.4

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy and OPNAVINST 1740.4D

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

ROUTINE USES: Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

DISCLOSURE: Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4D paragraph 7.4.(6)).

PART I. SERVICEMEMBERS ACKNOWLEDGEMENT

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty without dependents, as required.

2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.

3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.

4. I understand that I am subject to deployments on short notice and that I will not be given special privileges because I have dependents.

5. My normal working hours are from _____ to _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless I have been excused by my commanding officer.

6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.

7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 60 days (90 days for Ready Reserve) of any change in my family or caregiver status.

8. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents by the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.

9. In the event of my death or incapacity, (name, address, telephone number) _____ has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.

10. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver, where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.

11. TYPED OR PRINTED NAME OF MEMBER: _____ 12. RANK/RATE: _____ 13. BLOCK (NOT USED)

14. DATE (YYYYMMDD): _____ 15. MEMBER'S SIGNATURE: _____

NAVPERS 1740/6 (Rev. 02-2011) FOR OFFICIAL USE ONLY PRIVACY SENSITIVE PAGE 1 OF 3

REQUIRING DIRECTIVE OPNAVINST 1740.4

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE (CONTINUED)

PART II. CAREGIVER ACKNOWLEDGEMENT

16. Member's absence is for a duration of less than 30 days.

16A. TYPED OR PRINTED NAME OF CAREGIVER: _____ 16B. ADDRESS OF CAREGIVER: _____

16C. SIGNATURE OF CAREGIVER: _____

16D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE): _____

16E. TYPED OR PRINTED NAME OF WITNESS: _____ 16F. WITNESS SIGNATURE: _____

17. Member's absence is for a duration of greater than 30 days.

17A. TYPED OR PRINTED NAME OF CAREGIVER: _____ 17B. ADDRESS OF CAREGIVER: _____

17C. SIGNATURE OF CAREGIVER: _____

17D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE): _____

17E. TYPED OR PRINTED NAME OF WITNESS: _____ 17F. WITNESS SIGNATURE: _____

18. Applies to single servicemember sponsors & dual military couples with dependents serving overseas and accompanied by

18A. I agree to be responsible for accompanying and caring for the family members of _____ as an escort if evacuation from an overseas area becomes necessary.

18B. TYPED OR PRINTED NAME OF ESCORT: _____ 18C. SIGNATURE OF ESCORT: _____

18D. TYPED OR PRINTED NAME OF WITNESS: _____ 18E. WITNESS SIGNATURE: _____

PART III. FOR DUAL MILITARY COUPLES ONLY

19. Statement of Military Spouse: I have read my spouse's plan and concur.

19A. SPOUSE'S COMMAND: _____ 19B. COMMAND'S FAMILY CARE PLAN COORDINATOR AND TELEPHONE NUMBER: _____

19C. TYPED OR PRINTED NAME OF SPOUSE: _____ 19D. SPOUSE'S SIGNATURE: _____

NAVPERS 1740/6 (Rev. 02-2011) FOR OFFICIAL USE ONLY PRIVACY SENSITIVE PAGE 2 OF 3

REQUIRING DIRECTIVE OPNAVINST 1740.4

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE (CONTINUED)

20. ADDITIONAL COMMENTS:

PART IV. CONSENTING NATURAL OR ADOPTIVE PARENT

21. I have reviewed this Family Care Plan and concur.

21A. TYPED OR PRINTED NAME: _____ 21B. SIGNATURE: _____ 21C. DATE (YYYYMMDD): _____

PART V. COMMAND CERTIFICATION

22. I have reviewed this Family Care Plan and (I am) am not) satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

22A. TYPED OR PRINTED NAME OF COMMANDING OFFICER: _____ 22B. SIGNATURE OF COMMANDING OFFICER: _____ 22C. DATE (YYYYMMDD): _____

NAVPERS 1740/6 (Rev. 02-2011) FOR OFFICIAL USE ONLY PRIVACY SENSITIVE PAGE 3 OF 3

SECTION 5: Family and Pets

SECTION 5: Family and Pets	
1	Family Care Plan / Certification (Forms for each branch)
2	DD Form 2208 Rabies Vaccination Certificate
3	DD Form 2209 Pet Health Certificate
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)

Complete per form instruction and maintain two copies in packet.

RABIES VACCINATION CERTIFICATE				
PRIVACY ACT STATEMENT				
<small>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).</small>				
<small>PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.</small>				
<small>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.</small>				
<small>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.</small>				
1. OWNER'S NAME (Last, First, Middle Initial)			2. TELEPHONE NUMBER (include Area Code)	
3. ADDRESS (Number, Street, City, State, ZIP Code)				
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 (First 3 letters)	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 (Street, City, State, ZIP Code)				
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.				
DD FORM 2208, MAY 2008				
PREVIOUS EDITIONS ARE OBSOLETE.				
				Reset
<small>Adobe Professional 7.0</small>				

SECTION 5: Family and Pets

SECTION 5: Family and Pets	
1	Family Care Plan / Certification (Forms for each branch)
2	DD Form 2208 Rabies Vaccination Certificate
3	DD Form 2209 Pet Health Certificate
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)

Complete per form instruction and maintain two copies in packet.

VETERINARY HEALTH CERTIFICATE				
PRIVACY ACT STATEMENT				
<small>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).</small>				
<small>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.</small>				
<small>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.</small>				
<small>DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.</small>				
1. OWNER'S NAME (Last, First, Middle Initial)		2. TELEPHONE NUMBER (Include Area Code)		
3. ADDRESS (Number, Street, City, State, ZIP Code)				
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 (First 3 letters)	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION
<small>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.</small>				
6. FACILITY ADDRESS (Street, City, State, ZIP Code)		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.				
DD FORM 2209, APR 2009				
PREVIOUS EDITION MAY BE USED.				
Reset				
<small>Adobe Professional 8.0</small>				

SECTION 5: Family and Pets

SECTION 5: Family and Pets	
1	Family Care Plan / Certification (Forms for each branch)
2	DD Form 2208 Rabies Vaccination Certificate
3	DD Form 2209 Pet Health Certificate
4	Pet NEO Card (2 copies, attached 1 copy to pet carrier)

Complete form and leave bottom three blocks blank at this time. Maintain two copies in packet – one copy will be attached to pet transport carrier.

Note: Only cats and dogs that have been registered and microchipped by base veterinary clinic will be authorized for evacuation. Registration/microchipping services will not be available during processing for evacuation!

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN _____ ANIMAL NAME _____
 UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____
 HOME OF RECORD PHONE _____
 ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____
 MALE _____ FEMALE _____ COLOR(S) _____ MARKINGS _____
 MICROCHIP # _____ DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN _____ ANIMAL NAME _____
 UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____
 HOME OF RECORD PHONE _____
 ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____
 MALE _____ FEMALE _____ COLOR(S) _____ MARKINGS _____
 MICROCHIP # _____ DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS

SECTION 6: (Not required) Other Important Personal Documents

SECTION 6 - (Not required) - Other Important Personal Documents	
1	<input type="checkbox"/> Power Of Attorneys (POA)
2	<input type="checkbox"/> Marriage License / Divorce Decree / Adoption paperwork
3	<input type="checkbox"/> Copies of Medical & Dental Information
4	<input type="checkbox"/> Immunizations Records
5	<input type="checkbox"/> Insurance (health, life, etc.)
6	<input type="checkbox"/> Financial Records (checkbook/bank books/credit cards/tax records/current bills, etc.)
7	<input type="checkbox"/> Valid U. S. Driver's License
8	<input type="checkbox"/> Employment Records (resume, latest pay voucher, SF50, etc.)
9	<input type="checkbox"/> Prescriptions for Important Medications
10	<input type="checkbox"/> Last Will and Testament
11	<input type="checkbox"/> Important Contacts / Personal Address Book
12	<input type="checkbox"/> Estimate: \$100 Cash Per Person (dollars and yen)

This section contains documents that are not required to be kept in the packet, but should be readily available in the event they are needed.