NON-TEMPORARY STORAGE INFORMATION

Employee Name: _____

CMD: _____

EOD: _____

1. Do you have a non-temporary storage (NTS) in U.S?

☐ Yes   ☐ No

2. If yes, please provide DD 1299 or DD 1164 to HRO within a week from in-processing date.

_____   _____

Employee's Signature   **Date**