



# TRANSFERS

Activity Loss

# Objective



- Identify the steps and Key Supporting Documents (KSD) to complete a PCS transfer process.
- Identify the steps in creating a Loss Document on NSIPS.
- Identify the steps required to verify loss has posted on MMPA.



## In this lesson we will cover:

- PCS Transfer Checklist
- Orders & Modifications
- Application for Transfer and Advances (NPPSC 1300/1)
- 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
- MMPA Verification

# References



- Command Pay and Personnel Administrator (CPPA) Handbook [CPPA HANDBOOK 16NOV22.pdf \(navy.mil\)](#)
- Joint Travel Regulations (JTR)
- 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
- MMPA Read Guide: <https://www.milsuite.mil/book/groups/navy-djms-procedures-training-guide>
- Transfer end-to-end SOP- [Transfers\\_SOP\\_Rev\\_Jun\\_2023.pdf \(navy.mil\)](#)

# Best Practices



- Submit a completed transfer package to TSC at the least 30 Days prior to detachment
- Provide traveler with complete transfer package.
- Member & CPPA review “Comply with Items” on BUPERS orders.
- Inform Member to collect proper endorsements on their orders.
- Member must submit the PCS Travel Claim within 5 working days of arrival.
- Ensure GTCC is in a Mission-Critical Status with the proper credit limits set.
- Make sure all requirements for overseas/operational PCS are met.
- Refer to references on MyNavyHR CPPA Resources page.
- The MMPA Read Guide contains all the information required to understand MMPA.
- Maintain access to current forms and utilize NPPSC Transfer Checklist.

# NPPSC 1300/3 (PCS Transfer Checklist)



DoD ID # \_\_\_\_\_

**NPPSC PCS TRANSFER CHECKLIST** PREVIOUS EDITIONS OBSOLETE  
NPPSC 1300/3 (Rev. 01-2020) Supporting Directive NPPSCINST 5213.1B

References: Joint Travel Regulations (JTR), DoD Financial Management Regulation (DoD FMR) (Volumes 7A/B/9), and MILPERSMAN 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 REQIDA

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 Reenlistment 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 (CONSUBPAY)

**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 received

Send all applicable documents to NAVPTO

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 OMPF 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 MMPA/NSPS/OMPF

Verify documents posted properly; Close TOPS

**II. RETAINS**

NPPSC 1300/3 NPPSC PCS Transfer Checklist (this checklist)			All NAVPTO 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 \_\_\_\_\_

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Required items from the CPPA and other supporting documents

The PCS Transfer Checklist serves as a guide.

Transfer packages SHALL include:

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



# NPPSC 1300/1 Application for Transfer and Advances



APPLICATION FOR TRANSFER AND ADVANCES  
NPPSC 1300/1 (Rev. 02-2023) Supporting Directive NPPSCINST 5213.1B

PRIVACY ACT STATEMENT  
Supporting Directive NPPSCINST 5213.1B

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:

13. Requested Transfer Date: 14. Estimated Date of Travel:

15. Personal Phone Number: 16. Personal E-mail Address:

17. Physical Mailing Address:  
(P.O. Box Not Authorized)

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

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):

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](mailto: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.

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APPLICATION FOR TRANSFER AND ADVANCES  
NPPSC 1300/1 (Rev. 02-2023) 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. Dislocation Allowance (DLA) (select one):  
 Single Dislocation Allowance (DLA) (E-5 and below Service members see line item 26 of provided instructions.)  Dependent Dislocation Allowance (DLA)  
By signing this form, I certify that I will NOT reside in Government quarters. If I am directed to reside in Government quarters upon my report, my DLA will be recouped. I further certify that my dependent(s) will establish a bona fide residence in connection with my PCS. If I do not move my dependent(s) within 30 days from the reporting date, DLA will be recouped. E5 and below requesting Single DLA must submit a signed statement from the gaining organization stating he or she will not use Government quarters.

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 2560 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 on 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 entitlement 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 DD FORM 16. Payment of travel advances will be no earlier than 30 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 5 working 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 modifiers - DD 1351-2 Travel Voucher/Subvoucher - All receipts for reimbursable expenses  
- All receipts of \$75 or more - All receipts for lodging - All flight itineraries

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:

I certify the Service member has met all requirements for his or her PCS orders.

34. CPPA Name and Rate/Rank: 35. CPPA Signature: 36. Date:

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APPLICATION FOR TRANSFER AND ADVANCES  
NPPSC 1300/1 (Rev. 02-2023) Supporting Directive NPPSCINST 5213.1B

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

Additional Dependent Information and Notes Applicable to Application for Transfer and Advances.

Dependent Name (Last, First, MI)	Relationship	Date of Marriage/Birth	Date of Travel

Notes Applicable to Application for Transfer and Advances.

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# 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 [DTOD - Defense Table of Official Distances \(transport.mil\)](https://transport.mil)

# 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)).

Proceed time CAN be taken prior to reporting to a TDY Station!

The CPPA must review the orders for ALL endorsements as this should be indicated on the orders upon detachment from TDY station as “proceed time shall not be authorized upon detachment from the TDY station”. This is rare but can happen, that is why its imperative to check the members SG line when gaining a member as well as when calculating the members elapse time when giving an accurate transfer debrief

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

Note: Local PCS are not authorized Travel / Proceed time.

# 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 2023, with a Report No Later Than Date of 20 August 2023. PS2 is planning to drive his POV from Norfolk to Millington, which is 903 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 15 Jul – 17 Jul 3 Days	Proceed Days 18 Jul – 21 Jul 4 Days	Leave Days 22 Jul – 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 NPPSC 4650/1 (02-2017)				Supporting Directive NPPSCINST 5213.1																	
<b>PRIVACY ACT STATEMENT</b>																					
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:				5. POC Work E-mail:																	
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):				7. SSN/DoD ID Number																	
8. Rate/Rank:				9. Date of Birth:																	
11. Passport Number / Expiration Date / Visa No.:				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																	
19. Are there any Intermediate/Temporary Duty Stations Enroute? If Yes, please list with dates required for arrival and departure.				18. Mandatory RNLT Date at NEW PDS. Mandatory TFP is 10 days for OCONUS; 20 days for pets.																	
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				AMC Flight Available: <input type="radio"/> Yes <input type="radio"/> No																	
21(a). EAOS:				21(b). Extensions:																	
22. Overseas Screening Completed?				23. Prescribed Tour Length:																	
24. Dependent Entry Required?				25. List of Family Member(s):																	
<table border="1"> <thead> <tr> <th>Last, First, Middle Name</th> <th>SSN</th> <th>Relationship</th> <th>Date of Birth</th> <th>Passport #</th> <th>Exp Date</th> <th>Visa #</th> </tr> </thead> <tbody> <tr> <td>+ X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Last, First, Middle Name	SSN	Relationship	Date of Birth	Passport #	Exp Date	Visa #	+ X						
Last, First, Middle Name	SSN	Relationship	Date of Birth	Passport #	Exp Date	Visa #															
+ X																					
26. Mailing Address while on Leave after Detachment:				27. Phone Number(s) after Detachment (include Area Code):																	
Street Address				Apt/Suite																	
City				State																	
Zip				Type																	
28. E-mail Address After Detachment:																					
29. Next of Kin (Not Traveling) Contact Information:																					
Name																					
Phone																					
Street Address																					
City																					
State																					
Zip																					
30. Number of Seat(s) Required:				31. Seat Preference:																	
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.																					
<table border="1"> <thead> <tr> <th>Date of Travel</th> <th>Time</th> <th>From: City</th> <th>State</th> <th>To: City</th> <th>State</th> <th>Mode of Travel</th> </tr> </thead> <tbody> <tr> <td>+ X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Date of Travel	Time	From: City	State	To: City	State	Mode of Travel	+ X						
Date of Travel	Time	From: City	State	To: City	State	Mode of Travel															
+ X																					
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:															
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:																					
Reset Form		Print Form		FOR OFFICIAL USE ONLY PRIVACY SENSITIVE		Page 1 of 1															

eCRM Queues for PRR:

- PP NAVPTO-EAST
- PP NAVPTO-WEST
- PP NAVPTO-OCONUS

# DD Form 884



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

It must be submitted with the PRR.

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			1. DOD COMPONENT
<b>PRIVACY ACT STATEMENT</b> 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 <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> 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



- 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)
- 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](http://travel.state.gov/passport/passport_1738.html) to fill out the DS 11 Application for U.S. Passport or DS 82 Passport Renewal Application (if applicable)

Note: The Suitability Screening process is required to be completed within 30 days of receipt of orders, 60 days for dependents.

# 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	
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> 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).  <b>PRINCIPAL PURPOSE:</b> 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) (<a href="https://dpcid.defense.gov/Privacy/SORN/index/DOD-Component-Notices/Army-Article-List/">https://dpcid.defense.gov/Privacy/SORN/index/DOD-Component-Notices/Army-Article-List/</a>).  <b>ROUTINE USES:</b> 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.  <b>DISCLOSURE:</b> 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.</p>	
<b>INSTRUCTIONS</b>	
<p><b>APPLICANT AND SPONSOR INFORMATION:</b>                      1. <b>Date Passport or Visa Required by Applicant.</b> Indicate the date the passport will be needed by the applicant.                      2. <b>Major Service Component.</b> "USA" for Army, "USN" for Navy, "USAF" for Air Force, "USMC" for Marine Corps.                      3. <b>Type of Request.</b> Check the appropriate block.                      4. <b>Type of Passport Being Requested.</b> Check the appropriate block.                      5. <b>Applicant's Last Name - First Name - Middle Name.</b> e.g. "Doe, John Michael". Name should be exactly as it appears on the passport or visa application.                      6. <b>Applicant's Date of Birth.</b> e.g. "6 May 1965"                      7. <b>Applicant's Place of Birth.</b> 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. <b>Sponsor's Last Name - First Name - Middle Name.</b> For spouses and/or family members. Enter the sponsor's name.                      8.b. <b>Sponsor's E-mail Address.</b> Sponsor's official email address.                      9. <b>Sponsor's Military Rank/Civilian Grade.</b> Military: type letter rank. Civilian: GS rating or equivalent. NAF: Non-Appropriated Fund. Contractor: Type the word "Contractor".                      10. <b>Sponsor's SSN.</b> Sponsor's 9-digit Social Security Number.                      11.a. <b>Applicant's Current Home Address.</b> Applicant's permanent residence.                      11.b. <b>Home Telephone Number.</b> Commercial telephone number, including area code.                      11.c. <b>Office Telephone Number.</b> Commercial telephone number, including area code. May also include DSN.</p> <p><b>PASSPORT AGENT INFORMATION:</b>                      12.a. <b>Passport Agent's Name.</b> e.g. "Smith, Anna Marie"                      12.b. <b>Mailing Address.</b> 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. <b>Agent E-mail Address.</b> Passport Agent's Official E-mail Address.                      12.d. <b>Telephone.</b> Passport agent's official telephone number.                      12.e. <b>Agent ID Code.</b> Agent ID Number assigned by Department of State.                      12.f. <b>Facility ID Number.</b> Facility ID Number assigned by Department of State.</p> <p><b>TRAVEL INFORMATION:</b>                      13. <b>Destination.</b> Destination must be indicated. The destination determines if the applicant is entitled to a No-fee passport.                      14. <b>Special Assignment Requiring Passport.</b> 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. <b>Passport Will Be Returned To.</b> A Commercial Address and Commercial Telephone Number are needed for delivery via commercial carriers.                      16. <b>Estimated Date of Departure.</b> Date applicant is scheduled to leave the country for the assignment indicated.                      17. <b>Proposed Length of Stay.</b> Total duration of travel for all countries to be visited.</p> <p><b>AUTHORIZING OFFICIAL INFORMATION:</b>                      18.a. <b>Authorizing Official Name.</b> Authorizing Official is determined by the Installation Commander. A military passport agent may be the authorizing official.                      18.b. <b>Grade.</b> Military: type 3 letter rank. Civilian: GS rating or equivalent.                      18.c. <b>Title.</b> Official title of the Authorizing Official.                      18.d. <b>Mailing Address.</b> Official mailing address of the Authorizing Official.                      18.e. <b>Telephone Number.</b> Commercial telephone number of the Authorizing Official.                      18.f. <b>Signature of Authorizing Official.</b>                      18.g. <b>Date.</b> e.g. "12 Jan 2013."</p> <p><b>ADDITIONAL INFORMATION:</b>                      19. <b>Additional Information.</b> Indicate any additional information here.</p> <p><b>SUSPENSE CONTROL:</b>                      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.</p>	

DD FORM 1056 INSTRUCTIONS, DEC 2019

PREVIOUS EDITION IS OBSOLETE.

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			
<p>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 <a href="mailto:1601-0243-ddoicomb-approval@oig.dod.mil">1601-0243-ddoicomb-approval@oig.dod.mil</a>. 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.  <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</b>                      Responses should be sent to your local DoD Passport/Visa Office Acceptance Agent.</p>			<p>OMB No. 0702-0134                      OMB approval expires                      20220531</p>
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"/> DIPLOMATIC <input type="checkbox"/> MILITARY DEPENDENT <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
8a. 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			
d. TELEPHONE NUMBER (Include area code)		e. AGENT ID	f. FACILITY ID NUMBER
X if hold for pickup at the DoD Executive Agent Front Counter			
13. DESTINATION (Country or countries)	14. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)	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 P.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 Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENGO; 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)		b. GRADE	c. TITLE
X if same as item 12.a.			
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)			
<b>FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)</b>			
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.



DEPENDENCY APPLICATION				
NAVPERS 1070/602 (Rev. 09-2016) PREVIOUS EDITIONS ARE OBSOLETE Supporting Directive MILPERSMAN 1070-270				
<b>PRIVACY ACT STATEMENT</b>				
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.				
<b>MEMBER INFORMATION</b>				
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				
<b>SPOUSE INFORMATION</b>				
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 checked="" 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				
<b>CHILD AND/OR DEPENDENT INFORMATION</b>				
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:
<b>CERTIFICATION</b>				
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):
<b>VERIFICATION</b>				
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: [REDACTED] SSN [REDACTED]  
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	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	36 Equal Payments
Primary	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	36 Equal Payments
Primary	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	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 [REDACTED]

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)

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

Verify that the message has been sent out and received by the gaining command.

Note: Refrain from submitting documents that may contain HIPAA or PHI.



# NSIPS Loss Document

# NSIPS Loss



A screenshot of the NSIPS web application interface. On the left, there is a "Main Menu" sidebar with a list of folders. The "Losses" folder is highlighted, and a sub-menu is open showing "Activity Loss", "Admin Loss", and "Casualty Loss". The "Activity Loss" folder is also highlighted, and its sub-menu is open, showing "Use" and "Inquire". The "Use" folder is highlighted, and its sub-menu is open, showing "Activity Loss - Create" and "Activity Loss - Pending". The top left of the interface shows the "NS NAVY STANDARD" logo and a "Favorites" section. The main content area is mostly blank, with a small window visible in the background.

# NSIPS Loss



The screenshot shows the NSIPS (Navy Standard Integrated Personnel System) interface for an "Activity Loss" form. The form includes fields for Name, Rank/Rate (PS2), and Current DSC (100). Below these are fields for Appr Instance, Appr Status (Pending), and Appr Action. The "Loss Departure Date" field is highlighted with a red box. Below it are fields for Loss Reason, UIC Report To, and UIC Ultimate Duty, which are also highlighted with a red box. Other fields include Station, ADSN Indicator, Proceed Time (0), Travel Time (0), Leave Days (0), Estimated Date of Arrival, and Movement Reason Code. A "Save" button is located at the bottom left of the form. At the bottom of the page, there are navigation buttons: "Return to Search", "Previous in List", "Next in List", and "Notify".

Most of the information required can be found on the NPPSC 1300/1.

## Loss Departure Date

- Date the Service Member is approved to detach from the command.

## UIC Report To

- The next duty station in the service members orders. (TEMDUINS UIC will be different than Ultimate UIC)

## UIC Ultimate Duty

- The service members Ultimate duty station UIC.

# NSIPS Loss Reason (Enlisted)



NSIPS NAVY STANDARD INTEGRATED PERSONNEL SYSTEM

Activity Loss

Name:  Rank/Rate: PS2

Appr Instance: Appr Status: Pending Appr Action:

Loss Departure Date: 12/09/2022

Loss Reason:

UIC Report To:

UIC Ultimate Duty Station:

ADSN Indicator:

Proceed Time: 0 Travel Time: 0 Leave Day:

Estimated Date of Arrival: 12/09/2022

Movement Reason Code:

Save

Return to Search Previous in List Next in List Notify

Look Up Loss Reason

Loss Reason Code begins with

Look Up Clear Cancel Basic Lookup

Search Results

View 100 First 1-21 of 21 Last

Loss Reason Code	Description
DI1	FOR DUTY - GUARANTEED PSI PROG
DI2	DUINS
<b>DT1</b>	<b>FOR DUTY</b>
DT2	FOR DUTY - HUMS
DT3	FOR DUTY - CFO CONVERS/CONVATE
LD1	FOR DUTY - LIMDU
MB1	FOR DUTY - MOBILIZATION
PB1	APEBP Loss to Home
PB2	APEBP Loss to Activity
TAF	Transfer from TAD
TAT	Transfer to TAD
TD1	TEM DU FFA
TD2	TEM DU FFT
TD3	TEM DU - CFO CONVERS/CONVATE
TD4	TEM DU - OTHER
TD5	TEM DU TREATMENT
TD6	TEM DU SEPARATION
TD7	TEM DU CONFINEMENT
TD8	TEM DU Trial by Courts-Martial
<b>TI1</b>	<b>TEM DUINS</b>
TI2	TEM DU-UNDER INDOC FOR PSI PROG

Loss Reason can be found in the orders.

----- INTERMEDIATE (01) ACTIVITY (M) -----  
 REPORT NLT 27 FEB 22 BUT NET 26 FEB 22 EDA: 26 FEB 22  
 TO STU NSSATC LRN STE SAN DIEGO UIC: 44957  
 LOCATION: SAN DIEGO, CA  
**FOR TEMPORARY DUTY - UNDER INSTRUCTION** ACC: 341  
 FOR APPROXIMATELY 035 DAY(S)  
 - PERSONNEL ACCOUNTING SUPPORT: PERSUPPDET SAN DIEGO  
 UIC: 68556

----- ULTIMATE ACTIVITY (M) -----  
 REPORT NOT LATER THAN 30 JAN 23 EDA: 30 JAN 23  
 TO VP 46 UIC: 09632  
 HOMEPORT WHIDBEY ISLAND, WA  
**FOR DUTY** ACC: 100  
 ASSIGNED RATE: PS2 DNEC1: A01A DNEC2: A16A PRD: 2510  
 - PERSONNEL ACCOUNTING SUPPORT: TRANSACTION SERVICE CTR MPHS  
 UIC: 43322



# NSIPS ADSN Indicator



**Activity Loss**

Name: Rank/Rate: PS2 Current DSC: 100

Appr Instance: Appr Status: Pending Appr Action:  **Comments**

Loss Departure Date: 12/09/2022

Loss Reason: DT1 FOR DUTY

UIC Report To: 09632 VP 46

UIC Ultimate Duty: 09632 VP 46

Station:

**ADSN Indicator: No - ADSN is Changing.**

Proceed Time: 4 Travel Time: 8 Leave Days: 30

Estimated Date of Arrival: 01/20/2023 Dependent PCS Status: D

Movement Reason Code: Operational

## ADSN Indicator

- Indicated on member's orders. Check if Personnel Accounting Support (TSC) will be changing.

----- DETACHING ACTIVITY (M) -----  
- REQUIRED OBLIGATED SERVICE TO: OCT 25 .  
WHEN DIRECTED DETACH IN FEB 22 EDD: FEB 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

----- INTERMEDIATE (01) ACTIVITY (M) -----  
REPORT NLT 27 FEB 22 BUT NET 26 FEB 22 EDA: 26 FEB 22  
TO STU NSSATC LRN STE SAN DIEGO UIC: 44957  
LOCATION: SAN DIEGO, CA  
FOR TEMPORARY DUTY - UNDER INSTRUCTION ACC: 341  
FOR APPROXIMATELY 035 DAY(S)  
**- PERSONNEL ACCOUNTING SUPPORT: PERSUPPDET SAN DIEGO**  
UIC: 68556

# NSIPS LOSS



**Activity Loss**

Name: \_\_\_\_\_ Rank/Rate: PS2 Current DSC: 100

Appr Instance: \_\_\_\_\_ Appr Status: Pending Appr Action:  **Comments**

Loss Departure Date: 12/09/2022

Loss Reason: DT1 FOR DUTY

UIC Report To: 09632 VP 46

UIC Ultimate Duty Station: 09632 VP 46

ADSN Indicator: No - ADSN is Changing.

**Proceed Time:**  **Travel Time:**  **Leave Days:**

**Estimated Date of Arrival:** 01/20/2023  **Dependent PCS Status:** D

Movement Reason Code: Operational

Proceed Time, Travel Time, and Leave Days

- Input the number of days per the JTR.

**Note: Elapsed time must not exceed the RNLT date on orders.**

# NSIPS Movement Code



**Activity Loss**

Name: Rank/Rate: PS2 Current DSC: 100

Appr Instance: Appr Status: Pending Appr Action:  **Comments**

Loss Departure Date: 12/09/2022

Loss Reason: DT1 FOR DUTY

UIC Report To:

UIC Ultimate Duty Station: 09632 VP 46

ADSN Indicator:

Proceed Time:  0 Travel Time:  0 Leave Days:  0

Estimated Date of Arrival: 12/09/2022

**Movement Reason Code:**

- APEBP
- Hospitalization
- Manning
- Operational
- Other
- Permissive
- Pipeline
- TEMADD Confinement
- Training

**Look Up Dependent PCS Status**

Select one of the following values:

- 
- 
- 

For Dependent PCS Status, select status on the day of detachment.

**Note: The Movement Reason Code for personnel moving from Point A to B with no I-Stop is Operational.**

# Detaching Information Report



Main Menu

NSIPS Report  
Manager

Select File

Navy Standard Integrated Personnel System  
DETACHING INFORMATION REPORT

Personal Data - Privacy Act of 1974

Run Date 12/02/2022  
Page No. 1 of 1

Support UIC: 43322 TRANSACTION SERVICE CTR MPHS  
Activity UIC: 40389 PAYPER SUPCTR

ORDERS DATA

SSN: NAME: RATE/RANK: PS2  
BR/CL: USN LOSS DEPARTURE DATE: 12/09/2022 DETACHING UIC: 4016A  
LOSS TYPE: Activity Loss  
LOSS REASON: FOR DUTY  
UIC REPORT TO: 09632 VP 46 ULTIMATE UIC: 09632  
LEAVE DAYS AUTH: 30 PROCEED DAYS AUTH: 4 TRAVEL DAYS AUTH: 8  
ESTIMATED ARRIVAL DATE: 01/20/2023

The Loss Document can be retrieved from the NSIPS Report Manager after clicking Save in the Activity Loss screen.



# MMPA Verification



**JJAA –MMPA Inquiry  
Pay Verification**

**LOPG – Enlisted Master File  
Enlisted PERS Verification**

**L00G – Officers Master File  
Officer PERS Verification**



# MMPA: JJAA

## DJMS/MMPA Inquiry

# JJAA Menu Screen



Input Member's SSN

JUMPS MPA INQUIRIES

SSAN:  ('X' TO EXIT)

REQUEST CODES: SH 27- --- ---  
--- --- --- ---  
--- --- --- ---

Input FIDs in the Request Codes section then press Enter.

PRINT: - NAME: -----

HISTORY MPA?: 1

'X' IN SSAN (OR PF3) TO EXIT  
'P' OR 'X' IN PRINT (OR PF9) TO PRINT THIS REQUEST  
PF1 FOR HELP  
PF4 FOR ADDITIONAL OPTIONS  
PF6 TO CANCEL REQUEST

JJAA Navigation Guide

MA +

>

06 / 037

# Format Identifier (FID)



A FID is a two character, alpha-numeric code identifying a particular item (entitlements, deductions, allowances, etc.) within MMPA.

## COMMON FIDS FOR LOSS VERIFICATION

SH – PCS Departure

27 – Career Sea Pay (CSP)

35 – Basic Allowance for Quarters (BAQ)

37 – Career Sea Pay Premium (CSPP)

43 – Overseas Housing Allowance (OHA)

46 – Cost of Living Allowance (COLA)

65 – Family Separation Allowance (FSA)

68 – Basic Allowance for Housing (BAH)

DN – Meal Rate Deduction

# Common Action Indicators



Action Indicator (ACTN): A 2-position code that shows the input or computer action.

01 - Start

02 - Stop

03 - Report

04 - Change

05 - Correct

06 - Cancel

20 - Resume

In this example, the BAH line is being corrected.

```
68 BAH* ENTRY-OPEN-DT 220207 09 02 1 CNTRL-CODE 0 ACTN 05 START 220101
ENTLMT-MM 1,097.85 ENTLMT 2,195.70 ENTLMT-NM 2,195.70 ACCOM 0 ZIP-CODE
38054 RENT 0.00 SHARE-NR 1 RENT-STAT R PRCNTGE .00 PROTECTED-RATE 0.00
CLOST-DEPN
```

# MMPA Header



MONTH

**12 MJ: LB:3800 LC:2208 SA:A SX:1 TK:090825 TU:260825 TH:260825**

The last line of the MMPA Header includes quick references to items that you may need to know at first glance.

- MMPA Month - This shows the processing month of the MMPA.
- MJ (AFMPC Match Flag Code) - This is used to identify event transactions that have not been confirmed.
- LB - This is the paying ADSN.
- LC - This is the member's servicing ADSN.
- SA - This identifies the member's status.
- SX - This normally identifies the number of status's that are open on the MMPA.
- TK - Pay date.
- TU - Date of Separation (DOS).
- TH - Expiration of Term of Service (ETS) date for enlisted personnel.

UNCLASSIFIED

# Recognizing FIDs



Indicator and transaction codes are used to specify whether a transaction is OPEN (current) or CLOSED (past/history). The dash mark ( - ) signifies CLOSED.

FID WITHOUT A ( - ) = OPEN

FID WITH A ( - ) = CLOSED

```
SSAN (OR CMD) _----- NEW REQ ? --- PRINT - NAME -----
(`X` TO EXIT, PF##, PB##) PF8 OR ENTER - PAGE FORWARD PF7 - PAGE BACK
-- PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT MMPA AS OF 22/12/01 --
                                                    01 OF 01
12 MJ: LB:3800 LC:2208 SA:A SX:1 TK:090825 TU:260825 TH:260825
FIXED/OPEN/HISTORY
SG-PCS ARVL* ENTRY-OPEN-DT 221128 02 12 1 ENTRY-CLSD-DT 221128 02 12 1 ACTN
03 ARRIVE 221128 ARV-CONUS 000000 ALWBL-TVL-TIME 06 ARV-HFP 000000
DAYS-TDY 000 ARR-DEPRT-CODE PROCD-DAYS-GRNTD 4 RESERVED 000000 INDCTR
2 QTR-DAY-ARR 1
35 BAQ* ENTRY-OPEN-DT 220101 99 01 1 ACTN Z4 START 220101 ENTLMT-MM 0.15
ENTLMT 0.30 ENTLMT-NM 0.30 NR-DEPN 1 CLOST-DEPN C QTR-ASGN 2 QTR-ADQ 0
HELD-INDCTR 1
68 BAH* ENTRY-OPEN-DT 221128 02 12 1 CNTRL-CODE 0 ACTN G1 START 221128
ENTLMT-MM 1,319.22 ENTLMT 2,418.57 ENTLMT-NM 2,198.70 ACCOM 1 ZIP-CODE
38055 RENT 0.00 SHARE-NR 1 RENT-STAT R PRCNTGE .00 PROTECTED-RATE 0.00
CLOST-DEPN
68-BAH* ENTRY-OPEN-DT 220101 99 01 1 ENTRY-CLSD-DT 221128 02 12 1
CNTRL-CODE 2 ACTN G2 START 220101 STOP 221127 ENTLMT-MM -195.57 ENTLMT
-195.57 ENTLMT-NM 0.00 MNTLY-RATE 1,955.70 ACCOM 1 ZIP-CODE 93245 RENT
0.00 SHARE-NR 1 RENT-STAT R PRCNTGE .00 PROTECTED-RATE 0.00 CLOST-DEPN

DN ENTRY NO DATA FOUND.
** END OF INQUIRY.
```

MMPA HEADER

MMPA Entries



# SH - PCS Departure



ENTRY-OPEN-DT: Date an entry was posted as open / processing started.

ENTRY-CLSD-DT: Date an entry was posted as closed / processing completed.

```
SH-PCS DEPR*  ENTRY-OPEN-DT 221101 05 11 1  ENTRY-CLSD-DT 221128 02 12 1
ACTN G3  DDLDS 221101  ADSN 2208  RSN-CODE A
```

DDLDS (Date Departed Last Duty Station): Date which the individual physically departed their last permanent duty station.

RSN-CODE: The reason for member's reassignment from one permanent duty station to another.  
A - Operational

From the SH line above, we can extract the following information:

Service Member departed their last PDS on 1 Nov 2022. The member's loss reason code is Operational. The MMPA entry was opened on 1 Nov 2022 and closed on 28 Nov 2022, completing the entry. This shows that the member was successfully transferred from the command.

Note: The SH line only shows the PCS Departure. It is imperative to check that other entitlements have stopped as they may not have populated automatically.

# 27 – Career Sea Pay



```
SH-PCS DEPR*  ENTRY-OPEN-DT 221101 05 11 1  ENTRY-CLSD-DT 221128 02 12 1
ACTN G3  DDLDS 221101  ADSN 2208  RSN-CODE A
27-CAREER SEA PAY*  ENTRY-OPEN-DT 221118 17 11 2  ENTRY-CLSD-DT 221118 17 11 2
CNTRL-CODE 2  ACTN 03  START 220920  STOP 221025  ENTLMT-MM 0.00  ENTLMT
472.80  ENTLMT-NM 0.00  MNTLY-RATE 394.00  CTGY-VESSEL A
```

START: Start date of entitlement in YYMMDD format.  
STOP: Stop date of entitlement in YYMMDD format.

From the SH and 27 lines above, we can extract the following information:

Service Member detached from their last PDS on 1 Nov 2022. Their CSP was stopped on 25 Oct 2022. Some entitlements like CSP may have a different stop date from their loss date. For our example, the member detached from a squadron, wherein the CSP is based on individual detachments.



## 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
- MMPA Verification



# Questions?

# Conclusion



Congratulations you have completed the  
Transfers Training!