



TRANSFERS

Activity Loss

Objective



Identify the required Key Supporting Documents and steps to complete the PCS transfer process.

Introduction



In this lesson we will cover:

- PCS Transfer Checklist
- Orders & Modifications
- Application for Advances
- Travel/Proceed Time
- Passenger Reservation Request & DD Form 884
- Overseas Transfers & “No-Fee” Passport
- Dependent Entry Approval / RED-DA / SOES
- Administrative Remarks / Unsuitable for Operational Duty
- NSIPS Loss Document

NPPSC 1300/3-PCS Transfer Checklist



The PCS Transfer Checklist serves as a guide.

Required items from the CPPA and other supporting documents

Transfer packages include:

- PCS Transfer Checklist
- Orders and modifications
- NAVPERS 1070/602 (RED/DA)
- SGLI via SOES
- Screenings and Administrative Remarks (NAVPERS 1070/613)
- Passenger Reservation Request (PRR)

DoD ID # _____

NPPSC PCS TRANSFER CHECKLIST
NPPSC 1300/3 (Rev. 01-2020)

PREVIOUS EDITIONS OBSOLETE
Supporting Directive NPPSCINST 5213.1B

References: Joint Travel Regulations (JTR), DoD Financial Management Regulation (DoD FMR) (Volumes 7A/8/9), and MLPERSMAN 1300 Series

1. Approved Transfer Date _____ 2. Name (Last, First, MI) _____ 3. Telephone Number _____

4. Ultimate Duty Station _____ 5. Transfer Clerk _____ 6. TOPS Number _____

I. ACTIONS

Required Items from CPPA

☐ Approved NPPSC 1300/1 Application for Transfer and Advances
Ensure order compliance items are completed

☐ Ensure Service member updates NAVPERS 1070/602 Dependency Application (Page 2) and DD 93 Record of Emergency Data via NSIPS REDDA

☐ Ensure Service member updates Servicemembers' Group Life Insurance (SGLI) beneficiaries via SGLI Online Enrollment System (SOES)

Submit Items (Only if Applicable)

☐ Approved DD 2560 Advance Pay Certification/Authorization

☐ NAVPERS 1070/613 Administrative Remarks (Page 13) for Suitability for Operational Duty

☐ Extension or Reassignment for OBLISERV

☐ Service member completed NPPSC 4650/1 Passenger Reservation Request

☐ Dependents completed NPPSC 4650/1 Passenger Reservation Request

☐ DD 884 Application For Transportation of Dependents

☐ Prepare permanent/applicable NAVPERS 1070/613 Administrative Remarks (Page 13a) and submit for verification (CONSUSPAY)

Additional Requirements for Overseas

☐ DD 1056 Authorization to APPLY for "No-Fee" Passport and/or Request for Visa (for U.S. citizen Service member and dependents only)

☐ Family Entry Approval (FEA) message

☐ Completed NAVPERS 1300/16 Report of Suitability for Overseas Assignment

☐ Overseas Housing Allowance (OHA) termination memo

PSD or TSC Clerk Actions

☐ Verify accuracy and completeness of all documents

☐ Update Service member's NAVPERS (Page 2) via NSIPS REDDA

☐ Submit NSIPS Activity Log

Process Items (Only if Applicable)

☐ Prepare OBLISERV Extension and TO

☐ Submit MPPA, JPBB for Advance Pay

☐ Prepare DD 1056 Authorization to APPLY for Visa

☐ Prepare NATO Orders

☐ Send Prepared DD 1056 Authorization to APPLY for "No-Fee" Passport and/or Request for Visa to CPPA or Service member and verify receipt

☐ Send all applicable documents to NAVPERS

☐ NPPSC 4650/1

☐ Orders

☐ OBLISERV

☐ No-Fee Passport

☐ DD 884

☐ NATO Orders

☐ FEA Approval Message

☐ VISAs

☐ Update Service member's ESR

☐ Submit all documents to be signed/verified/released to supervisor

☐ E-SUB following documents to CMPP when signatures are obtained:

☐ Permanent NAVPERS 1070/613 Administrative Remarks (Page 13)

PSD or TSC Supervisor Actions

☐ Sign and verify release of all documents

☐ Verify ESR entries

☐ Verify documents posted to MPPA/NSIPS/CMPP

☐ Verify documents posted properly. Close TOPS

II. RETAINS

NPPSC 1300/3 NPPSC PCS Transfer Checklist (this checklist) _____ All NAVPERS documents _____

PCS Orders and NPPSC 1300/1 Application for Transfer and Advances _____ OBLISERV _____

All NPPSC 4650/1 Passenger Reservation Requests _____ NAVPERS 1300/16 Report of Suitability for Overseas Assignment _____

III. SIGNATURES

Clerk Name (Last, First, MI) _____ Supv Name (Last, First, MI) _____

Clerk Signature _____ Supv Signature _____

Reset Form Print Form

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

Page 1 of 1

The logo is a circular emblem with a rope-like border. The outer ring contains the text "MYNAVY CAREER CENTER" in gold at the top and "24/7 HR SERVICE CENTER" in blue at the bottom, separated by two gold stars. The center features a compass rose with eight points, set against a background of a world map and concentric circles.

DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
MILLINGTON, TN 38055

ORIGINAL
.
1326
PERS-405CE
18 NOV 2021
PERS-N405CE

SUBJ: BUPERS ORDER: 3221/XXX-XX. PS2 GENDER: FEMALE PERS-N405CE
OFFICIAL CHANGE DUTY ORDERS FOR
USN 805A/A16A

XXX
IN CARRYING OUT/PROCESSING THESE ORDERS, BOTH PARTS ONE AND TWO
MUST BE READ AND LISTED INSTRUCTIONS COMPLIED WITH.

FOR OFFICIAL USE ONLY

----- DETACHING ACTIVITY (M) -----
- REQUIRED OBLIGATED SERVICE TO: DEC 25 .
WHEN DIRECTED DETACH IN APR 22 EDD: APR 22
FROM COMNAVPERSCOM MILLINGTON TN UIC: 62980
PERMANENT DUTY STATION MILLINGTON, TN
FROM DUTY ACC: 100

- PERSONNEL ACCOUNTING SUPPORT: TRANSACTION SERVICE CTR MPHS
UIC: 43322
- FOR AN ENHANCED PCS MOVE EXPERIENCE PLEASE BE SURE TO UTILIZE MYPCS
MOBILE AVAILABLE AT [HTTPS://NP2/NMCI.NAVY/MIL](https://NP2/NMCI.NAVY/MIL) TO CREATE A UNIQUE PCS
CHECKLIST TAILORED FOR THE NEEDS OF YOUR UPCOMING MOVE, VIEW LEAN
ORDERS AND INITIATE YOUR TRAVEL VOUCHER AND SUBMIT TO YOUR CPFA.

----- INTERMEDIATE (01) ACTIVITY (M) -----
REPORT NLT 01 MAY 22 BUT NET 30 APR 22 EDA: 30 APR 22
TO STU NSSATC LRN STE SAN DIEGO UIC: 44957
LOCATION: SAN DIEGO, CA
FOR TEMPORARY DUTY - UNDER INSTRUCTION ACC: 341
FOR APPROXIMATELY 038 DAY(S)
- PERSONNEL ACCOUNTING SUPPORT: PERSUPPDET SAN DIEGO
UIC: 68556

TO INCLUDE 033 DAY(S) AT PS ADV DIS OPS
CLASS: 20401 CONV: 02 MAY 22 GRAD: 06 JUN 22 ENEC: A01A CDP: 23E0
UPON COMPLETION OF TEMPORARY DUTY - UNDER INSTRUCTION

AND WHEN DIRECTED, DETACH. EDD: 06 JUN 22

----- ULTIMATE ACTIVITY (M) -----
 REPORT NOT LATER THAN 15 JUN 22 ED: 15 JUN 22
 TO VP 46 UIC: 09632
 HOMEPORT WHIDBEY ISLAND, WA
 FOR DUTY ACC: 100
 ASSIGNED RATE: PS2 DNEC1: A01A DNEC2: A16A PRD: 2512
 - PERSONNEL ACCOUNTING SUPPORT: TRANSACTION SERVICE CTR MPHS
 UIC: 43322

ORIGINAL
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1326
PERS-405CE
21 DEC 2021

SUBJ: BUPERS ORDER: 3221/XXX-XX. /PS2 GENDER: FEMALE PERS-N405CE
OFFICIAL MODIFICATION TO CHANGE DUTY ORDERS FOR
USN 805A/A16A

----- DETACHING ACTIVITY (M) -----
- REQUIRED OBLIGATED SERVICE TO: DEC 25 .
 WHEN DIRECTED DETACH IN APR 22 EDD: APR 22
 FROM COMNAVPERSCOM MILLINGTON TN UIC: 62980
 PERMANENT DUTY STATION MILLINGTON, TN
 FROM DUTY ACC: 100
 - PERSONNEL ACCOUNTING SUPPORT: TRANSACTION SERVICE CTR MPHS
 UIC: 43322
 - FOR AN ENHANCED PCS MOVE EXPERIENCE PLEASE BE SURE TO UTILIZE MYPCS
 MOBILE AVAILABLE AT [HTTPS://NP2/NMCI.NAVY/MIL](https://np2/nmci.navy/mil) TO CREATE A UNIQUE PCS
 CHECKLIST TAILORED FOR THE NEEDS OF YOUR UPCOMING MOVE, VIEW LEAN
 ORDERS AND INITIATE YOUR TRAVEL VOUCHER AND SUBMIT TO YOUR CPPA.

NPPSC 1300/1 Application for Transfer and Advances



Completed by CPPA IAW
PCS Orders

APPLICATION FOR TRANSFER AND ADVANCES
NPPSC 1300/1 (Rev. 04-2020)

Supporting Directive NPPSCINST 5213.1B

PRIVACY ACT STATEMENT
PRIVACY: 10 U.S.C. 8013, Secretary of the Navy; E.O. 9397 (SSN), as amended.
USES: To help the command pay and personnel administrator (CPPA) and supporting personnel support detachment (PSD)/transfer office and explain permanent change of station (PCS) entitlements by advising Service members of available travel options and also to ensure compliance with the directives contained in PCS orders.
DISCLOSURES: Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. This routine use applies to Department of Defense (DOD) and Department of the Navy (DON) personnel who facilitate PCS transfers and advances for Service members.
SECURITY: Mandatory. Failure to provide required information may inhibit timely PCS transfer of Service members.

General Information (to be completed by CPPA)

1. Rate/Rank: 2. Name (Last, First, MI): 3. SSN (Full): 4. Date:
5. 1st Intermediate Activity (TAD/TDY) UIC: 6. Rpt NET Date: 7. Rpt NLT Date: 8. Ultimate Duty Station UIC: 9. Rpt NLT Date:
10. Authorized Leave Days: 11. Authorized Proceed Time: 12. Authorized Privately Owned Vehicle (POV):
Travel Days: AIR:

Service Member PCS Information (to be completed by Service member)

13. Requested Transfer Date: 14. Expedited Date of Travel:
15. Personal Phone Number: 16. Personal E-mail Address:
17. Physical Mailing Address:
(P.O. Box Not Authorized)

Dependent Information (Additional dependent information may be provided on page 3.)

18. Dependency Status (select one):
☐ Single, No Dependents ☐ Single, With Dependents ☐ Married with Dependents ☐ Married, Military to Military

a. Dependents Location (City & State): b. Dependents Relocation (City & State):
c. Dependent Name (Last, First, MI) Relationship Date of Marriage/Birth Date of Travel

Travel Plans (to be completed by Service member)

19. I intend to travel by (select all that apply):
☐ Privately Owned Automobile/Motorcycle
☐ Government Provided Air Travel
☐ Commercial Air Travel (Reimbursement not to exceed Government rate)
☐ Other (Please specify):

20. My dependent(s) intend to travel by (select all that apply):
☐ Privately Owned Automobile/Motorcycle
☐ Government Provided Air Travel
☐ Commercial Air Travel (Reimbursement not to exceed Government rate)
☐ Other (Please specify):

If Government Provided Air Travel is elected or directed the Service member must complete [NPPSC 4550/1 Passenger Reservation Request \(PRS\)](#) and [DD 884 Application for Transportation for Dependents](#) for applicable dependents.
Service members and dependents stationed OCONUS perform transoceanic travel in execution of PCS orders and Government Air/ Government Procured Air is directed. Self-procurement Service members must state authorized vice directed for reimbursement purposes.

21. POV Information (select one):
☐ No POV I do not intend to drive a POV to my next duty station.
☐ 1 POV Service member is authorized mileage rates for utilizing his or her own POV.
☐ 2 POV Service member authorized travel for his or her dependent(s) can be reimbursed for the use of two POVs.
☐ 3 or more POVs More than two POVs used for permanent duty travel, within the same household, may be authorized or approved by submitting a request to OPNAV (N130) via e-mail at NAAG_N130C@navy.mil. Reference [JTR 050203](#).
POV Shipment: Shipment of one POV is authorized in conjunction with the PCS and Service member will only be provided transportation to pick up one POV shipped at Government expense.

22. Sponsorship
☐ I have contacted my sponsor about my PCS move and to assist me with making a final decision on my request for advances.

23. Registration Fees
☐ My orders require a registration fee for a conference, class, etc.

APPLICATION FOR TRANSFER AND ADVANCES
NPPSC 1300/1 (Rev. 04-2020)

Supporting Directive NPPSCINST 5213.1B

Travel Advance Requests (to be completed by Service member)

24. Government Travel Charge Card (GTCC) (select one):
☐ I INTEND TO USE MY GTCC. ☐ I WILL NOT USE MY GTCC.

25. Advance PCS Travel (select all that apply):
** Ensure you complete [PCS Entitlement Calculator](#) with your CPPA. **
*** Must be submitted to the Travel Claim Processing Center No Earlier Than 60 days but No Later Than 30 days from Departure Date. ***
☐ Mileage for Service member ☐ Mileage for Dependent(s)
☐ Flat Per Diem for Service member ☐ Flat Per Diem for Dependent(s)
☐ I DO NOT WANT ANY ADVANCES FOR SERVICE MEMBER OR DEPENDENT PCS TRAVEL.

26. Advance Dislocation Allowance (DLA) (select one):
☐ Single Dislocation Allowance (DLA) (E-5 and below Service members see item 26 of provided instructions.) ☐ Dependent Dislocation Allowance (DLA)
☐ I DO NOT WANT ADVANCE SINGLE OR DEPENDENT DLA.

27. Advance TAD/TDY Travel (select all that apply):
** Must be submitted to the Travel Claim Processing Center No Earlier Than 60 days but No Later Than 30 days from Departure Date. **
☐ TAD/TDY Per Diem; reservation confirmation/Certificate of Non-availability (CNA) is required for all lodging.
TAD/TDY Start Date: TAD/TDY End Date:
☐ Auto rental; reservation confirmation is required via SATO.
☐ Registration fee (orders that require registration to a conference or class) Amount of Registration Fee:
☐ I DO NOT WANT ANY ADVANCES FOR TAD/TDY TRAVEL.

28. Advance for Household Goods (HHG) Shipment (select one):
☐ I request an advance for a personally procured move (PPM), formerly known as a do-it-yourself (DITY) move.
See Advance for HHG Note below for procedures to request advance.
☐ I DO NOT WANT AN ADVANCE FOR HHG SHIPMENT/PPM.

29. Advance Basic Pay (select one):
☐ I request advance basic pay. I understand this is a separate entitlement from advance travel and must be repaid.
☐ I DO NOT WANT ADVANCE BASIC PAY.
For Advance Basic Pay: Complete [DD 2569 Advance Pay Certification/Authorization](#).

30. Electronic Funds Transfer/Direct Deposit Information (select one):
☐ I request my advance(s) to be deposited in to my direct deposit account of file, the same account my pay checks are direct deposited.
☐ I request my advance(s) to be deposited in to a different account. Please provide accurate bank account information below.
a) Name of Bank: d) Account Type (Select One):
b) Routing Number: c) Account Number: ☐ Savings ☐ Checking
Ensure you have provided the correct EFT information because this is the account advance(s) will be deposited.

Certification of Request(s) for Advances and PCS Requirements
I understand that in the event my advancement is less than the amount for advance travel or the advance for PPM, the difference is a collectible indebtedness due to the Government and will be collected immediately per [DoD FMR Vols 9 and 16](#). Payment of travel advances will be no earlier than 10 days from the estimated date of travel. I further understand that per my BUPERS orders that I am required to provide check-in documents within 4 days of arrival to the designated CPPA at my new permanent duty station. Check-in documents include, but are not limited to:
- Endorsed orders and all order modifications - DD 1351-2 Travel Voucher/Subvoucher - All flight itineraries
- All receipts of \$75 or more - All receipts for lodging - All receipts for reimbursable expenses

I certify that I have met all requirements for my PCS orders.

31. Service member Name (Last, First, MI): 32. Service member Signature: 33. Date:
34. CPPA Name and Rate/Rank: 35. CPPA Signature: 36. Date:

Command Endorsement
37. Approved Transfer Date: 38. Commanding Officer or Designee Name: 39. Commanding Officer or Designee Signature: 40. Date:

Travel Time



The date of detachment is a day of Leave, Proceed Time (PT), or Travel Time (TT).

The date of arrival is a day of duty.

- Date of detachment is only a day of duty if the member detaches and reports on the same day with no allowable travel time.

Generally, 1 travel day is allowed for every 350 miles of official distance of ordered travel. If the excess distance is 51 or more miles after dividing the total official distance by 350, one additional travel day is allowed.

When the total official distance is 400 or fewer miles, 1 day of travel time is allowed.

Official travel distance can be obtained at:

<https://dtod.sddc.army.mil/Default.aspx>

Proceed Time



Proceed time is a period of time not chargeable as leave, delay, or allowed travel time.

It is authorized only when member is executing PCS orders to or from ships or mobile units having a sea/shore rotation Code 2 (Sea Duty) or Code 4 (Overseas Sea Duty); overseas accompanied tours, (including overseas to overseas (unless in same geographical location)).

Refer to MPM 1320-090, Proceed Time in Execution of Orders for more information.

Elapsed Time Scenario



PCS Scenario:

PS2 received PCS Orders to transfer from USS Ship in Norfolk, VA to BUPERS in Millington, TN. Member's approved Date of Detachment is 15 July 2022, with a Report No Later Than Date of 20 August 2022. PS2 is planning to drive his POV from Norfolk to Millington, which is 906 miles.

Based on the above information calculate how many days of Travel, Proceed and Leave days the member will have.

Detach Date 15 July	Travel Days 15Jul – 17 Jul 3 Days	Proceed Days 18Jul – 21 Jul 4 Days	Leave Days 22Jul – 19 Aug 29 Days	Report Date 20 August
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Passenger Reservation Request (PRR)



PRR will be required for the member and/or dependents that need transportation via commercial flight.

PASSENGER RESERVATION REQUEST		Supporting Directive NPPSCINST 5213.1	
NPPSC 4650/1 (02-2017)			
PRIVACY ACT STATEMENT Authority: 10 U.S.C. 5013, Secretary of the Navy; and E.O. 9397 (SSN). Purpose: To complete request for Navy Passenger Transportation Office (NAVPTO) to process Navy member's PRR and issue a port call. Routine Uses: Department of Defense employees executing duties to assist in processing individual Navy travel requests and applicable port call(s). Disclosure: Mandatory. Failure to provide the requested information may inhibit the Navy's passenger travel process.			
1. Type Request: <input type="radio"/> New <input type="radio"/> Modification/Change <input type="radio"/> Cancellation		2. Date: _____	
3. Transfer Clerk/Command POC: _____		NAVPTO USE ONLY	
4. POC Work Phone: _____		Ship Location: _____	
5. POC Work E-mail: _____		Date: _____	
6. Name (Last, First, Middle - as shown on the photo ID used for travel and present to the TSA Agent while going through airport security): _____		AMC Flight Available: <input type="radio"/> Yes <input type="radio"/> No	
7. SSN/DoD ID Number: _____		Flight No: _____ Date: _____	
8. Rate/Rank: _____		Show: ETD: ETA: Date: _____	
9. Date of Birth: _____		10. Gender: <input type="radio"/> Male <input type="radio"/> Female	
11. Passport Number / Expiration Date / Visa No. _____		13. Traveler's E-mail Address: _____	
12. Traveler's Phone w/Area Code: _____		14. Detaching Command (Current PDS City, State, Country): _____	
15. Gaining Command (New PDS City, State, Country): _____		16. Detachment Date (Current PDS): _____	
17. Availability Travel Start Date/Time: _____		18. Mandatory RMLT Date at NEW PDS. Mandatory TPP is 10 days for OCONUS; 20 days for pets.	
19. Are there any Intermediate/Temporary Duty Stations Enroute? If Yes, please list with dates required for arrival and departure. <input type="radio"/> Yes <input type="radio"/> No			
20. Travel Type: <input type="radio"/> Accompanied <input type="radio"/> Unaccompanied <input type="radio"/> PCS <input type="radio"/> COT <input type="radio"/> Deferred COT <input type="radio"/> OTEIPO <input type="radio"/> RAT TVL			
21(a). EAOS: _____		21(b). Extensions: _____	
22. Overseas Screening Completed? <input type="radio"/> Yes <input type="radio"/> No		23. Prescribed Tour Length: _____	
24. Dependent Entry Required? <input type="radio"/> Yes <input type="radio"/> No		25. List of Family Member(s):	
Last, First, Middle Name SSN Relationship Date of Birth Passport # Exp Date Visa #			
26. Mailing Address while on Leave after Detachment:			
Street Address Apt/State Type _____			
City State Zip _____			
28. E-mail Address After Detachment: _____			
29. Next of Kin (Not Traveling) Contact Information:			
Name _____			
Phone _____			
Street Address Apt/State _____			
City State Zip _____			
30. Number of Seat(s) Required: _____		31. Seat Preference: <input type="checkbox"/> _____	
32. Excess Baggage Authorized (#): _____			
33. Alternate Route(s) for Personal Convenience must be authorized per JTR/DoD 4500.9-R and comply with U.S. flag carrier regulations. Indirect/Personal travel above and beyond entitlements will be the member's responsibility. If flying non-US airline, reimbursement will not be authorized.			
+ X Date of Travel Time From: City State To: City State Mode of Travel			
34. Additional Information: _____			
35. Shipping POV To/From Overseas After Detachment from Current PDS? <input type="radio"/> Yes <input type="radio"/> No or Not Permitted <input type="radio"/> Not Applicable			
36. Pet Reservation (2 Pets Total, Cat or Dog Only, Allowed on AMC Flights) Are you shipping pets? <input type="radio"/> Yes <input type="radio"/> No			
37(a). Member Name/Rank: _____		37(b). Member Signature: _____	
37(c). Date: _____		<input type="radio"/> SOF	
NOTE For Students Only: PSD obtaining Travel/Transportation Authorization form with signature from student check "SOF" box.			
38(a). Supervisor Name/Rank: _____		38(b). Phone Number _____	
38(c). Supervisor Signature: _____		38(d). Date: _____	

eCRM Queues for PRR:

PP NAVPTO-BAHRAIN
PP NAVPTO-CHARLESTON
PP NAVPTO-EVERETT
PP NAVPTO-GUAM
PP NAVPTO-KITSAP
PP NAVPTO-NAPLES
PP NAVPTO-PEARL HARBOR
PP NAVPTO-PENSACOLA
PP NAVPTO-SAN ANTONIO
PP NAVPTO-SAN DIEGO
PP NAVPTO-TSC GREAT LAKES
PP NAVPTO-TSC NORFOLK
PP NAVPTO-YOKOSUKA

DD Form 884



DD 884 (Application for Transportation for Dependents) required if dependents traveling by Air.

It must be submitted with PRR.

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS				1. DOD COMPONENT
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102. PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders. ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection. DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.				
2.a. NAME OF APPLICANT (Last, First, Middle Initial)		b. RANK	c. GRADE	
3. SHIP OR STATION				
4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED (Continue on blank page if necessary)				
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP* (Adopted son, stepdaughter, etc.)	c. DATE OF BIRTH (Children) (YYYYMMDD)	d. LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State)	
*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below. **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.				
5. PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code)				
6. OLD PERMANENT STATION		7. NEW PERMANENT STATION		8. DATE OF ORDERS (YYYYMMDD)
9. TRANSPORTATION REQUESTED a. FROM (City, State)		b. TO (City, State)	c. VIA (Route) (City, State)	
10. DATE OF DEPARTURE (YYYYMMDD)		11. BY (Air, Rail, etc.)		
12. CERTIFICATION OF INTENT 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:				
13. CERTIFICATE OF PROOF OF DEPENDENCY (Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.) I certify that my dependent(s) (Relationship) _____, 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. (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)				
14. CERTIFICATE OF RESIDENCE OF PARENT (Required for a dependent parent in addition to block 13.) I certify that my dependent(s) (Relationship) _____ 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.				
15. CERTIFICATE FOR STEPCHILD (Required for a stepchild in addition to block 13.) I certify that (Name of child's other parent) _____ the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.				
16.a. SIGNATURE OF APPLICANT				b. DATE (YYYYMMDD)

DD FORM 884, NOV 2010 PREVIOUS EDITION IS OBSOLETE. Page 1 of 1

Overseas/Remote Transfers



Career Counselor

- Initiates NAVPERS 1300/16 Report of Suitability for Overseas/Remote Assignments
- Go to <https://www.bol.navy.mil/bam/> to update member's and dependents (if applicable)

CPPA

- Go to <https://www.fcg.pentagon.mil/fcg.cfm> to check the Foreign Clearance Guide and see the travel requirements to foreign countries.
- DD Form 1056 Authorization to Apply for a "NO-FEE" Passport and/or Request for VISA (If applicable)
- Go to http://travel.state.gov/passport/passport_1738.html to fill out the DS 11 Application for U.S. Passport (if applicable)



Foreign Clearance Guide Navigation



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Responsive & Ready for You, the Sailor.



MYNAVY HR IS IN THE PROCESS OF TRANSFORMING THE WAY WE SERVE SAILORS.

CLICK HERE FOR MORE INFORMATION OR CONTACT THE MNCC HUMAN RESOURCES SERVICE CENTER (HRSC)
OR ASKMNCC@NAVY.MIL FOR ISSUES AND CONCERNS.



Career Benefits



Career Management



Career Development



Recruiting



Support and Services

DD Form 1056 “NO-FEE” Passport



Controlled When Filled In

This form must be completed electronically or typed. See DoD 1000.21 for form completion instructions.

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 22 U.S.C. 211a; 22 U.S.C. 214; 26 U.S.C. 6039E; DoDM O-1000.21; and E.O. 9397 (SSN). PRINCIPAL PURPOSE: To provide authority for the issuance of a "No-fee" passport and/or foreign visa(s). In processing, the Social Security Number is used to identify and verify the identity of the applicant or sponsor. For additional information see the System of Records Notice AO 1000.21 OAA DoD, Visa Passport Automated System (VPAS) (https://dpdd.defense.gov/Privacy/SORNIndex/DOD-Component-Notices/Army-Article-List/). ROUTINE USES: Information provided may be further disclosed to the Department of State for issuance of U.S. Passports; to Foreign Embassies for processing Visa request; to other Federal, State, local, and foreign government agencies to comply with information request to discharge responsibilities for enforcing statutes; and to contractors in the performance of duties supporting the DoD. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. DISCLOSURE: Providing your Social Security Number and other information on this form is voluntary, but failure to provide your Social Security Number or other information requested on this form may result in processing delays or denial of your application.
INSTRUCTIONS APPLICANT AND SPONSOR INFORMATION: 1. Date Passport or Visa Required by Applicant. Indicate the date the passport will be needed by the applicant. 2. Major Service Component. "USA" for Army, "USN" for Navy, "USAF" for Air Force, "USMC" for Marine Corps. 3. Type of Request. Check the appropriate block. 4. Type of Passport Being Requested. Check the appropriate block. 5. Applicant's Last Name - First Name - Middle Name. e.g. "Doe, John Michael". Name should be exactly as it appears on the passport or visa application. 6. Applicant's Date of Birth. e.g. "6 May 1965" 7. Applicant's Place of Birth. Write the name of the state and country if the applicant is born in the US. Write the name of the country if the applicant was born outside the United States. 8.a. Sponsor's Last Name - First Name - Middle Name. For spouses and/or family members. Enter the sponsor's name. 8.b. Sponsor's E-mail Address. Sponsor's official e-mail address. 9. Sponsor's Military Rank/Civilian Grade. Military: type letter rank. Civilian: GS rating or equivalent. NAF: Non-Appropriated Fund. Contractor: Type the word "Contractor". 10. Sponsor's SSN. Sponsor's 9-digit Social Security Number. 11.a. Applicant's Current Home Address. Applicant's permanent residence. 11.b. Home Telephone Number. Commercial telephone number, including area code. 11.c. Office Telephone Number. Commercial telephone number, including area code. May also include DSN. PASSPORT AGENT INFORMATION: 12.a. Passport Agent's Name. e.g. "Smith, Anna Marie" 12.b. Mailing Address. Passport Agent's Official Mailing Address. This address must match the information previously submitted to the State Department as the passport agent's official mailing address. 12.c. Agent E-mail Address. Passport Agent's Official E-mail Address. 12.d. Telephone. Passport agent's official telephone number. 12.e. Agent ID Code. Agent ID Number assigned by Department of State. 12.f. Facility ID Number. Facility ID Number assigned by Department of State. TRAVEL INFORMATION: 13. Destination. Destination must be indicated. The destination determines if the applicant is entitled to a No-fee passport. 14. Special Assignment Requiring Passport. See Note. Enter assignment information in this block. If a Diplomatic Passport is requested for this assignment, it should also be indicated in this block. If no special assignment is known, type "N/A." 15. Passport Will Be Returned To. A Commercial Address and Commercial Telephone Number are needed for delivery via commercial carriers. 16. Estimated Date of Departure. Date applicant is scheduled to leave the country for the assignment indicated. 17. Proposed Length of Stay. Total duration of travel for all countries to be visited. AUTHORIZING OFFICIAL INFORMATION: 18.a. Authorizing Official Name. Authorizing Official is determined by the Installation Commander. A military passport agent may be the authorizing official. 18.b. Grade. Military: type 3 letter rank. Civilian: GS rating or equivalent. 18.c. Title. Official title of the Authorizing Official. 18.d. Mailing Address. Official mailing address of the Authorizing Official. 18.e. Telephone Number. Commercial telephone number of the Authorizing Official. 18.f. Signature of Authorizing Official. 18.g. Date. e.g. "12 Jan 2013". ADDITIONAL INFORMATION: 19. Additional Information. Indicate any additional information here. SUSPENSE CONTROL: For use by Issuing or Receiving Passport Acceptance Agent to track passports and visas. Complete 20-22 if Passport Agent is different from Authorizing Official and submit with passport or visa application.
DD FORM 1056 INSTRUCTIONS, DEC 2019

Controlled When Filled In

This form must be completed electronically or typed. See DoD 1000.21 for form completion instructions.

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA		
OMB No. 0702-0134 OMB approval expires 20220531		
The public reporting burden for this collection of information is estimated to average 60 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 the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollection@mail.mil . 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 FORM TO THE ABOVE ADDRESS. Responses should be sent to your local DoD Passport/Visa Office Acceptance Agent.		
1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT (YYYYMMDD)	2. MAJOR SERVICE COMPONENT	
3. TYPE OF REQUEST (X appropriate box) <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDITIONAL PAGES <input type="checkbox"/> VISA ONLY	4. TYPE OF PASSPORT BEING REQUESTED (X if applicable) <input type="checkbox"/> OFFICIAL <input type="checkbox"/> MILITARY DEPENDENT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> NO-FEE REGULAR	
5. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME	6. APPLICANT'S DATE OF BIRTH (YYYYMMDD)	
7. APPLICANT'S PLACE OF BIRTH (YYYYMMDD)		
8.a. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME (For spouses and/or family members)	9. SPONSOR'S MILITARY RANK/CIVILIAN GRADE	
10. SPONSOR'S SSN		
b. SPONSOR'S EMAIL ADDRESS:		
11.a. APPLICANT'S CURRENT HOME ADDRESS (include ZIP code)	b. HOME TELEPHONE NUMBER (include area code)	
	c. OFFICE TELEPHONE NUMBER (include area code/DSN)	
12.a. PASSPORT AGENT'S NAME (Last, First, Middle Initial)	b. MAILING ADDRESS (include complete physical mailing address, building number, room number, ZIP code)	
c. AGENT EMAIL ADDRESS	X if held for pickup at the DoD Executive Agent Front Counter	
d. TELEPHONE NUMBER (include area code)	e. AGENT ID	
	f. FACILITY ID NUMBER	
13. DESTINATION (country or countries)	14. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Instructions)	
15. PASSPORT WILL BE RETURNED TO: (include complete physical mailing address, building number, room number, ZIP code, and telephone number/DSN. No APO, FPO, or F-I.O. Boxes.)		
16. ESTIMATED DATE OF DEPARTURE (YYYYMMDD) (from country in which applicant is currently residing)	17. PROPOSED LENGTH OF STAY	
*NOTE: If assignment is to Aache, MAAC, 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."		
18. AUTHORIZING OFFICIAL		
a. NAME (Last, First, Middle Initial)	X if same as item 12.a.	
b. GRADE	c. TITLE	
d. COMPLETE MAILING ADDRESS (include ZIP code)	e. TELEPHONE NO. (incl. area code/DSN)	
f. SIGNATURE	g. DATE	
19. ADDITIONAL INFORMATION (Attach continuation pages if necessary)		
FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)		
20. DATE APPLIED FOR PASSPORT/VISA	21. PLACE APPLIED FOR PASSPORT/VISA	22. NAME OF COURT OR PASSPORT AGENT
23. DATE PASSPORT/VISA RECEIVED	24. PASSPORT NUMBER	25. PASSPORT ISSUE DATE
		26. PASSPORT EXPIRATION DATE
27. DOCUMENT(S) INCLUDED WITH PASSPORT/VISA	28. VISA REQUESTED FOR (Country)	29. DATE PASSPORT/VISA MAILED OR PICKED UP
		30. PASSPORT RETURNED TO
DD FORM 1056, DEC 2019		

DEA Message Template



Message format:

FM Your Command

TO Follow Chart above

INFO New Duty station

Follow chart above

(Note: Do not send this message to COMNAVPERSCOM Millington TN)

BT

UNCLAS/CUI//N01300//

MSGID/GENADMIN/your command//

SUBJ/DEPENDENT ENTRY APPROVAL ICO rank/rate name//

POC/rank name/TEL: /Email: // (a command point of contact is required, not the service member transferring)

RMKS/1. THE FOLLOWING REQUEST IS SUBMITTED FOR DEPENDENT ENTRY APPROVAL.//

A. Rank/rate/civilian rating. (If E-4, state date of rate.)

B. Name. Complete last name, first name, and middle initial

C. Date of marriage, relation to service member, names of family member(s), dates of birth for children and grades for current/next fiscal year (i.e. 3rd grade for 2009/2010 school year). For dependent parents, brothers, or sisters enter date of letter from Defense Finance and Accounting Service (DFAS) approving dependency.

D. Nationality of sponsor and family member(s). Enter current citizenship of sponsor and family member(s). (Note: family members that hold foreign passports will require more coordination with PSD, NAVPTO, applicable foreign Embassy's or Consulates)

E. Origin duty station. Enter geographical location of present duty station. In the case of Ships, include the homeport.

F. Address of family member(s). Enter telephone number and current mailing address, including ZIP Code and country where family member(s) are now located.

G. Date departed continental United States (CONUS). If serving on overseas duty, enter date member departed CONUS for present duty. If second or consecutive overseas tour, indicate whether voluntary or involuntary. (If not applicable indicate "N/A.")

H. Months separated from family member(s). Note: Applies only to personnel assigned to a command or unit that is physically separated from homeport for operational or training purposes. Deployment does not include shipyard time away from homeport if change of homeport was authorized.

1. Serving in a fleet unit and deployed for 6 or more consecutive months during the previous 12 months, or for 3 or more consecutive months during the previous 6 months, enter the number of months separated from family by deployment during past year. If not deployed per the above criteria enter "N/A."

2. Serving an unaccompanied overseas tour where dependents are authorized. Enter number of months separated from family if dependent(s) were denied entry approval because of lack of required medical facilities. If entry approval not denied for this reason, enter "NA".

3. Serving an accompanied overseas tour, enter number of months separated from family because of delayed granting of family entry approval due to non-availability reasons. If family entry approval was not delayed, enter "N/A."

4. Serving an unaccompanied overseas tour where family member(s) are not authorized, enter the number of months separated from family. If not applicable, enter "N/A."

5. Serving an Augmentation billet to support GWOT, enter number of months.

I. Transfer directive authority. Enter Date-Time-Group, Transfer Code (TC) number and authority.

J. Detachment date. Enter date member will detach current permanent duty station.

1. If dependents will travel at a later date include this date and reason for separate travel.

K. Ultimate duty station. In the case of ships, include the homeport.

L. Estimated date of arrival at new duty station. Best estimate as to when the member will arrive.

M. Housing preference. Indicate preference for civilian or government housing. Indicate acceptability of civilian housing until government housing becomes available and limit of rental payment authorized. State whether member desires sponsor and whether the sponsor is or is not authorized to act as agent for civilian rental housing.

N. Passports. Advise status of appropriate passports, if completed provide passport numbers and visa requirements and state status of any other requirements IAW Foreign Clearance Guide.

O. Expiration of active obligated service (EAOS) of member or obligated service date of Naval Reserve related information. NOTE: If member must extend for obligated service, member must actually sign an extension. NAVPERS 1070/613, Administrative Remarks entry in the enlisted member's service record is not acceptable for travel overseas.

1. Department of Defense (DOD) prescribed accompanied tour length as indicated in Defense Travel Management Office website – Tour Lengths and Tours of Duty OCONUS. <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>

2. EAOS.

P. Certification of suitability, if complete. Dependent Entry Approval Request does not suffice for reporting overseas screening IAW MILPERSMAN 1300-304.

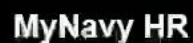
Q. Remarks. Enter other appropriate information such as "spouse is an accredited teacher," etc. List known ICD9 codes for medical ailments or physical disabilities of family member(s) and any family member(s) who display a physical, emotional or intellectual handicap requiring medically related services. Include family member(s) who are enrolled in the Exceptional Family Member (EFM) Program, and family member(s) who require special education in DODD schools outside the United States. Pregnancy should also be listed.//

BT

If a section does not apply, mark the applicable paragraph "N/A" and continue with the format. Do NOT leave blank.



Dependent Entry Approval Navigation



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Responsive & Ready for You, the Sailor.

MYNAVY HR IS IN THE PROCESS OF TRANSFORMING THE WAY WE SERVE SAILORS.

CLICK HERE FOR MORE INFORMATION OR CONTACT THE MNCC HUMAN RESOURCES SERVICE CENTER (HRSC)
OR ASKMNCC@NAVY.MIL FOR ISSUES AND CONCERNS.



Career Benefits



Career Management



Career Development



Recruiting



Support and Services

RED/DA



DEPENDENCY APPLICATION				
NAVPERS 1070/602 (Rev. 09-2016) PREVIOUS EDITIONS ARE OBSOLETE Supporting Directive MILPERSMAN 1070-270				
PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 9364. PRINCIPAL PURPOSES: The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits. ROUTINE USE: To adjust a Sailor's pay record. Information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service for tax purposes, and the Department of Veterans affairs regarding VA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register. DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.				
MEMBER INFORMATION				
1. NAME (Last, First, MI):	2. SSN:	3. PAYGRADE:	4. BRANCH/CLASS:	5. UIC:
6. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):				
7. MEMBER PREVIOUSLY MARRIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
8. PLACE DISSOLVED (City, County, State, Country): 9. DISSOLVED ON (YYYYMMDD): 10. REASON: <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce				
SPOUSE INFORMATION				
11. NAME (Last, First, MI):	12. DATE OF BIRTH (YYYYMMDD):	13. RELATIONSHIP:		
14. CITIZENSHIP STATUS OF SPOUSE: 15. CITIZENSHIP COUNTRY (If other than U.S.):				
16. DATE MARRIED (YYYYMMDD): 17. PLACE OF MARRIAGE (City, State, Country): 18. DEPENDENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 19. IS ADDRESS SAME AS MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
20. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):				
21. IS SPOUSE A MEMBER OF ANY U.S. ARMED FORCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
22. SPOUSE SSN: 23. PAYGRADE: 24. BRANCH OF SERVICE: 25. DUTY STATION:				
26. DUTY AFFILIATION: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE 27. SERVICE COMPONENT:				
28. SPOUSE PREVIOUSLY MARRIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
29. PLACE DISSOLVED (City, County, State, Country): 30. DISSOLVED ON (YYYYMMDD): 31. REASON: <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce				
CHILD AND/OR DEPENDENT INFORMATION				
32. NAME (Last, First, MI):		33. RELATIONSHIP:	34. DATE OF BIRTH (YYYYMMDD):	35. DEPENDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
36. IS ADDRESS SAME AS SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		37. IS ADDRESS SAME AS MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		38. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):
39. ARE YOU PAYING SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. AMOUNT: 41. PAYMENT METHOD OF SUPPORT:		
42. CUSTODIAN/LEGAL GUARDIAN NAME:		43. RELATIONSHIP:	44. DATE OF DEP CERTIFICATION:	45. DATE OF DEP RE-CERTIFICATION:

1. NAME (Last, First, MI):	2. SSN:	3. PAYGRADE:	4. BRANCH/CLASS:	5. UIC:
CERTIFICATION				
I ACKNOWLEDGE THAT I HAVE REVIEWED THE NAVPERS 1070/602 DEPENDENCY APPLICATION AND CERTIFY ALL INFORMATION REGARDING THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WILL IMMEDIATELY UPDATE MY ELECTRONIC SERVICE RECORD AND/OR NOTIFY MY SUPPORTING PERSONNEL OFFICER OF ANY CHANGE IN THE NUMBER AND/OR STATUS OF MY DEPENDENTS, WHETHER IT BE THE GAIN OF ADDITIONAL DEPENDENTS, OR THE LOSS OF DEPENDENTS DUE TO DIVORCE, MARRIAGE, DEATH, OR A DEPENDENTS ADDRESS CHANGE THAT COULD AFFECT BAH ENTITLEMENTS. I UNDERSTAND THAT MAKING A FALSE STATEMENT OR CLAIM AGAINST THE U.S. GOVERNMENT IS PUNISHABLE BY COURTS-MARTIAL. THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM OR A FALSE STATEMENT IN CONNECTION WITH CLAIMS IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT OF 5 YEARS, OR BOTH. I UNDERSTAND THIS SIGNED DOCUMENT WILL BECOME A PART OF MY OFFICIAL MILITARY PERSONNEL FILE.				
46. REMARKS:				
47. MEMBER SIGNATURE:				48. DATE (YYYYMMDD):
VERIFICATION				
I HAVE REVIEWED THE DOCUMENTARY EVIDENCE REQUIRED TO ESTABLISH DEPENDENCY OF THE ABOVE NAMED DEPENDENT(S), AND HAVE DETERMINED THAT THE STATEMENTS BY THE MEMBER ARE TRUE AND CORRECT. DOCUMENTS VIEWED: (List all documentary evidence viewed, i.e. Marriage Certificate, Birth Certificate, etc.)				
49. REMARKS:				
I UNDERSTAND THAT FAMILY SGLI AUTOMATICALLY COVERS MY SPOUSE AND IT IS MY RESPONSIBILITY TO ENROLL MY SPOUSE IN DEERS SO MY BRANCH OF SERVICE CAN DEDUCT PREMIUMS FROM MY PAY AND THAT FAILURE TO REGISTER MY SPOUSE IN DEERS WILL RESULT IN MY OWING DEBTS FOR UNPAID PREMIUMS. I CAN DECLINE FAMILY SGLI COVERAGE BY COMPLETING SGLI 8286A.				
MEMBER ALLOWED 60 DAYS TO PROVIDE ORIGINAL DOCUMENTS. FAILURE TO PROVIDE ORIGINAL MARRIAGE/ BIRTH CERTIFICATE WOULD RESULT IN A LOSS OF BAH ALLOWANCE.				
IT IS MY RESPONSIBILITY TO NOTIFY MY NAVY PERSONNEL OFFICE/SHIP'S OFFICE OR CSD/PSD IF THERE IS A CHANGE IN MY ASSIGNMENT TO QUARTERS THAT MAY AFFECT MY BAH ENTITLEMENTS THAT MAY RESULT IN AN OVER/UNDER PAYMENT.				
50. APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		51. VERIFYING OFFICIAL SIGNATURE:		52. DATE (YYYYMMDD):
53. VERIFYING OFFICIAL NAME (printed or typed):		54. TITLE: Personnel Supervisor, By Dir C.O.		

Submit

SGLI Online Enrollment System (SOES)



Servicemembers' Group Life Insurance Election and Certificate of Coverage

Name:

SSN

Branch of Service: Navy

Your SGLI Coverage Amount as of 07/11/2022: \$400,000

Your SGLI Beneficiary Designation as of 07/11/2022

Primary/ Secondary	Name and Address	Social Security Number	Relationship	Share of Proceeds	Payment Option
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	36 Equal Payments
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	36 Equal Payments
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	36 Equal Payments

Your Family SGLI Spouse Coverage Amount as of 07/11/2022: \$100,000

Your Family SGLI Child Coverage

If you have dependent children, each dependent child is automatically covered for \$10,000.

Your Family SGLI Beneficiary

You, the Servicemember, are the beneficiary for spouse and child coverage.

Date Certified: 07/11/2022

Electronic Signature

SGLI can be updated through MilConnect website:

<https://milconnect.dmdc.osd.mil/milconnect/>

Administrative Remarks



- NAVPERS 1070/613 Administrative Remarks (*Page 13*) for Suitability for Operational Duty
- Prepare permanent/applicable NAVPERS 1070/613 Administrative Remarks (*Page 13s*) and submit for verification (CONSUBPAY)
- HIV (can be a medical memo)
- DEERS Verification PG 13

Reference: MILPERSMAN 1070-320 Administrative Remarks

Unsuitable for Operational Duty Screening



If Member was found unsuitable, notify PERS 40BB and applicable Detailer(s) for both Enlisted and Officers via message traffic IAW MPM 1300-800.

Report of unsuitability contains:

- Detailed reason(s) for the finding to include ICD-9 code(s)
- Recommendations from the screening Medical Treatment Facilities
- Commanding Officer Recommendation

Detaching Information Report



Navy Standard Integrated Personnel System DETACHING INFORMATION REPORT

Personal Data - Privacy Act of 1974

Run Date 07/11/2022
Page No. 1 of 1

Support UIC: 3500B TSC SAN DIEGO DET AFLOAT WEST
Activity UIC: 27501 LHA 7 TRIPOLI

ORDERS DATA

SSN:

NAME:

RATE/RANK: MMFN

BR/CL: USN

LOSS DEPARTURE DATE: 07/12/2022

DETACHING UIC: 27501

LOSS TYPE: Activity Loss

LOSS REASON: TEMDU SEPARATION

UIC REPORT TO: 32005 TRANS PERS UNIT SDGO TRANS OTH

ULTIMATE UIC: 32005

LEAVE DAYS AUTH: 0

PROCEED DAYS AUTH: 0

TRAVEL DAYS AUTH: 0

ESTIMATED ARRIVAL DATE: 07/12/2022

Best Practices



- Provide traveler with complete transfer package
- Member & CPPA review “Comply with Items” on BUPERS orders
- Inform Member to gather proper endorsements on their orders
- Remind Member to submit the PCS Travel Claim within 5 working days of arrival
- References on MyNavy HR CPPA Resources page
- Maintain access to current forms and utilize NPPSC Transfer Checklist

References



- Command Pay and Personnel Administrator (CPPA) Handbook
- Joint Travel Regulations (JTR)
- DoD FMR Vol. 9
- DoD FMR Vol. 7A
- MILPERSMAN 1320-060 Permanent Change of Station Transfer Order (PCSTO), Delivery, Interpretation, and Execution
- MILPERSMAN 1320-310: Permanent Change of Station (PCS) Transfer Order Endorsements
- NAVADMIN 101/16 Military PCS Travel Voucher Due Within Five Working Days
- PPIB 16-12 Update Email Address and Contact Information in NSIPS
- PPIB 16-09 Travel Claim Control and Submission Procedures
- MyNavy HR > CPPA Resources > Pers – Receipts, Transfer, Travel and Transportation Website

Summary and Review



In this lesson we covered:

- PCS Transfer Checklist
- Orders & Modifications
- Application for Advances
- Travel/Proceed Time
- Passenger Reservation Request & DD Form 884
- Overseas Transfers & “No-Fee” Passport
- Dependent Entry Approval / RED-DA / SOES
- Administrative Remarks / Unsuitable for Operational Duty
- NSIPS Loss Document



Questions?



You have reached the end of the
Transfers (Losses) Process.

Thank you for your participation!