

DEPARTMENT OF THE NAVY  
PERSONNEL SUPPORT DETACHMENT WASHINGTON DC  
235 WICK DRIVE SW BLDG 92  
ANACOSTIA ANNEX DC 20373-5803

1306  
«DATE»

From: Officer in Charge, Personnel Support Detachment Washington

To: «PRESCOM»

Via: «RANK» «FIRST» «MID» «LAST»

Subj: PERMANENT CHANGE OF STATION ORDERS

REF: (a) Bupers Order «BUPORD» dtd «ORDDTD»

Encl: (1) Bupers Order «BUPORD» dtd «ORDDTD»  
(2) Miscellaneous transfer information

1. Per reference (a), you have received orders to «CMDTRFTO» **Please read your orders very carefully as it contains important information concerning your PCS move.**

2. The following information is provided:

Transfer Month: «TRFMO» Leave Authorized: «LV» DAYS

Proceed/Travel Time: «PT» PT//«TT» TT

Report No Earlier Than: «RNET»

Report No Later Than: «RNLТ»

Obligated Service required: «OBSERV».

If yes, must obtain obligated service to: «OBSERVDTD»

3. All forms should be completed and returned to the Transfers Section within 15 days of receipt.

4. Records will not be released prior to your detachment date. If your detachment date falls on a weekend or holiday, your record(s) will be released the day before the weekend or holiday.

5. For general Overseas Transfer information, you may visit the NPPSC website at <http://www.pasd.navy.mil/> Click on Travel. For further assistance or to address any questions/concerns you may have, please contact PS1 Hilda Dunkwu at (202) 433-2619 or via email at [hilda.dunkwu@navy.mil](mailto:hilda.dunkwu@navy.mil)

6. How's our service? We want to hear from you!

NDW/PSD Anacostia Website

<https://www.cnic.navy.mil/ndw/Relocation/PSD/index.htm>

H.U. DUNKWU  
By direction



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From: «LAST», «FIRST» «MID» \_\_\_\_\_ SSN: XXX-XX-«SSN» \_\_\_\_\_ TRF DATE: \_\_\_\_\_

I hereby request payment of travel entitlements as follows:

**Member:**

**Dependent:**

\_\_\_\_\_ Mileage and Flat Per Diem

\_\_\_\_\_ Mileage and Flat Per Diem

\_\_\_\_\_ Per Diem for TDY

Lodging Location, Daily Rate, Dates \_\_\_\_\_

\*\*\* **Dislocation Allowance (DLA):** \_\_\_\_\_ w/o Dep (E6 and above) \_\_\_\_\_ Dependent

**\*\*\* Standard DD form 1299, "Smart Move" forms, or DD form 2278 (Duty Move form) from Personal Property "MUST" accompany this form for payment of advance DLA. \*\*\***

Travel will be via:

\_\_\_\_\_ POV \_\_\_\_\_ 1 POV \_\_\_\_\_ 2 POV (put tag numbers in spaces)

\_\_\_\_\_ Air \_\_\_\_\_ Bus \_\_\_\_\_ Train

**Dependent travel Certification:**

I request an advance for dependent travel entitlement and/or dislocation allowance. I make the following certification for the movement of my dependents:

It is my intention to relocate my dependents listed below on \_\_\_\_\_ from their present location  
(Date)

\_\_\_\_\_ to

\_\_\_\_\_ the place where they will establish a bona fide residence. I understand that in the event my dependents do not move repayment of the advance is due immediately.

Spouse: \_\_\_\_\_

Children:

Birthdate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**REQUEST FOR SINGLE DISLOCATION ALLOWANCE (DLA)**

**JFTR U5605:** A member with dependents is entitled to a DLA when dependents relocate their household in connection with a PCS, in the case of an evacuation and as otherwise authorized in this part. (see par U6035 for rules concerning DLA incident to an evacuation.) A member without dependents (see par. U5630-E for rules that apply when a member is married to a member) is entitled to DLA when transferred to a permanent duty station (PDS) where Government quarters are not assigned. Temporary occupancy of Government Quarters upon arrival at a new PDS, does not preclude entitlement to a DLA if the period of occupancy is 60 days or less. In justifiable cases, a longer period not to exceed an additional 60 days may be authorized or approved by the member's Commanding Officer, if the request for extension includes the specific reason for the request for extension. Actual transportation of dependents at government expense is not a prerequisite to DLA of a member with dependents.

I hereby request advance payment of dislocation allowance due to my transfer on \_\_\_\_\_ I certify  
(date)

that it is my intention not to occupy Government quarters permanently upon arrival at my new permanent duty station. If I am permanently assigned Government Quarters, I understand I will be required to repay any advance dislocation allowance paid to me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

DLA IS PAID TO MEMBERS AS SPECIFIED IN JFTR, PART G. IF A CHANGE OF GRADE OCCURS BETWEEN THE DATE ORDERS ARE ISSUED AND THE EFFECTIVE DATE OF ORDERS, A COPY OF THE PROMOTION/DEMOTION ORDERS MAY BE SUBMITTED WITH THE CLAIM VERSUS AN AMENDED ORDER. **DO NOT ADVANCE OR PAY DLA TO MEMBERS WITHOUT DEPENDENTS IN PAY GRADE "E5" AND BELOW WITHOUT A STATEMENT FROM THE GAINING ORGANIZATION THAT THE MEMBER IS NOT REQUIRED TO USE GOVERNMENT QUARTERS. MEMBERS WITHOUT DEPENDENTS IN THE PAY GRADE OF "E6" AND ABOVE CAN BE ADVANCED OR PAID DLA BASED ON THEIR STATEMENT THAT GOVERNMENT QUARTERS WILL NOT BE ASSIGNED. THE MOVEMENT OF A MOBILE HOME DOES NOT PRECLUDE THE PAYMENT OF DLA.**

**\*\*\* IN ORDER TO RECEIVE ADVANCE DLA, YOU MUST OBTAIN A DD FORM 1299 GOV'T BILL OF LADING, DD form 2278 (DITY MOVE form) FROM PERSONNEL PROPERTY, OR SMART MOVE forms.**

**SUBMIT THE FORM BACK WITH YOUR TRANSFER PACKAGE \*\*\***

# ADVANCE PAY CERTIFICATION/AUTHORIZATION

## PART I - PURPOSE

The purpose of an advance of pay incident to a PCS is to provide a service member with funds to meet the extraordinary expenses of a Government-ordered relocation.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The service member may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside of the scope of those entitlements:

- a. Overseas stations housing allowance
- b. Dislocation allowance
- c. Service member and/or dependent travel allowances and per diem.
- d. Basic allowance for quarters and/or variable housing allowance

An advance of pay for a PCS move in the same geographic area of a service member's prior duty station, home port, or place from which ordered to active duty, is only authorized when the service member moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance of pay is not intended to provide funds for such items as investments, vacations or the purchase of consumer goods that are not the result of direct expenses resulting from the service member's PCS orders.

## PART II - MEMBER CERTIFICATION

**PENALTY:** The penalty for willfully making a false claim/statement is: A MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I have read and understand the Navy's policy on advance pay incident to a PCS. I hereby certify that the intended use of these funds is in accordance with the stated purpose.

a. NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. RANK/RATE
d. SIGNATURE		

## PART III - REQUEST

<b>a. I request:</b> <input type="checkbox"/> One-month advance pay (Part VI must be completed if member is pay grade E-3 and below) <input type="checkbox"/> Two-months advance pay (Parts IV and VI must be complete.) <input type="checkbox"/> Three-months advance pay (Parts IV and VI must be completed.)	<b>b. I request a repayment schedule* of:</b> <input type="checkbox"/> 1-12 months (part VI must be completed if member is in pay grade E-3 and below) <input type="checkbox"/> 13-24 months (Parts V and VI must be completed) regardless of pay grade. <small>*Repayment schedule cannot exceed member's PRD or EAOS.</small>	<b>c. I request payment of the advance pay:</b> <input type="checkbox"/> 1-30 days before detaching and 60 days after reporting to my next PDS. <input type="checkbox"/> 31-90 days before my PCS transfer (Parts IV and VI must be completed). <input type="checkbox"/> 61-180 days after arrival at my PDS (Parts IV and VI must be completed.)
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## PART IV - CERTIFICATION OF EXPENSES (Attach extra sheets if necessary.)

EXPENSE (actual or anticipated)			
a.	\$	d.	\$
b.	\$	e.	\$
c.	\$	f.	\$

EXPLAIN CIRCUMSTANCES WHERE GREATER THAN NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY


<b>PART V - JUSTIFICATION FOR OVER 12 MONTHS PAYBACK (Justification must Demonstrate that severe hardship would result for a liquidation period of 12 months.)</b>	<b>a. NUMBER OF DEPENDENTS</b>
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**DEPENDENT ENTRY APPROVAL REQUEST WORKSHEET**

- A. RANK/RATE/CIVILIAN RATING: «RANK»
- B. MBR NAME: «LAST», «FIRST» «MID»
- C. SPOUSE'S NAME: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_  
NAME(S) OF CHILD(REN) AND DATE(S) OF BIRTH: \_\_\_\_\_
- D. NATIONALITY OF SPONSOR AND DEPN(S): \_\_\_\_\_
- E. DETACHING DUTY STATION: \_\_\_\_\_
- F. ADDRESS OF DEPN(S): \_\_\_\_\_
- G. DATE SCHEDULED TO DEPART CONUS: \_\_\_\_\_
- H. MONTHS SEPARATED FROM DEPENDENTS: \_\_\_\_\_
- I. TRANSFER DIRECTIVE AUTHORITY: \_\_\_\_\_
- J. DETACHMENT DATE: \_\_\_\_\_
- K. ULTIMATE DUTY STATION: \_\_\_\_\_
- L. ESTIMATED DATE OF ARRIVAL AT NEW DUTY STATION: \_\_\_\_\_
- M. HOUSING PREFERENCE: \_\_\_\_\_
- N. PASSPORTS: \_\_\_\_\_
- O. 1. ESTMD MON/YR DEPN ARE SCHEDULED TO DEPART CONUS: \_\_\_\_\_  
2. DOD PRES. ACCOMPANIED TOUR LENGTH AS INDICATED IN REF (D): \_\_\_\_\_  
3. EAOS: \_\_\_\_\_
- P. CERTIFICATION OF SUITABILITY: \_\_\_\_\_
- Q. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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235 WICK DRIVE SW BLDG 92  
ANACOSTIA ANNEX DC 20373-5803

NEXT OF KIN

PRIMARY NEXT OF KIN:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

SECONDARY NEXT OF KIN:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

## TRAVEL HISTORY FORM

### Privacy Act Statement

Authority: 5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 209 and/or 210.  
Principal purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information will be used to process payment data from the federal agency to the financial institution and/or its agents.  
Routine use(s): to substantiate claims for reimbursement for official travel.  
Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

Your Name: «FIRST» «MID» «LAST»

Your SSN: XXX-XX-«SSN»

Your Activity: «PRESCOM»

Your Pay Grade (i.e. E5, O3, GS9): «RANK»

Your home street address, city, state and zip code:

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For EFT/DDS payments please provide the following information:

Account Type (checking or savings): \_\_\_\_\_

Account number: \_\_\_\_\_

Financial Institutions Routing Transit Number (RTN available on the bottom left side of your checks or from your financial institution): \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

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**GENERAL INFORMATION SHEET**  
**OVERSEAS TRANSFER**

Personnel ordered to an overseas location and requiring passport should contact the passport office, Passenger Transportation Office at (202) 685-0969 and request information. the transfer section will prepare "NO FEE" passport applications. Personnel with special requirements such as completion of security investigations prior to transfer, advance payment of per diem, travel or base pay should fill out the reverse side of cover sheet and return it with entire package to their transfer clerk immediately. Although drawing advance pay is not accepted as sound financial policy, one may draw up to a maximum of three (3) months (base pay only) advance pay anytime upon receipt of permanent change of station orders provided that all applicable items (i.e. overseas screening and obligation of service are done). Normal pay back of an advance pay is twelve months. Twenty four months may be authorized when moving to a high cost area such as Washington DC, San Diego, and Norfolk. Note: All overseas locations are considered high cost areas.

It is imperative that you return the attached cover sheet and package as soon as possible. Dependent Entry Approval is required prior to members detachment date. You should contact your transfer clerk immediately upon receipt of the transfer package. your transfer evaluation (for enlisted) should be in this office at least two weeks prior to transfer. Bupersinst 1616.9 required.

The following information is provided to all personnel ordered to an overseas location.

**OVERSEAS SCREENING** is a crucial part of your transfer. The overseas screening form NAVPERS 1300/16 must be returned to your transfer clerk at the earliest possible date. Dependent Entry cannot be requested until the overseas suitability is completed NAVMILPERSCOMINST 4650.2A (Command Review Part III of NAVPERS 1300/16 must be signed by the CO and not by direction). Personnel ordered to Hawaii do not require overseas screening, however, overseas screening is required for personnel ordered to Barking Sands HI, and Dependent Entry Approval is required prior to member's transfer.

**HIV TEST** all active duty personnel must have an HIV test within twelve months from detachment date. The branch clinic, Washington Navy Yard will only administer test on Tuesday and Thursday (1300-1400 hrs) and the Arlington ANNEX branch clinic on Tuesdays and Thursdays (0830-1100 and 1300-1400 hrs). Physicians will not sign the overseas suitability until the results of the HIV test are received which takes approximately two (2) to three (3) weeks. The telephone number to the Branch Clinic at Washington Navy Yard is: (202)433-3132, Arlington ANNEX (703)614-2726.

**PASSPORT** "NO FEE" passport may be required for your dependent(s). Be advised that when "NO FEE" passport are required "TOURIST" passports are not acceptable as a replacement. NAVMILPERSCOMINST 4650.2A.

**PHYSICAL READINESS** prior to transfer all members must provide their Physical Readiness Test Form for inclusion in their service record.

A transfer evaluation report is required in all cases of PCS orders regardless of the number of days since last report was submitted. Overall NOB reports are not usually appropriated upon transfer, particularly when the same reporting officer has submitted a previous report. In these instances, the reporting officer may wish to assign same or similar trait marks and comment to the effect that member's performance has continued as previous reflected in report for period \_\_\_\_\_ TO \_\_\_\_\_.



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**ENLISTED AND OFFICER**

REPORT OF SUITABILITY/UNSUITABILITY FOR OVERSEAS ASSIGNMENT (\*\*\*SEE NOTE 1)

FROM: SCREENING COMMAND//JJJ//

TO: COMNAVMIIPERSCOM WASHINGTON DC//NMPC40/NMPC462//  
EPMAC NEW ORLEANS LA (ICO NON-DESIG SN/AN/FN)//75//

INFO: COMNSVMILPERSCOM (WHEN NOT ACTION ADDRESSEE)//NMPC40/NMPC462//  
BUMED (IF APPLICABLE)//34//  
INTENDED OVERSEAS ACTIVITY//JJJ//

UNCLAS //NO1300//

SUBJ: REPORT OF SUITABILITY/UNSUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RATE, SSN

MSGID/GENADMIN/SCREENING COMMAND//

REF/A/DOC/ENLTRANSMAN/CHAPT4//

REF/B/DOC/NAVPERS1300.16/DATE//

REF/C/RMG/CNMPC OR EPMAC/DATE//

NARR/ REFF A, NAVPERS 15909F ENLTRANSMAN, ARTICLE 4.013, 4.014 AND 4.021. REF B, SUITABILITY SCREENING FOR OVERSEAS INSTRUCTION, REF C, BUPERS/EPMAC TC NO. //

RMKS/

1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING REQUIRED REFS A, B, AND C HAS BEEN COMPLETED. SNM IS SUITABLE/UNSUITABLE FOR OVERSEAS ASSIGNMENT:

A. REASONS FOR UNSUITABILITY: (EXPLAIN WITH SPECIFIC DETAIL, IF APPLICABLE, INCLUDE ACTIONS TAKEN)

B. COMPLETED REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT (NP-1300/26) WAS FILED IN MEMBER'S SERVICE RECORD AND SIGNED BY NAME/RANK/TITLE/DATE.

C. APPROPRIATE PAGE 13 ENTRY WAS MADE AND SIGNED BY NAME/RANK/TITLE/DATE.

D. SNM HAS SUFFICIENT OBLISERV (OR WILL INCUR) TO COMPLETE DOD AREA TOUR LENGTH.//

\*\*\* NOTE 1 REPORTS OF SUITABILITY/UNSUITABILITY ARE SENT TO CONNAVMIIPERSCOM (NMPC-40 (OR EPMAC ICO NON-DESIGNATED SN/FN/AN)/NMPC-462)

FIGURE 4D  
4-33

MILPERSMAN 1300-304  
NAVPERS 15909D CH. NO. 6

ENCLOSURE (1)

DEPARTMENT OF THE NAVY  
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OFFICER  
SAMPLE ENTRIES FOR PG 13

(DATE) I have read and understand paragraph 5 of OPNAVINST 1300.14C relating to suitability of officers and their dependents for overseas duty. Neither I, nor my dependents possess any physical or mental abnormalities except as indicated, which might result in a determination that we are disqualified for such duty. I am aware that failure to divulge disqualifying information may ultimately result in disciplinary action punishable under article 107 UCMJ, (False Official Statement), or the requirement that I complete my tour in an unaccompanied status, should existing abnormalities necessitate evacuation of my dependents from the overseas area.

-----  
Member's Signature

Compliance with the provisions of OPNAVINST 1300.14C and understanding Article 107 UCMJ, is certified. (MBR' NAME) and dependents are considered to be suitable in all respects for duty at an overseas area.

\_\_\_\_\_  
Commanding Officer's signature

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ENLISTED  
SAMPLE ENTRIES FOR PG 13

(DATE) I have read and understand paragraph 5 of OPNAVINST 1300.14A relating to suitability of member and their dependents for overseas duty. Neither I, nor my dependents possess any physical or mental abnormalities except as indicated, which might result in a determination that we are disqualified for such duty. I am aware that failure to divulge disqualifying information may ultimately result in disciplinary action punishable under article 107 UCMJ, (False Official Statement), or the requirement that I complete my tour in an unaccompanied status, should existing abnormalities necessitate evacuation of my dependents from the overseas area.

-----  
Member's Signature

Compliance with the provisions of OPNAVINST 1300.14A and understanding Article 107 UCMJ, is certified. (MBR' NAME) and his/her family members (if applicable) are considered to be suitable in all respects for duty at an overseas area.

\_\_\_\_\_  
Commanding Officer's signature

(DATE) I fully understand that contents of ETM, article 4.0521 and have elected the "with dependents" "all others" tour prior to my transfer from my present duty station.

\_\_\_\_\_  
Member's Signature

Witnessed:

\_\_\_\_\_  
Commanding Officer's signature

## REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

SUPPORTING DOCUMENTATION OPNAVINST 1300.14C

<b>MEMBER'S NAME:</b>		<b>SSN:</b>	<b>DATE:</b>
<b>PRESENT SHIP/STATION:</b>	<b>UIC:</b>	<b>OVERSEAS LOCATION:</b>	<b>UIC:</b>
<b>NUMBER OF DEPENDENTS:</b>			
<p><b>PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.</b></p>			
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?	
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete the prescribed tour? If "NO", ensure member reenlists (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. <b>(OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS)</b> . For SRB issues, see the current NAVADMIN.	
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater?	
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?	
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?	
6.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".	
7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?	
8.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?	
9.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.	

<b>MEMBER'S NAME:</b>	<b>SSN:</b>	<b>DATE:</b>
10. <input type="checkbox"/> YES <input type="checkbox"/> NO Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?		
11. <input type="checkbox"/> YES <input type="checkbox"/> NO Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.		
<input type="checkbox"/> YES <input type="checkbox"/> NO a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.		
<input type="checkbox"/> YES <input type="checkbox"/> NO b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)		
12. <input type="checkbox"/> YES <input type="checkbox"/> NO Single parents/military couples with family members. Are there any reasons why family member care requirements can not be met in accordance with OPNAVINST 1740.4A?		
<b>NOTE:</b> While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)		
13. <input type="checkbox"/> YES <input type="checkbox"/> NO (For Enlisted Personnel) Is member an initial accession enroute to their first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal)?		
14. <input type="checkbox"/> YES <input type="checkbox"/> NO Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJP's in the last two years?		
15. <input type="checkbox"/> YES <input type="checkbox"/> NO Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)		
<b>FOR PERSONNEL E-3 AND BELOW:</b> Ensure the member has been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty. Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)		
I have been counseled on the above: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MEMBER'S SIGNATURE:</b>		<b>DATE:</b>
<b>REMARKS:</b>		
I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.		
<b>MEMBER (NAME, RANK/RATE):</b>	<b>MEMBER (SIGNATURE):</b>	<b>DATE:</b>
<b>INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):</b>	<b>INTERVIEWER (SIGNATURE):</b>	<b>DATE:</b>



MEMBER'S NAME:	SSN:	DATE:
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**PART III: CMC/COB/SEA ENDORSEMENT**

On the basis of all available information, I endorse / I do not endorse  the member's orders for the overseas assignment.

CMC/COB/SEA (NAME, RANK)	CMC/COB/SEA (SIGNATURE)	DATE
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**PART IV: COMMANDING OFFICER'S ENDORSEMENT**

On the basis of all available information, I endorse / I do not endorse  the member's orders for the overseas assignment.

Commanding Officer (Name, Rank)	Commanding Officer (Signature)	Date
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REMARKS:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.

**MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING  
FOR SERVICE AND FAMILY MEMBERS**

<b>SERVICE MEMBER NAME</b>	<b>GRADE / RATE</b>	<b>SSN</b>
<b>FAMILY MEMBER NAME</b>	<b>FAMILY MEMBER PREFIX</b>	<b>SSN</b>
<b>NEXT DUTY STATION:</b>	<b>NEXT UNIT IDENTIFICATION CODE (UIC):</b>	

**PART I**

**Medical Screening.** Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.

Yes	No	N/A	ITEM
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD, and Sickle Cell trait test and Blood Type completed and documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on SF 93)
			11. Pap smear and pelvic/breast examination within past year?
			12. Mammogram current (based on age)?
			13. Pregnancy screening (verbal inquiry)?
			14. If pregnant? (EDC: _____ )
			15. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			16. Are there any conditions requiring ongoing care in the following areas? (document on SF 93)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Other conditions or concerns? (explain):
			17. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
			21. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener only)
Military Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ MTF or Duty Station _____ Telephone Number (include area/country code) _____ DSN Number _____ Telefax Number (include area/country code) _____ E-mail Address _____		Civilian Medical Screener (Signature) _____ Date _____ Printed Name _____ Address _____ City, State, and Zip Code _____ Telephone Number (include area/country code) _____ Telefax Number (include area/country code) _____ E-mail Address _____

**PART II**

**Dental Screening.** Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Other concerns? (specify)
<p><b>Dental Classifications:</b>            Class 1 - Patients who do not require dental treatment.            Class 2 - Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months.            Class 3 - Patients who have dental conditions that are likely to cause a dental emergency in the next 12 months.            Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) examination by a dental officer within the past 12 months or, (2) A patient's dental record does not exist, or the dental record is not held by the responsible dental treatment facility or Medical Department activity.</p>			

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL * ASSIGNMENT? <i>(completed by a DTF designated military dental screener only)</i>
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_____ Military Dental Screener (Signature)	_____ Date	_____ Civilian Dental Screener (Signature)	_____ Date
_____ Printed Name, Rank or Grade		_____ Printed Name	
_____ DTF or Duty Station		_____ Address	
_____ Telephone Number (include area/country code)		_____ City, State, and Zip Code	
_____ DSN Number		_____ Telephone Number (include area/country code)	
_____ Telefax Number (include area/country code)		_____ Telefax Number (include area/country code)	
_____ E-mail Address		_____ E-mail Address	

This form must be typed. See DoD 1000.21-R for form completion instructions.

<b>AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA</b>		<b>1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT</b>	<b>2. MAJOR SERVICE COMPONENT</b>	
<b>3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME</b>		<b>4. APPLICANT'S DATE OF BIRTH</b>	<b>5. APPLICANT'S PLACE OF BIRTH</b>	
<b>6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME</b>  <input type="checkbox"/> (If same as Item 3, X block)		<b>7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE</b>	<b>8. SPONSOR'S SSN</b>	
<b>9.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP Code)</b>		<b>b. HOME TELEPHONE NUMBER (Include area code)</b>		
		<b>c. OFFICE TELEPHONE NUMBER (Include area code/DSN)</b>		
<b>10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include ZIP Code)</b>		<b>b. NAME OF PERSON WITH WHOM RESIDING</b>		
		<b>c. TELEPHONE (Incl. area code)</b>	<b>d. AGENT ID CODE (If applicable)</b>	
<b>11. DESTINATION (Country or Countries)</b>	<b>12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)</b>	<b>13. PASSPORT WILL BE FORWARDED TO: (Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)</b>		
<b>14. ESTIMATED DATE OF DEPARTURE (From country in which applicant is currently residing)</b>	<b>15. PROPOSED LENGTH OF STAY</b>	<b>16. AUTHORIZING OFFICIAL</b>		
		<b>a. NAME (Last, First, Middle Initial)</b>		
<b>17. ADDITIONAL INFORMATION (Attach continuation sheets if necessary)</b>		<b>b. GRADE</b>	<b>c. TITLE</b>	
		<b>d. COMPLETE MAILING ADDRESS (Include ZIP Code)</b>		
		<b>e. TELEPHONE NUMBER (Include area code/DSN)</b>		
		<b>f. SIGNATURE OF AUTHORIZING OFFICIAL</b>		<b>g. DATE</b>
<b>FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)</b>				
<b>18. DATE APPLIED FOR PASSPORT</b>	<b>19. PLACE APPLIED FOR PASSPORT</b>	<b>20. NAME OF COURT OR PASSPORT AGENT</b>		
<b>21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE</b>	<b>22. PASSPORT NUMBER</b>	<b>23. DATE OF PASSPORT ISSUE</b>	<b>24. PASSPORT EXPIRATION DATE</b>	
<b>25. DOCUMENT(S) INCLUDED WITH PASSPORT</b>	<b>26. COUNTRY AND DATE VISA REQUESTED</b>	<b>27. DATE PASSPORT RECEIVED WITH VISA</b>	<b>28. DATE PASSPORT MAILED</b>	
<b>PRIVACY ACT STATEMENT</b>				
<p><b>AUTHORITY:</b> Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.</p> <p><b>PRINCIPAL PURPOSE:</b> To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.</p> <p><b>ROUTINE USES:</b> Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.</p> <p><b>DISCLOSURE:</b> Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.</p>				
<p><b>*NOTE:</b> If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."</p>				

ADMINISTRATIVE REMARKS  
NAVPERS 1070/613(REV.10-81)  
S/N 0106-LF-010-6991

SHIP OR STATION

**PERSUPPDET WASHINGTON DC**

\_\_\_\_\_ : I certify that my dependent(s) are enrolled in DEERS this date.

\_\_\_\_\_  
Member's signature

Verified in DEERS by:

\_\_\_\_\_  
PS1 GRANTON, CARLOS  
ID LAB/SERV RECD SUPERVISOR, BY DIROIC

NAME (LAST, FIRST, MIDDLE)

SSN

BRANCH/CLASS  
USN



**SECTION I. YOUR ITINERARY (CONT'D)**

NAME/LOCATION:	MDTVL:	NATURE OF DUTY:	CLCVN DATE:	DURATION TD/TDI:	LEAVE PERIODS:
6					
7					
8					
9					
10					

**SECTION II MEMBER/DEPENDENTS' ITINERARY (ADDITIONAL INSTRUCTIONS)**

TWO-LETTER MODES OF TRAVEL		(MDTVL)
(a) 1st letter		(b) 2nd letter
T — TRANSPORTATION REQUEST		A — AUTO
G — GOVERNMENT TRANSPORTATION		B — BUS
C — COMMERCIAL TRANSPORTATION		R — RAIL
P — PRIVATE VEHICLE		V — VESSEL
		P — PLANE

**SECTION III. HOUSEHOLD GOODS (ADDITIONAL INSTRUCTIONS)**

METHOD: Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).  
 SHIP FROM: Use "R" if shipped from Residence or "S" if shipped from Storage  
 ESTIMATED WEIGHT: Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.  
 SHIPMENT CODE: Use "HHG" for Household Goods or "EXP" for Express Shipments

**ABBREVIATIONS:**

CLCVN:	Class Convening Date	PCSVAD:	Permanent Change of Station Variance Analysis Department
CNTRY:	Country	PDS:	Permanent Duty Station
DITY:	Do It Yourself Shipments	POV:	Privately Owned Vehicle
EST:	Estimated/Estimation	SHIP:	Shipment
EXP:	Express Shipments	SSN:	Social Security Number
HHG:	Household Goods	TD:	Temporary Duty
LOC:	Location	TDI:	Temporary Duty Under Instruction
MDTVL:	Mode of Travel	WT:	Weight
MED:	Mediterranean		
MOS:	Months		
NATURE OF DUTY:	Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU		
ORDER NO./AUTH:	Authority for Permanent Change of Station Transfer — Order Number		
PCS:	Permanent Change of Station		

**PRIVACY ACT STATEMENT:** As the member, you must submit this form. If you don't, administrative action may result. Authority to require this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.

Mail to: (window envelope may be used)

Director  
 Permanent Change of Station  
 Variance Component  
 1240 East 9th Street, Suite 967  
 Cleveland, Ohio 44199-2088

\_\_\_\_\_  
 Signature of Member

## PASSENGER RESERVATION/PORT CALL REQUEST (OPNAVINST 4650.15)

This form may be used for both CONUS and OUTCONUS travel. PLEASE FILL OUT ALL APPLICABLE BLOCKS.

UNACCOMPANIED: Submit copy of member's orders.

ACCOMPANIED: Submit copy of member's orders, original DD 884, Entry approval and copy of enlistment contract and/or extension of enlistment.

New Request

Modification

Name:	Email Address:	Service: USN	Rank/Rate:	SSN:
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EAOS as Extended:	Travel Type: -----	Excess Baggage: N/A	CIC: -----	Seats Required:
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Date of Detachment/Graduation:	Availability Date: *	Mandatory Depart Date:
--------------------------------	----------------------	------------------------

Original Duty Station:	Ultimate Duty Station:
------------------------	------------------------

Intermediate Duty Station (1):	Intermediate Duty Station (2):
--------------------------------	--------------------------------

Leave Address after Detach (include ZIP code):	Phone Number after Detach (include area code):
	Email Address after Detach:

Additional information (i.e., Return Travel? Date?):	Emergency POC:	Phone # (include area code):
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Government Travel Required to AMC Terminal?  Yes  No

Mode of Travel to AMC Terminal:  Air  Rail  Bus  POV

Desired AMC Terminal for Departing CONUS: N/A	Reason: N/A
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Is Member Shipping POV Overseas?  Yes  No

If so, Port Shipping POV from:

Name of Depn:	SSN:
Passport #	Exp Date:
VISA #	Exp Date:

Name of Depn:	SSN:
Passport #	Exp Date:
VISA #	Exp Date:

Name of Depn:	SSN:
Passport #	Exp Date:
VISA #	Exp Date:

Are you Shipping Pets Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Only dogs and cats may be shipped - 2 pets total - submit rabies vaccination proof with port call)</i>	Number of Dogs:	Number of Cats:
	Weight of Pets (in lbs):	

\* Date available to commence travel out CONUS or to new command after all leave, TAD, etc.

### Additional Information

Transfer Clerk:	Date:  Submitted by (command/unit): PSD Washington/PSD Transportation Liaison  Point of Contact:  Phone Number:  Email Address: I
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**Privacy Act: Statement:** Authority to request is derived from 5 U.S. Code 301, Departmental Regulations. Appropriate authority to ensure passenger reservation/port call requests are complied with at the command will use purpose of this information. Completion of this form is mandatory. Failure to provide the required information will result in travel request not being processed.



APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			DOD COMPONENT
<p>THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.</p>			
NAME OF APPLICANT <i>(Last, First, MI)</i>		RANK	GRADE
SHIP OR STATION			
NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED <i>(Last, First, MI)</i>	RELATIONSHIP* <i>(Adopted son, step-dau., etc.)</i>	DATE OF BIRTH <i>(Children) (YYMMDD)</i>	LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>
<i>*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.</i>			
PRESENT ADDRESS OF DEPENDENTS <i>(Street Address, City, State and ZIP Code)</i>			
OLD PERMANENT STATION	NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>	
TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>	<i>(TO) (City, State)</i>	<i>(VIA) (ROUTE) (City, State)</i>	
DATE OF DEPARTURE <i>(YYMMDD)</i>	BY <i>(Air, Rail, etc.)</i>	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>**If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.</i>			
<p>I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:</p>			
I  CERTIFICATE OF PROOF OF DEPENDENCY	<p style="text-align: center;"><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.</p> <p style="text-align: center;"><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>		
II  CERTIFICATE OF RESIDENCE OF PARENT	<p style="text-align: center;"><i>(Required for a dependent parent in addition to I.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.</p>		
III  CERTIFICATE FOR STEPCHILD	<p style="text-align: center;"><i>(Required for a step child in addition to I.)</i></p> <p>I CERTIFY THAT <i>(Name of child's other parent)</i> _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.</p>		
DATE <i>(YYMMDD)</i>	SIGNATURE OF APPLICANT		

DEPARTMENT OF THE NAVY  
PERSONNEL SUPPORT DETACHMENT WASHINGTON DC  
235 WICK DRIVE SW BLDG 92  
ANACOSTIA ANNEX DC 20373-5803  
**PSD ANACOSTIA OFFICIAL PASSPORT PROCEDURES**  
(Normal processing time is 6-8weeks)

**\*\*\*YOU ARE REQUIRED TO COMPLETE ITEMS 1-3\*\*\*prior to scheduled appointment. Passport applications must be done electronically online at [WWW.TRAVEL.STATE.GOV](http://WWW.TRAVEL.STATE.GOV).**

**ITEM (1) DD1056 BE MUST BE RETURNED TO YOUR TRANSFER REP (5 ) WORKDAYS AFTER RECEIPT.**

**CALL MS. PAIR@202 685-0611 TO SCHEDULE APPT and discuss VISA REQ'S**

**1. DD1056: (NO FEE) *application must be typed***  
**<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/DD1056.PDF>**  
**BLK 1: 10 DAYS PRIOR TO TRAVEL DATE (BLK 14)**

BLK 10(D) DCNY10

BLK 12: REQ FILL-"NA" if non applicable or See \* NOTE \*(DISCUSSED BY REQ APPT  
BLK 13 Personnel Support Detachment

Anacostia Annex Bldg 92

Washington DC 20373 5803

BLK 16(A) Dunkwu, H.D.. 16(B) E6 16(C) Transfer SUPV  
16(D) PSD WASHINGTON 235 Wick Drive, Bldg92 Wash DC 20373  
16(E) 202 433 2619  
BLK17: TYPE "N/A" IF NO VISA REQUIRED (verify at scheduling)

**2. DSP 11 OR DS 82: APPLICATION FOR PASSPORT(ELECTRONIC ONLY)**

FORMS OBTAIN AT [www.travel.state.gov](http://www.travel.state.gov)

**\*\*USE PSD ANACOSTIA MAILING ADDRESS (SAME AS BLK 13/ ON 1056\*\***

**DS11:** First time applicants or passports over 14year.

Submit with **2 photos, original birth certificate and DD1056.** (Aliens need to submit original naturalization certificate **\*\*\*MUST BE PRESENT TO EXECUTE\*\***

**or**

**DS82:** Individuals who have/had a passport (less than 15years from issue date. Submit passport, 2 photos and DD1056. Press create form-print page 5-6 only and bring along at time of appt with all supporting documents.(bar coded applications, no exceptions)

**3. PHOTO 2 (2X2) WHITE OR OFF WHITE BACKGROUND**

**REQUIRED (responsibility of applicant) \*\*\*Visas require additional photos\*\*\*\***

DEPARTMENT OF THE NAVY  
PERSONNEL SUPPORT DETACHMENT WASHINGTON DC  
235 WICK DRIVE SW BLDG 92  
ANACOSTIA ANNEX DC 20373-5803

**\*INDIVIDUAL AUGMENTATION INFORMATION (IA)**

If your orders are to a Global War on Terrorism (GWOT) Support Assignment (GSA billet) please visit the Expeditionary Combat Readiness Center (ECRC) website at <http://www.ecrc.navy.mil/> and download the IA checklist instructions and the ECRC IA checklist. You will also find valuable resources and information on Pre-Deployment and Family support at the ECRC website.