

Sponsors Info ( ) USA ( ) USAF ( ) USN ( ) USMC

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: ( )M/( )F  
SSN: \_\_\_\_\_ Rank: \_\_\_\_\_ Grade: \_\_\_\_\_ DEROS: \_\_\_\_\_  
Station: \_\_\_\_\_ Unit: \_\_\_\_\_ Office: \_\_\_\_\_ Duty Phone: \_\_\_\_\_  
Unit PSC & Box #: \_\_\_\_\_ Unit Zip: \_\_\_\_\_ MAJCOM: \_\_\_\_\_

Primary NCE Info: ( ) Spouse ( ) Child ( ) Parent ( ) Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: ( )M/( )F  
DOB: \_\_\_\_\_ POB(City, State, Country): \_\_\_\_\_  
SSN: \_\_\_\_\_ Passport #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Alien #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_

NCE 2 Info: ( ) Child ( ) Parent ( ) Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: ( )M/( )F  
DOB: \_\_\_\_\_ POB(City, State, Country): \_\_\_\_\_  
SSN: \_\_\_\_\_ Passport #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Alien #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_

NCE 3 Info: ( ) Child ( ) Parent ( ) Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: ( )M/( )F  
DOB: \_\_\_\_\_ POB(City, State, Country): \_\_\_\_\_  
SSN: \_\_\_\_\_ Passport #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Alien #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_

NCE 4 Info: ( ) Child ( ) Parent ( ) Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: ( )M/( )F  
DOB: \_\_\_\_\_ POB(City, State, Country): \_\_\_\_\_  
SSN: \_\_\_\_\_ Passport #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Alien #/ Country of issue: \_\_\_\_\_ / \_\_\_\_\_

Pet 1 Name: \_\_\_\_\_ N/A  
Dog Weight(lbs): \_\_\_\_\_ Pet 1 Name: \_\_\_\_\_ N/A  
Cat Weight(lbs): \_\_\_\_\_ Dog  
Cat

Physical Home (NCE) Address: \_\_\_\_\_  
PSC & Box number: \_\_\_\_\_ Zip: \_\_\_\_\_  
NCE Home(Cell) Phone: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Destination Contact( Check if same): \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's school's name, addr, phone: \_\_\_\_\_

( )Car( )Van( )Motorcycle - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Body Type: \_\_\_\_\_ Plate#: \_\_\_\_\_ VIN: \_\_\_\_\_

Emergency Pay info: Enter NONE in max amount field if issuance is not wanted.

Adv of pay Max Amt: \$ \_\_\_\_\_

Evac Allow

Evac DislocAllow

Warden: \_\_\_\_\_



## NONCOMBATANT PREPAREDNESS CHECKLIST

SPONSOR'S NAME	RANK	SPONSOR'S UNIT	UNIT TELEPHONE NO.	APO AP		
<b>REQUIRED DOCUMENTS (Must be maintained by NEO warden for every noncombatant)</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
* USFK FORM 178-R-E NONCOMBATANT EVACUATION OPERATIONS DATA CARD						
* STRIP MAP FROM RESIDENCE TO ECC						
<b>REQUIRED DOCUMENTS FOR NONCOMBATANTS (Keep these items in your NEO KIT)</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
* IDENTIFICATION DOCUMENTS (Military or Government ID Card, Passport, Marriage Certificate, or Birth Certificate, for all Noncombatants)						
DD FORM 754 - REPAIR TAG (1 for each Noncombatant Family)						
* DD FORM 788 - PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE (2 for each Motor Vehicle)						
* DD FORM 1337 or DD FORM 2461 - AUTHORIZATION FOR EMERGENCY FUNDS (DD Form 1337 for Military Sponsor, DD Form 2461 for Civilian Sponsor /2 Copies of DD Form 1337 or 3 Copies of DD Form 2461)						
* DD FORM 1864 - VEHICLE KEY TAG (1 for each Motor Vehicle)						
* DD FORM 2585 - REPATRIATION PROCESSING CENTER PROCESSING SHEET (1 for each Noncombatant Family)						
* DA FORM 2402 - EXCHANGE TAG (1 for each Noncombatant)						
* DA FORM 3955 - CHANGE OF ADDRESS AND DIRECTORY CARD (2 Copies)						
* USFK FORM 123-R-E - NONCOMBATANT VOLUNTEER INFORMATION (1 for each adult Noncombatant - 2 copies)						
* USFK FORM 207 - MILITARY REGISTRATION AND CERTIFICATE OF TITLE OF MOTOR VEHICLE or OTHER LEGAL MOTOR VEHICLE OWNERSHIP REGISTRATION (1 for each Motor Vehicle)						
* EA FORM 741-E - PERSONAL PROPERTY RECORD (2 Copies in Packet; 1 for the Transportation & 1 for you)						
USFK PAM 600-300 - EMERGENCY EVACUATION INSTRUCTIONS						
* ORDERS ASSIGNING SPONSOR/NONCOMBATANT TO KOREA (1 for each Noncombatant Family)						
PHS FORM 731 - INTERNATIONAL CERTIFICATES OF VACCINATION (1 for each Noncombatant)						
* FAMILY CARE PLAN (Only applies to sole/dual military parent(s) or Emergency Essential Civilian parents)						
* POWER OF ATTORNEY						
FINANCIAL REFERENCES (Check Book, Bank Book, Insurance Policy Information, etc.)						
OTHER PERSONAL PROPERTY RECORDS (Bill of Lading, Appraisals, Receipts for locally purchased items, etc.)						
<b>NEO KIT (These items should be kept readily available and brought to the ECC in the event of an actual NEO) *Total NEO KIT cannot exceed two bags or a combined weight of 66 pounds.</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
THREE DAYS SUPPLY OF NON-PERISHABLE FOOD AND WATER (For each Noncombatant)						
FIRST AID KIT INCLUDING A 30 DAY SUPPLY OF BASIC MEDICATION (For each Noncombatant)						
BABY FOOD/FORMULA/DIAPERS (If applicable)						
BLANKETS (Keep baggage limits in mind)						
TOILETRIES (For each Noncombatant)						
LIGHT BACKPACK/LUGGAGE (Keep baggage limits in mind)						
EXTRA CLOTHING (Keep baggage limits in mind)						
FLASHLIGHT WITH EXTRA BATTERIES						
PORTABLE RADIO WITH EXTRA BATTERIES						
PET CARRIER/PET FOOD & WATER/PET VACCINATION CERTIFICATES (If applicable)						
DATE OF INSPECTION	INSPECTORS NAME (PRINTED)		INSPECTORS SIGNATURE	SPONSORS SIGNATURE		

## NONCOMBATANT PREPAREDNESS CHECKLIST (CONTINUED)

(USFK PAM 600-300-1)

1. PURPOSE. Used by the unit NEO warden during NEO packet and kit inspections to assist in determining the preparedness of individual NC NEO packets and kits.

2. INSTRUCTIONS. This form will be completed as follows:

SPONSOR'S NAME (DOE, JOHN)

RANK (E-7, SFC)

SPONSOR'S UNIT (HHC, 34TH SUPPORT GROUP)

UNIT PHONE NUMBER (738-7225)

CITY AND STATE (APO AP 96205-0009)

DATE OF INSPECTION

INSPECTORS (WARDEN) NAME AND SIGNATURE

SPONSORS SIGNATURE

ITEM BLOCK. Enter the appropriate remarks, such as:

(1) Items on hand (Check YES)

(2) Items not on hand (Check NO)

(3) Items not applicable (Check N/A)

3. GUIDANCE.

Mandatory items are:

IDENTIFICATION DOCUMENTS. The passport is the preferred means of identification, since that document will aid in the NCEs processing through any safe haven country to the country of final destination.

DD Form 788, POV Shipping Document

DD Form 1337 or DD Form 2461, Authorization for Emergency Funds

DD Form 1864, Vehicle Key Tag

DD Form 2585, Repatriation Processing Center Processing Sheet

DA Form 3955, Change of Address

USFK Form 123-R-E, Noncombatant Volunteer Information

EA Form 741-E, Personal Property Record

4. OPTIONAL

DA Form 2402, Exchange Tag (For Luggage or Pets)

# NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD

(USFK PAM 600-300-1)

USA   
  USAF   
  USN   
  USMC   
  DODCIVILIAN   
  OTHER (                      )

SPONSOR NAME <i>(Last, First, MI)</i>	SEX	GRADE	SSN
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DEROS (DD Month YY)	DUTY TELEPHONE NUMBER	HOME TELEPHONE NUMBER
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UNIT	APO AP
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NONCOMBATANT NAMES <i>(Last, First, MI)</i>	SEX	SSN	DATE OF BIRTH <i>(DD Month YY)</i>	CITIZENSHIP <i>(See Legend)</i>	RELATIONSHIP <i>(See Legend)</i>	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 <i>(If applicable)</i>	MAKE	MODEL	YEAR	LICENSE NUMBER

PETS <i>(If applicable)</i>	TYPE OF PET	WEIGHT OF PET <i>(In pounds)</i>	LEGEND:	
			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)
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### PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. **PRINCIPAL PURPOSE:** To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. **ROUTINE USES:** Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. **MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.



**PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE**

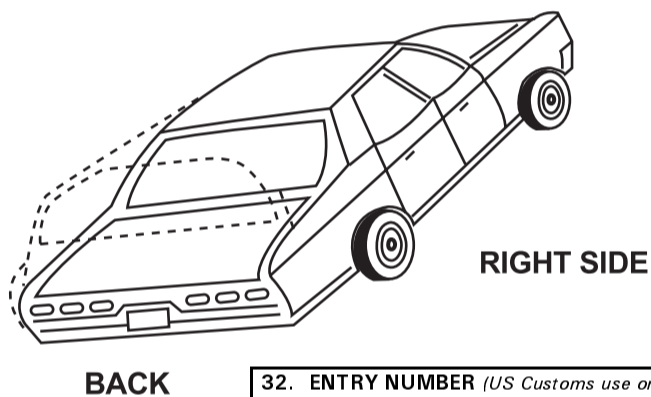
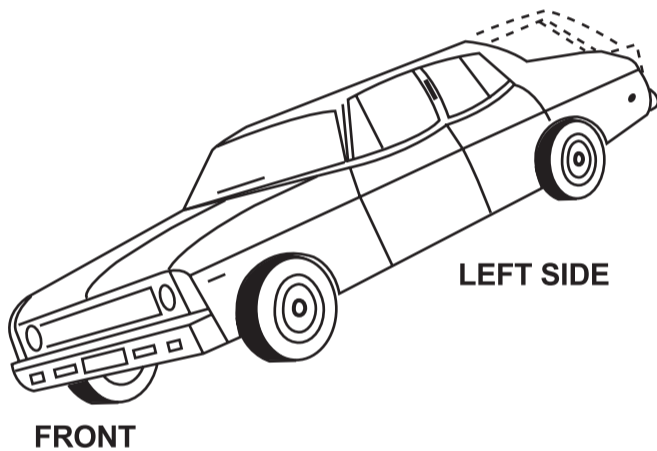
<b>TCMD DATA</b>	1. DOC ID (1-3) TP1	2. CONTAINER NO. (4-8)	3. CONSIGNOR (9-14)	4. COMM-EX (15-19)	5. POE (21-23)	6. POD (24-26)	7. PACK (28-29)
8. TRANSPORTATION CONTROL NUMBER (30-46)			9. CONSIGNEE (47-52)	10. RDD (54-56)	11. TR ACCOUNT (64-67)	12. PIECES (68-71)	13. WEIGHT (72-76)
14. CUBE (77-78)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

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

Retain this form for proof of shipment for return transport at government expense or proof of POV Import Control Program participation.

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



**32. ENTRY NUMBER (US Customs use only)**

<b>POV CONDITION CODES</b>	BE - Bent BR - Broken CH - Chipped	CR - Cracked DE - Dent GO - Gouged	LO - Loose MA - Marred MG - Missing	MI - Mildewed PF - Paint Faded RS - Rusted	RU - Rubbed SC - Scratched SO - Soiled	TO - Torn WO - Badly Worn
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33. INTERIOR CONDITION	CODE	34. ACCESSORIES	IN BOX	LOOSE	35. PROCESSING SERVICE	POE	POD
a. FRONT SEATS		a. CATALYTIC CONVERTER/PELLETS			a. ADD/DRAIN FUEL		
b. REAR SEAT		b. SIDE MIRRORS			b. CONNECT/DISCONNECT BATTERY		
c. REAR MIRROR		c. ANTENNA			c. PACK ACCESSORIES		
d. FRONT SEAT BELTS		d. FAN BELT			d. OTHER		
e. REAR SEAT BELTS		e. FENDER SKIRTS					
f. ASH TRAYS		f. FIRE EXTINGUISHER					
g. FLOOR MATS		g. FIRST AID KITS					
h. DOOR PANELS		h. CIGARETTE LIGHTER					
i. ARM RESTS		i. HAND TOOLS/FLASHLIGHT					
j. REAR SPEAKERS (Additional)		j. HUB CAPS					
k. CUSHION		k. JACK/LUG WRENCH					
l. UPHOLSTERY		l. JUMPER CABLES					
m. RADIO (AM, FM, Tape)		m. LUGGAGE RACK					
n. CB RADIO		n. BLANKET					
o. CARPET		o. WARNING TRIANGLE/TROUBLE LIGHT					
p. CLOCK		p. SPARE TIRE					

**36. DOD POV IMPORT CONTROL PROGRAM (X appropriate box for all vehicles)**

**a. THE VEHICLE DESCRIBED ABOVE:**

(1) Does not have a manufacturer's label affixed certifying its conformance with US EPA emission standards. (Bonding with US Customs required.)

(2) Does not have a manufacturer's label affixed and is pre 75 diesel powered or pre 68 gasoline powered vehicle and is not regulated under CAA.

(3) Was certified as meeting US EPA emission standards without using a catalyst or was shipped overseas prior to 1 March 1976.

(4) Requires a catalyst and/or operable oxygen sensor to meet US EPA emissions standards (Select appropriate options under Import or Export sections.)

**b. IMPORT (If POV is equipped with an oxygen sensor, option 3 may also have to be marked.)**

(1) The catalyst was removed prior to use overseas and:

(a) Has been reinstalled prior to shipment. (Proof of installation required.)

(b) Will be reinstalled in accordance with the EPA Waiver.

(2) The catalyst was not removed prior to use overseas and:

(a) A new catalyst has been installed prior to shipment. (Proof of installation required.)

(b) A new catalyst is accompanying the vehicle and will be installed in accordance with the EPA Waiver.

(3) This POV requires an oxygen sensor to meet US EPA emissions standards and:

(a) An operable sensor has been installed prior to shipment. (Proof of installation required.)

(b) An operable sensor is accompanying the vehicle and will be installed in accordance with the EPA Waiver.

(4) No replacement catalyst and/or operable oxygen sensor is accompanying this vehicle. The owner must post bond with US Customs prior to vehicle release at the US Port of Entry, except if a NEW catalyst and/or oxygen sensor is presented to Customs prior to the release of the vehicle.

**c. EXPORT (If POV is equipped with an oxygen sensor, X as applicable.)**

(1)  Catalyst  Oxygen sensor has been removed and is accompanying the vehicle.

(2)  Catalyst  Oxygen sensor will be removed at the overseas port prior to using leaded gasoline.

(3)  Catalyst  Oxygen sensor will be replaced overseas just prior to turn-in or a new catalyst/oxygen sensor will accompany the vehicle when it is returned to the US.

(4) The vehicle owner does not desire to participate in the DoD POV Import Control Program. (Bond with US Customs required upon return.)

**CONDITIONS GOVERNING SHIPMENT**

**I UNDERSTAND AND ACCEPT THE TERMS UNDER WHICH THIS VEHICLE WILL BE TRANSPORTED OVERSEAS AS SET FORTH IN EXISTING REGULATION, i.e.:**

1. That only one (1) privately-owned vehicle is being transported overseas under permanent change of station orders for the owner and/or his family as personal property, and that it is free of any legal encumbrance that would preclude its shipment and is not intended for resale. Owner must also retain a second (extra) set of keys.

2. That this vehicle contains no personal property in excess of that authorized in regulations of the Service concerned. I further understand that personal property shipped will only include those items that can fit in the container normally provided for vehicular tools and accessories.

(3) That no land transportation is authorized at Government expense except as specified in Section 12 of the Missing Persons Act, as amended, and 10 USC Section 2634(a).

(4) That failure of the owner to provide sufficient permanent type antifreeze to protect the cooling system to minus 20 degrees F (or lower if determined to be necessary by the shipping port) relieves the Government of any liability for damage due to freezing.

THIS CERTIFICATE constitutes authority for the placing in available storage chosen by the port, at the complete expense of the owner and at no cost whatsoever to the Government, the vehicle herein property of above named owner, (1) by the port of embarkation in the event that shipment of privately-owned vehicles therefrom is suspended or terminated because of a national emergency, and (2) by the port of debarkation in the event that the automobile is not picked up by the owner or his agent within forty-five (45) days after dispatch of the notification of its arrival.

I further understand that should the vehicle be placed in such storage, the Government, thenceforth, would not be responsible for its release or return to the owner or agent.

**37. DELIVERY RECEIPT**

**a. EXCEPTIONS**

(1) BY OWNER

(2) VERIFICATION OR DISAGREEMENT WITH REASONS

b. TERMINAL SERVICE - PICKUP *(X as applicable. If unsatisfactory, specify.)*

SATISFACTORY

UNSATISFACTORY

**38. MISCELLANEOUS INFORMATION**

**39. I HEREBY ACKNOWLEDGE RECEIPT OF MY VEHICLE IN THE CONDITION IN WHICH I TURNED IT IN TO THE U.S. GOVERNMENT REPRESENTATIVE FOR TRANSSHIPMENT, EXCEPT AS NOTED ABOVE.**

a. SIGNATURE OF OWNER OR AGENT

b. DATE (YYYYMMDD)

40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIVE

41. NAME OF PORT



## AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

MEMBER (Last Name, First Name, Middle Initial)	GRADE, RATE OR RANK	FILE OR SERVICE NUMBER	SOCIAL SECURITY ACCOUNT NUMBER
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MEMBER'S STATION OR ORGANIZATION

PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name)	RELATIONSHIP
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### DEPENDENTS OTHER THAN PRIMARY

NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH	NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH
1.		5.	
2.		6.	
3.		7.	
4.		8.	

ADVANCE OF PAY - MAXIMUM AMOUNT \$ \_\_\_\_\_ (NOT TO EXCEED 2 MONTHS BASIC PAY)  
 I HEREBY AUTHORIZE AN ADVANCE OF BASIC PAY, AS INDICATED ABOVE, TO BE PAID TO MY ABOVE NAMED DEPENDENT OR REPRESENTATIVE, IN THE EVENT OF AN EMERGENCY DECLARED BY PROPER AUTHORITY, I UNDERSTAND THAT ANY AMOUNT OF MY BASIC PAY PAID TO MY DEPENDENT OR REPRESENTATIVE WILL BE DEDUCTED FROM PAY AND ALLOWANCES DUE ME.

EVACUATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)

EVACUATION DISLOCATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)  
 I HEREBY DESIGNATE THE ABOVE NAMED INDIVIDUAL TO RECEIVE THE PAYMENT CHECKED IN THE EVENT OF AN EVACUATION ORDERED OR APPROVED BY COMPETENT AUTHORITY.

DATE	SIGNATURE OF MEMBER
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SIGNATURE OF PRIMARY DEPENDENT (or designated representative for minor dependent)

DATE	NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIALS
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### RECORD OF PAYMENTS

DATE	DISBURSING OFFICER	SYMBOL NUMBER	PAYROLL NO. OR VOUCHER NO.	TYPE OF PAYMENT (Advance of Pay - Dislocation Allowance Evacuation Allowance)	AMOUNT PAID

INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF  
DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.

2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.

3. Payment of the amount of base pay (*if any*) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (*normally not more than two*) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space

provided for the amount - "\$\_\_\_\_\_".

4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.

5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.

6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

*THIS IS AN IMPORTANT DOCUMENT  
KEEP IT WITH YOUR PASSPORT*

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

(5 U.S.C. 552a)

<b>TITLE OF FORM</b> Authorization/Designation for Emergency Pay and Allowances	<b>PRESCRIBING DIRECTIVE</b>
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**1. AUTHORITY**

Title 37 U.S.C. Section 1006(c)

**2. PRINCIPAL PURPOSE(S)**

To provide a record for each service member whose dependents are located in an oversea area, of the service member's authorization, or lack of authorization, to pay his dependent or designated representative for minor dependents in the event of an emergency evacuation.

**3. ROUTINE USES**

Provides authority for providing funds to dependents of military personnel when it is necessary to evacuate them from overseas areas with little advance notice and under circumstances where the sponsoring member is not available to provide adequate funds to cover the costs of travel, subsistence, and other essential expenses.

Provides authority to make the payment as an advance of member's pay.

Provides information to dependent as to arrangements made.

Provides a record of payments as they are made.

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION**

Voluntary. However, if form for payment is not recorded, payments to dependents would be denied or delayed, possibly causing a hardship on the dependents. Effect could be general disorder during an emergency period.



**REPATRIATION PROCESSING CENTER  
PROCESSING SHEET**

**REPORT CONTROL SYMBOL**  
DD-P&R(AR)1885

*Form Approved*  
*OMB No. 0704-0334*  
*Expires Sep 30, 2004*

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0334), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** EO 12656, EO 9397.

**PRINCIPAL PURPOSE(S):** To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.

**ROUTINE USE(S):** To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the Immigration and Naturalization Service for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services, to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual.

**DISCLOSURE:** Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2585,  
REPATRIATION PROCESSING CENTER PROCESSING SHEET**

*(Read before completing this form.)*

**GENERAL INSTRUCTIONS**

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, the Department of Defense Directive 3025.14, and Executive Order 9397. Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

- (1) Official travel orders for Safehaven Status (DD Form 1610).
- (2) Permanent Change of Station (PCS) Orders.
- (3) Passport, Visa and International Immigration (shot) record.
- (4) Military/DoD Civilian/Dependent Identification Card.
- (5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

(1) Passport and Visa (as applicable).

(2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

**6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.**

**7. FOR PROCESSING CENTER USE ONLY.** Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person".

## SPECIFIC INSTRUCTIONS

### **SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN** (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person".

### **SECTION II - PROCESSING CENTER**

**Item 1. Airline and Flight Number.** Enter the airline and flight number arrived on.

**Item 2. Date of Arrival.** Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1998, MM = 08 (August), DD = 20 (20th).

**Item 3. Repatriation Center.** Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

**Item 4. Processing Date.** Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

**Item 5. Processing Time.** Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m. = 0200, 3:00 p.m. = 1500.

### **SECTION III - EVACUEE IDENTIFYING INFORMATION**

**Item 6. Name.** Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

**Item 7. Country Evacuated From.** Enter the original country from which you departed enroute to the United States.

**Item 8. Date of Birth.** Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1963, MM = 08 (August), DD = 20 (20th).

**Item 9. Place of Birth.** Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

**Item 10. Country of Citizenship.** Enter the country of citizenship. Example: USA, Canada, England, France, Germany, etc.

**Item 11. Gender.** Place an "X" in the appropriate block to indicate whether male or female.

**Item 12. Social Security Number (SSN).** Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

**Item 13. Marital Status.** Place an "X" in the block that indicates marital status, if applicable.

**Item 14. Passport Number and Country of Issue.** Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport.

**Item 15. Alien Number and Country of Issue.** Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

**Item 16. Classification Number(s) and Agency Code(s).** Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

NOTE: Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

**Item 17. Number of Family Members With You.** Enter the appropriate number of family members in the family group.

NOTE: If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

**Item 18. Number of Animals With You.** Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

**FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).**

### **Item 19. Emergency Contact in U.S.**

a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.

b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.

c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.

**Item 20. Final Destination.** If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

NOTE: If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

## **SPECIFIC INSTRUCTIONS** *(Continued)*

**Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent.** This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

**Item 22. Escort for Unaccompanied Minor Child(ren).**

If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted, if known. Include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted, if known. Include the area code.

**Item 23.a. through d. Accompanying Evacuees** (Page 7).

The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family. Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

### **SECTION III** *(Continued)* - **SERVICES** (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

**Item 24. If No Services are Needed.** Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

**Item 25. Services Needed.** If assistance is required, place an "X" in the block next to each service required.

**Item 26. Additional Remarks.** This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

**NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.**

## SPECIFIC INSTRUCTIONS (Continued)

### **SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

**Item 27. If No Services Are Required/Were Provided.** If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person".

#### **Item 28. Services Provided by DHHS.**

a. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X \$150.00 = \$600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

b. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X \$50.00 per day per diem = \$400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

c. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

**Item 29. Total DHHS Costs.** Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

**Item 30. Has Emergency Medical Assistance Been Provided Off-Site.** Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

**Item 31. Additional Remarks.** Enter any additional information regarding services provided, if necessary.

### **SECTION V - CLOSING QUESTIONS (DHHS)**

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

**Items 32 through 35. Questions.** A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

**Item 36. Name of Interviewer.** The processing official/interviewer will sign in this space and print his or her name below.

**Item 37. Telephone Number.** The processing official/interviewer will enter the telephone number where he or she can be reached should the need arise.

### **SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL**

This section should be completed by Military Support Processing Team.

**Item 38. If No Services Were Provided.** If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

**Item 39. Services Provided.** If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

**Item 40. Costs.** For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

**Item 41. Total Costs.** Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

### **SECTION VII - PROCESSING INFORMATION**

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

**Item 42. Exit From Processing Center Date.** Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

**Item 43. Exit From Processing Center Time.** Enter the time, using military (24 hour) clock.

**Item 44. Destination.** Enter the destination by city, state, and/or country that the evacuees are going to.

**Item 45. Transportation Carrier(s).** Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

**Item 46. ETA and Date of Arrival at Destination.** Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

**Item 47. Additional Remarks.** Enter any additional information regarding exit processing, if necessary.



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

**ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)?** *(X one)*

**YES**

**NO**

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

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

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

**1. AIRLINE AND FLIGHT NUMBER**

**2. DATE OF ARRIVAL** *(YYYYMMDD)*

**3. REPATRIATION CENTER**

**4. PROCESSING DATE** *(YYYYMMDD)*

**5. PROCESSING TIME** *(Military)*

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

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

**7. COUNTRY EVACUATED FROM**

**8. DATE OF BIRTH** *(YYYYMMDD)*

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

**10. COUNTRY OF CITIZENSHIP**

**11. GENDER** *(X one)*

**12. SOCIAL SECURITY NUMBER**

**MALE**

**FEMALE**

**13. MARITAL STATUS** *(X one)*

**SINGLE**

**MARRIED**

**WIDOWED**

**SEPARATED**

**DIVORCED**

**14.a. PASSPORT NUMBER**

**b. COUNTRY OF ISSUE**

**15.a. ALIEN NUMBER**

**b. COUNTRY OF ISSUE**

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

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

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

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

**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 NUMBER (Include Area Code)	d. WORK TELEPHONE NUMBER (Include Area Code)		

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

a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NUMBER (Include Area Code)	d. WORK TELEPHONE NUMBER (Include Area Code)		

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

a. BRANCH OF SERVICE/DOD AGENCY (X one)											
<input type="checkbox"/>	ARMY	<input type="checkbox"/>	NAVY	<input type="checkbox"/>	AIR FORCE	<input type="checkbox"/>	MARINE CORPS	<input type="checkbox"/>	COAST GUARD	<input type="checkbox"/>	DOD AGENCY
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)						c. SSN		d. RANK/GRADE			
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)											

**22. 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 NUMBER (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NUMBER (Escort) (Include Area Code)		

**SECTION III - EVACUEE IDENTIFYING INFORMATION** *(Continued)*

**23. ACCOMPANYING EVACUEES**

*(Fill out for each accompanying person.)*

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
c.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
d.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

**NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.**

**SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)**

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

25. SERVICES NEEDED (*X all that apply*)

	CLOTHING		
	HOUSING		PERMANENT
			TEMPORARY
	MEDICAL		
	DOD INFORMATION		
	DOD LEGAL SERVICES		
	CHILD CARE		
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE		
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS		
	TRANSPORTATION TO ONWARD DESTINATION		
	FINANCIAL ASSISTANCE		
	MENTAL HEALTH		
	GENERAL INFORMATION		
	CHAPLAIN ASSISTANCE		
	FUNERAL ASSISTANCE		
	DOD RELOCATION INFORMATION		
	TRANSLATOR ( <i>Indicate language</i> )		
	OTHER ( <i>Specify</i> )		

26. ADDITIONAL REMARKS

**STOP HERE.**

**SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER  
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK  **—————>**

**28. SERVICES PROVIDED BY DHHS**

(1) SERVICES	(2) COSTS		(3) TOTAL
a. ONWARD TRANSPORTATION	PERSONS	DOLLARS	
	X	=	
b. TEMPORARY LODGING AND PER DIEM	PERSONS	DOLLARS	
	X	=	
c. MISCELLANEOUS <i>(Specify)</i>	PERSONS	DOLLARS	
	X	X	=
_____			=
_____			=
_____			=
_____			=

**29. TOTAL COSTS** =

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* **—————>**

YES	NO
-----	----

31. ADDITIONAL REMARKS

**SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER  
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

	<i>(X one)</i>	
	YES	NO
32. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?		
33. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?		
34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? <i>(Agreement must be attached to file.)</i>		
35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

36. NAME OF INTERVIEWER <i>(Last, First, Middle Initial)</i>	37. TELEPHONE NUMBER <i>(Include Area Code)</i>
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NONCOMBATANT ASSEMBLY POINT/RELOCATION CENTER TRACKING CARD (USFK PAM 600-300-1)				
NONCOMBATANT DATA				
1. NONCOMBATANT'S NAME	2. CITIZENSHIP	3. DOB	4. SEX	5. RELATIONSHIP
6. MEDICAL EVACUATION DATA				
SPONSOR DATA				
7. SPONSOR'S NAME ( <i>Last, First MI</i> )	8. SPONSOR'S SSN	9. ORGANIZATION ( <i>Sponsor</i> )		
ASSEMBLY POINT/RELOCATION CENTER DATA				
10. DATE-TIME-GROUP OF ARRIVAL AT ASSEMBLY POINT	11. DATE-TIME-GROUP OF DEPARTURE FROM ASSEMBLY POINT	12. DATE-TIME-GROUP OF ARRIVAL AT RELOCATION POINT		

USFK FORM 2402, 1 NOV 95

NONCOMBATANT ASSEMBLY POINT/RELOCATION CENTER TRACKING CARD (USFK PAM 600-300-1)				
NONCOMBATANT DATA				
1. NONCOMBATANT'S NAME	2. CITIZENSHIP	3. DOB	4. SEX	5. RELATIONSHIP
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7. SPONSOR'S NAME ( <i>Last, First MI</i> )	8. SPONSOR'S SSN	9. ORGANIZATION ( <i>Sponsor</i> )		
ASSEMBLY POINT/RELOCATION CENTER DATA				
10. DATE-TIME-GROUP OF ARRIVAL AT ASSEMBLY POINT	11. DATE-TIME-GROUP OF DEPARTURE FROM ASSEMBLY POINT	12. DATE-TIME-GROUP OF ARRIVAL AT RELOCATION POINT		

USFK FORM 2402, 1 NOV 95





## BASE/UNIT LOCATOR AND PSC DIRECTORY

### PRIVACY ACT STATEMENT

**NOTE 1:** Information protected under the Privacy Act Requires consent for release. (See AFI37-132 for authorized disclosures without consent.)

**AUTHORITY:** 39 U.S.C. 406 and 10 U.S.C. 8013.

**PRINCIPAL PURPOSE(S):** Answers official and unofficial requests to locate personnel and readdress incorrectly addressed personal mail.

**ROUTINE USE(S):** This information may be disclosed: to a federal, state, local or foreign agency to investigate or prosecute an actual or potential violation of law (civil, criminal, or regulatory); to a federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information to get information relevant to an Air Force decision on hiring or retaining an employee, issuing a security clearance, letting a contract, issuing a license, grant or other benefit; to a federal agency, in response to its request, on the hiring or retention of an employee, issuance of a security clearance, reporting an investigation of an employee, letting of a contract, or issuance of a license, grant, or other benefit by the requesting agency, if the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of that individual; to OMB for review of private relief legislation per OMB Circ. A-19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements imposed by, or to claim rights in, international agreements and arrangements, including those regulating the stationing and status in foreign countries of DoD military and civilian personnel; to state and local taxing authorities for information normally in IRS Form W-2 and only to those authorities for which an employee or military member is or was subject to tax; to OPM to perform its legal functions; to DoJ to represent DoD or a member of DoD in pending or potential litigation; information on current military addresses and assignments to overseas military banking facilities that are reimbursed by the Government for checking and loan losses; for separated, discharged, or retired personnel the last known residential or home of record address to a military banking facility on certification by a bank officer that they have a returned or dishonored check from the person or if the subject has defaulted on a loan and the US Government is liable for losses; to GSA and NARA for records management inspections; to MSPB for appeals, litigation, and special studies; for counterintelligence activities for enforcing laws that protect the national security of the United States.

**DISCLOSURE:** Disclosure of this information is voluntary. However, refusal to provide the information could result in the individual not being contacted for official/personal/emergency matters and nondelivery of personal mail.

NAME (Last, First, Middle Initial)	GRADE	BOX NO.	DM
LOCAL ADDRESS		HOME PHONE	
ORGANIZATION	OFFICE SYMBOL	DUTY PHONE	
FORWARDING ADDRESS/ASSIGN AUTH.			
ESTIMATED ARRIVAL DATE	RNLTD	DEPARTURE DATE	

I (  ) DO (  ) DO NOT give consent to release my home address, home telephone number and other personal data contained in my Locator File to any person. (AFI37-129 and AFI37-132).

SIGNATURE	DATE
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### ADDITIONAL DATA (See AFI37-129)


### RECORD OF DISCLOSURES OF INFORMATION

DATE	REQUESTER AND ADDRESS	NATURE AND PURPOSE OF DISCLOSURE



# NONCOMBATANT EVACUATION OPERATIONS VOLUNTEER INFORMATION

(USFK PAM 600-300-1)

## INSTRUCTIONS

Please print information as required. Listed below are selected specialties which are expected to be needed during an emergency. Check the appropriate block(s) if you are qualified in one or more of the specialties. Request that each adult noncombatant in your family provide this information (i.e. if there is 1 adult noncombatant in your family, you need only to provide data for 1 noncombatant; if there are 2 adult noncombatants in your family, provide data for both noncombatants). Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.

ADULT NONCOMBATANT #1	NONCOMBATANT'S NAME ( <i>Last, First, MI</i> )	
MEDICAL SKILLS	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse ( <i>specify type: _____</i> ) )
	<input type="checkbox"/> Other medical ( <i>specify type: _____</i> ) )	
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean	<input type="checkbox"/> Translate from English to Japanese
	<input type="checkbox"/> Other Translation ( <i>specify languages: _____</i> ) )	
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist ( <i>30 words plus per minute</i> )	<input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Auto Mechanic
	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Cook
	<input type="checkbox"/> Child Care	<input type="checkbox"/> General Supervisory Skills
	<input type="checkbox"/> Minister/Clergy ( <i>specify religion: _____</i> ) )	
NONCOMBATANT'S SIGNATURE		DATE ( <i>DD Month YY</i> )

ADULT NONCOMBATANT #2	NONCOMBATANT'S NAME ( <i>Last, First, MI</i> )	
MEDICAL SKILLS	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse ( <i>specify type: _____</i> ) )
	<input type="checkbox"/> Other medical ( <i>specify type: _____</i> ) )	
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean	<input type="checkbox"/> Translate from English to Japanese
	<input type="checkbox"/> Other Translation ( <i>specify languages: _____</i> ) )	
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist ( <i>30 words plus per minute</i> )	<input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Auto Mechanic
	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Cook
	<input type="checkbox"/> Child Care	<input type="checkbox"/> General Supervisory Skills
	<input type="checkbox"/> Minister/Clergy ( <i>specify religion: _____</i> ) )	
NONCOMBATANT'S SIGNATURE		DATE ( <i>DD Month YY</i> )

## PRIVACY ACT STATEMENT

1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.







<b>VETERINARY HEALTH CERTIFICATE</b> <i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)</i>							
TYPE OR PRINT NAME OF OWNER <i>(Last, First, MI)</i>							
COMPLETE ADDRESS <i>(Include Zip Code)</i>				SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <input type="checkbox"/> 3 MO. TO 12 MO. <input type="checkbox"/> 12 MO. OR OLDER	SIZE <input type="checkbox"/> UNDER 20 LBS. <input type="checkbox"/> 20 - 50 LBS. <input type="checkbox"/> OVER 50 LBS.	PREDOMINANT BREED  TAG NUMBER	COLOR(S)			
NAME OF ANIMAL							
PRODUCER <i>(First 3 letters)</i> <table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				RABIES IMMUNIZATION DATA <input type="checkbox"/> 1 YR. LIC./VACC. <input type="checkbox"/> 3 YR. LIC./VACC. <input type="checkbox"/> OTHER	MODIFIED <input type="checkbox"/> CEO <input type="checkbox"/> TCO <input type="checkbox"/> CLO	KILLED <input type="checkbox"/> MURINE <input type="checkbox"/> CAPRINE	
This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.							
NAME, GRADE AND ORGANIZATION OF VETERINARIAN		SIGNATURE		DATE			

DD Form 2209, AUG 79

REPLACES DD FORM 2071, APR 77, WHICH IS OBSOLETE.

Adobe Professional 7.0

<b>VETERINARY HEALTH CERTIFICATE</b> <i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)</i>							
TYPE OR PRINT NAME OF OWNER <i>(Last, First, MI)</i>							
COMPLETE ADDRESS <i>(Include Zip Code)</i>				SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <input type="checkbox"/> 3 MO. TO 12 MO. <input type="checkbox"/> 12 MO. OR OLDER	SIZE <input type="checkbox"/> UNDER 20 LBS. <input type="checkbox"/> 20 - 50 LBS. <input type="checkbox"/> OVER 50 LBS.	PREDOMINANT BREED  TAG NUMBER	COLOR(S)			
NAME OF ANIMAL							
PRODUCER <i>(First 3 letters)</i> <table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				RABIES IMMUNIZATION DATA <input type="checkbox"/> 1 YR. LIC./VACC. <input type="checkbox"/> 3 YR. LIC./VACC. <input type="checkbox"/> OTHER	MODIFIED <input type="checkbox"/> CEO <input type="checkbox"/> TCO <input type="checkbox"/> CLO	KILLED <input type="checkbox"/> MURINE <input type="checkbox"/> CAPRINE	
This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.							
NAME, GRADE AND ORGANIZATION OF VETERINARIAN		SIGNATURE		DATE			

DD Form 2209, AUG 79

REPLACES DD FORM 2071, APR 77, WHICH IS OBSOLETE.

Adobe Professional 7.0

*AUTHORITY: 10 U.S.C. Sections 133 and 8012.*

*PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit interstate or international movement.*

*ROUTINE USE(S): Used as health certificate to permit interstate or international movement of animal.*

*DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, interstate or international movement may not be allowed.*

**DD Form 2209 Reverse, AUG 79**

*AUTHORITY: 10 U.S.C. Sections 133 and 8012.*

*PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit interstate or international movement.*

*ROUTINE USE(S): Used as health certificate to permit interstate or international movement of animal.*

*DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, interstate or international movement may not be allowed.*

**DD Form 2209 Reverse, AUG 79**



**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