

Welcome to MCAS Iwakuni!

DAY 1- Monday

- 0730 – 1115 Briefs
- 1115 – 1135 1st Day Resource Fair / Break
- 1135 – 1230 Briefs

DAY 2- Tuesday

- 1000 – 1040 Briefs
- 1040 – 1100 2nd Day 1st Resource Fair / Break
- 1100 – 1155 Briefs
- 1155 – 1215 2nd Day 2nd Resource Fair / Break
- 1215 – 1245 Briefs
- 1245 – 1400 Lunch
- 1345 – 1600 SOFA Permit Exam



Reminders

- Sign Attendance Roster
- Childcare Vouchers
- Breaks
 - 1st: Resource Fair / Base Life Support Entities
- Family Housing Office, bldg. 200.
0827-79-5542 or 253-5542



Welcome To MCAS Iwakuni

MARINE & *Family* | Information,
Referral and
Relocation



Personal Readiness Seminar (PRS)

- The Personal Readiness Seminar (PRS) requires First Permanent Duty Station Marines to attend the workshop within 90 days of their arrival on the installation. This workshop provides an overview of resources available for continuing education, career development, and personal financial management.
- PRS classes are held every Tuesday from 0800-1200 in building 411. Attendees must pre-register, 253-6439, and bring a hardcopy of their LES.



Attention all Active Duty Marines and Sailors assigned to MAG-12 and H&HS commands



MAG-12 HQ



MALS-12



VMFA-121



VMGR-152



MWSS-171



VMFA-242

All MAG-12 HQ Marines/Sailors report to the Ironworks North gym lobby at 1400 on Monday

Uniform is green on green PT Attire and bring a water source



All H&HS Marines/Sailors report to building 1, 2nd FL at 0800 Tuesday morning

Wear Alphas for Marine

Navy NSU (E1-E6) Service Khaki (E7-O5)



Joint Onboarding Program



Joint Onboarding Program



Schedule of Events

	Monday	Tuesday	Wednesday	Thursday	Friday
	Station Welcome Aboard (WAB) Day1 0730-1230	Parent Command Briefs (AD only) 0800-0930 → *WAB Day2 1000-1245 → SOFA Test 1400-1600		Joint Onboarding Briefs 0800-1100	Joint Onboarding Briefs 0800-1030
Who:	All SOFA status, 16 and older, including those on TAD or UDP orders for 30 days or more.	*WAB Day2 Mandatory to all SOFA status	Service Members attached to H&HS and MAG12 and dependents.	Service Members attached to H&HS and MAG12	Service Members attached to H&HS and MAG12
Location & Attire	Sakura Theater Proper Civilian Attire	For H&HS: Command Deck Bldg 1 For MAG 12: MAG 12 Auditorium Bldg 6000	*Sakura Theater Civilian Attire *Please bring your Military ID, Yen to buy lunch and soft drinks.	Bldg 625 1st Floor 0800 American Red Cross 0810 Spiritual Fitness 1000 Human Performance 1015 Responsible Drinking	Bldg 625 1st Floor 0800 Counter Intelligence Awareness 0815-1030 UMAPIT Complete ✓ Check-In

Welcome Aboard Brief



**MCAS Iwakuni Commanding Officer
Colonel Richard M. Rusnok**

**MCAS Iwakuni Sergeant Major
SgtMaj Jody G. Armentrout**



Strategic Situation

Beijing stokes opposition to US bases in Japan's Okinawa as it seeks to 'win hearts and minds' amid Taiwan tensions

N Korea fires missiles toward sea as US warns over nukes

History made in China as Xi Jinping to serve third term - breaking decades-long precedent

China, Russia strengthen ties over Far East seas with bomber patrol

Japan Sees Rise in Fighter Scrambles Against Chinese Aircraft

China Coast Guard Attacks Philippine Ships Near Scarborough Shoal

Furious China fires missiles near Taiwan in drills after Pelosi visit

Japan shifts to hard-line stance on territorial dispute with Russia

Russia to Deploy New Weapons on Disputed Kuril Islands

Ukraine war puts Japan's pacifist constitution in election spotlight

More than 5,000 Chinese military staff live on South China Sea islands

Philippine troops kill 2 Abu Sanyaf suspects ahead of Ramadan

Xi vowed to secure interests over Senkakus as China's historical duty

North Korea Launches Strategic Cruise Missiles from Submarine



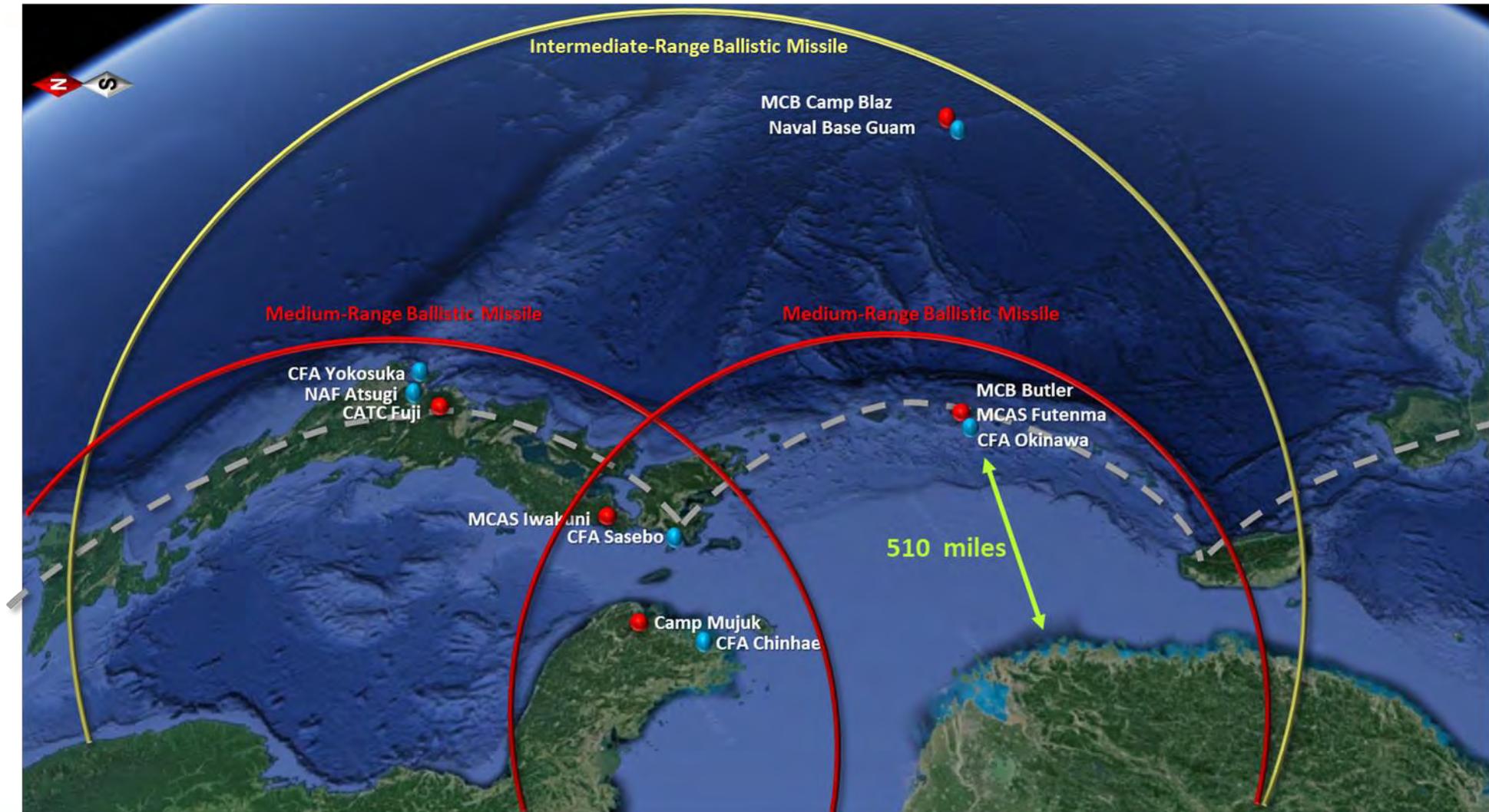
Air and Sea Traffic in East Asia



Major Indo-Pacific Friction Areas



Forward Deployed Naval Forces



MCAS Iwakuni Development

1996



2016



Key MCAS Iwakuni Strategic Capabilities

Deep Water Port



Large-Capacity Fuel Depot



Runway



Ammunition Storage



***MCAS Iwakuni
is the only
installation in
the
Indo-Pacific
that combines
these four
capabilities***



MCAS Iwakuni U.S. Tenant Commands

MAG-12



MCIPAC



Other III MEF



CVW-5



Combat Support Agencies



MCAS Iwakuni JSDF Tenant Commands



111SQ



91SQ



71SQ



31MSQ



81SQ



Command Philosophy

M C A S I W A K U N I

R **EADINESS**
ESILIENCY
ELATIONSHIPS
CREDIBLE COMBAT POWER

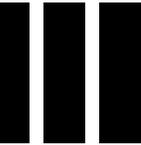


ACTIVE SHIELD





**MCAS Iwakuni Sergeant Major
SgtMaj Jody G. Armentrout**



Atago Sports Complex

48 Acre Site:

- MCASI honoring the international agreement for shared use of green space
 - Baseball Stadium – 5,000 seats + 3,000 seats in grass outfield
 - Softball Fields – Artificial Turf
 - Picnic BBQ Pavilions and outdoor jogging paths
 - 400M Track & Soccer Field – 1,500 seats
 - Cultural Center including traditional Japanese style room
 - Indoor Gymnasium; basketball, volleyball, elevated track

Concept:

- Operating Hours: 0900-2100
- Priority Scheduling for U.S.-Japan exchange events
- Access: No ID Card Checks, Security provided by Iwakuni Police Dept
- Maintenance & Utility Cost Sharing with Iwakuni City



Atago Sports Complex





Flea Market



Lotus Cultural Center/ Owl Park

Single Marine/ Sailors



QR Code for SMP Eventbrite



UP AND COMING !!



PERSONAL TRAINING SERVICES

TRAINING FEES

- ONE-ON-ONE: \$40 PER PERSON | 60 MIN
- PARTNER (LIMIT 2 TRAINEES): \$30 PER PERSON | 60 MIN
- SMALL GROUP (3 TRAINEES OR MORE): \$23 PER PERSON | 60 MIN
- FITNESS BOOTCAMPS AVAILABLE RANGING FROM \$80 - \$249 PER PERSON

FOR MORE INFO, CONTACT US AT: OURTRAINING@FITNESS@MCMCAS.ORG

Phone: 253-622-6222 And more... www.mcmcas.org MCACS Member Since 1971

9 PIN TOURNAMENT

CASH PRIZES \$25

Last Sunday of the Month - 5 PM
Strike Zone Bowling Center

7351-9498 www.mcmcas.org

Rent to Win

Starting September 1, rent a car with MCAS Car Rental and enter for a chance to win a \$50 MCAS Gift Card.

Check for the latest promotional agreement. Available while in effect on the 1st of each month.

www.mcmcas.org www.carrental.com MCACS

\$20 Open to all. Some restrictions. Ages 18 & older.

FISHING *at the* MCAS IWAKUNI HARBOR

Every 2nd Saturday of the Month
6-11 AM

Call Doug The Captain: 253-622-2222 www.mcmcas.org MCACS Member Since 1971

LIX SUPER BOWL

IRONWORKS INDOOR POOL

JAN 6 - 23

www.mcmcas.org www.ironworks.com

SWIM SURVIVAL SKILLS TRAINING (S3T)

JAN 6 - 23
IRONWORKS INDOOR POOL

BASIC CLASS: MONDAYS & WEDNESDAYS
INTERMEDIATE CLASS: TUESDAYS & THURSDAYS

www.mcmcas.org www.ironworks.com

CLUB IWAKUNI BINGO

PROGRESSIVE JACKPOT

EVERY OTHER TUESDAY
DOORS OPEN AT 5PM

www.mcmcas.org www.clubiwakuni.com MCACS Member Since 1971



Friendship
Day MAY 4th



Good To Know

Colors

Crosswalks

Headphones

Help us take
care of this base

Use the
Interactive
Customer
Evaluation

Help us
recognize stellar
community
members

Get out & see
Japan!!!



Questions



Welcome to Iwakuni

Please enjoy a special message from
Iwakuni City Mayor

Mayor Yoshihiko Fukuda





Introduction of Support Entities



American Red Cross

BLDG 625 Third Floor MON-FRI 0800 – 1630 iwakuni@redcross.org

Emergency Communication Messages

877.272.7337
24/7/365



OR
American Red Cross Hero Care App
Free, downloadable to your phone 24/7

Emergency Messages contain information about:

- Death
- Life-Threatening Illness/Injury
- Birth Announcements
- Financial Assistance
- Verifiable Breakdown of Childcare Plan

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24/7/365 Emergency Communication Services

- Emergency Communications
- Financial Assistance (24/7 Access to AER)
- Suicide Prevention Actions
- Casework Family Follow-up
- Information and Referral

Community Outreach

- Education & Outreach
- Redeployment Support
- Deployment Support
- Special Events
- Preparedness
- Veteran Activity Support
- Training Opportunities
- CPR/Babysitting/Wilderness First Aid certifications
- International Services – Restoring Family Links casework

Volunteer Opportunities

- Clinic Positions
- Community Outreach
- Office Program Activities
- Preparedness, Health & Safety
- Disaster Cycle Services
- Youth Volunteers
- International Humanitarian Law – Youth Action Campaign



Navy-Marine Corps Relief Society

Financial Education & Assistance

- 0% interest loans for financial assistance
- Budget services
- Contact us!
 - DSN 253-5311
 - Building 625, 3rd floor
 - iwakuni@nmcrs.org



USO Iwakuni

For the People Who Serve

- Monthly Programs / Military Support
- Play Area
- Gaming
- Complimentary Goods
- Contact us!
 - DSN (315) 253-6174
 - Building 727, 2nd Floor
 - USOIwakuni@uso.org





Overseas Military Service Coordinator / VA Claims Advisor



Disability and compensation



Assistance with claims



Review of pending claim status



Assistance with VA.Gov



Over the phone claim assistance



General claims questions



Appointments and walk-ins



OMSCJAPANIW.VBAVACO@VA.GOV



Building 1 – Room 127



DSN (315) 253-7599



Monday – Friday 0800-1600



WOMEN, INFANTS, & CHILDREN OVERSEAS PROGRAM

WIC Overseas is a nutrition education and supplemental food program that helps mothers and young children eat well and stay healthy.

PROGRAM SERVICES ARE AVAILABLE TO ELIGIBLE PERSONS AND THEIR DEPENDENTS LIVING OVERSEAS

(Active-Duty Military, DoD Civilian Employees, DoD Contractors)

Eligibility is based on family size and income.

WHO IS ELIGIBLE?

Pregnant Women (until 6 weeks after delivery)

Postpartum Women (until 6 months after pregnancy)

Breastfeeding Women (until the Infant's first birthday)

Infants and Children (until 5 years old)

CALL US AT 253-4928 TO VERIFY ELIGIBILITY!

Monday-Friday 7:30am to 4:00pm





School Liaison Program

Educational and Enrollment Assistance

- Serves as the communication link between the CO, DoDEA Schools, military families, and MCCS Family Care Programs
- Japanese (Yochien) Schools and Dual Enrollment
- Child Development Center, School Age Care, Youth & Teen Center
- **Home School** (not mandatory to register in DoDEA Schools over seas)
- **Free & Reduced School Lunch Program**
- **School MFLC and Student Sponsorship Program**
- **Accelerated Withdrawal:** December 6, 2024 and May 12, 2025

Carr, Keith G.

253-3691

Building 9540

Ombiwaschoolliaison@usmc-mccs.org



Emergency Services



ADD OUR NUMBERS BY
FOLLOWING THE QR CODE:



MCAS IWAKUNI EMERGENCY DISPATCH CENTER

COMMERCIAL NUMBER FROM JAPAN:

0827 - 79 - 3322

COMMERCIAL NUMBER FROM USA:

011 - 81 - 827 - 79 - 3322

DEFENSE SERVICE NETWORK:

315 - 352 - 3322

911 OR 119



IWAKUNI BASE CHAPEL



Chaplain Jarrod Johnson

Command Chaplain

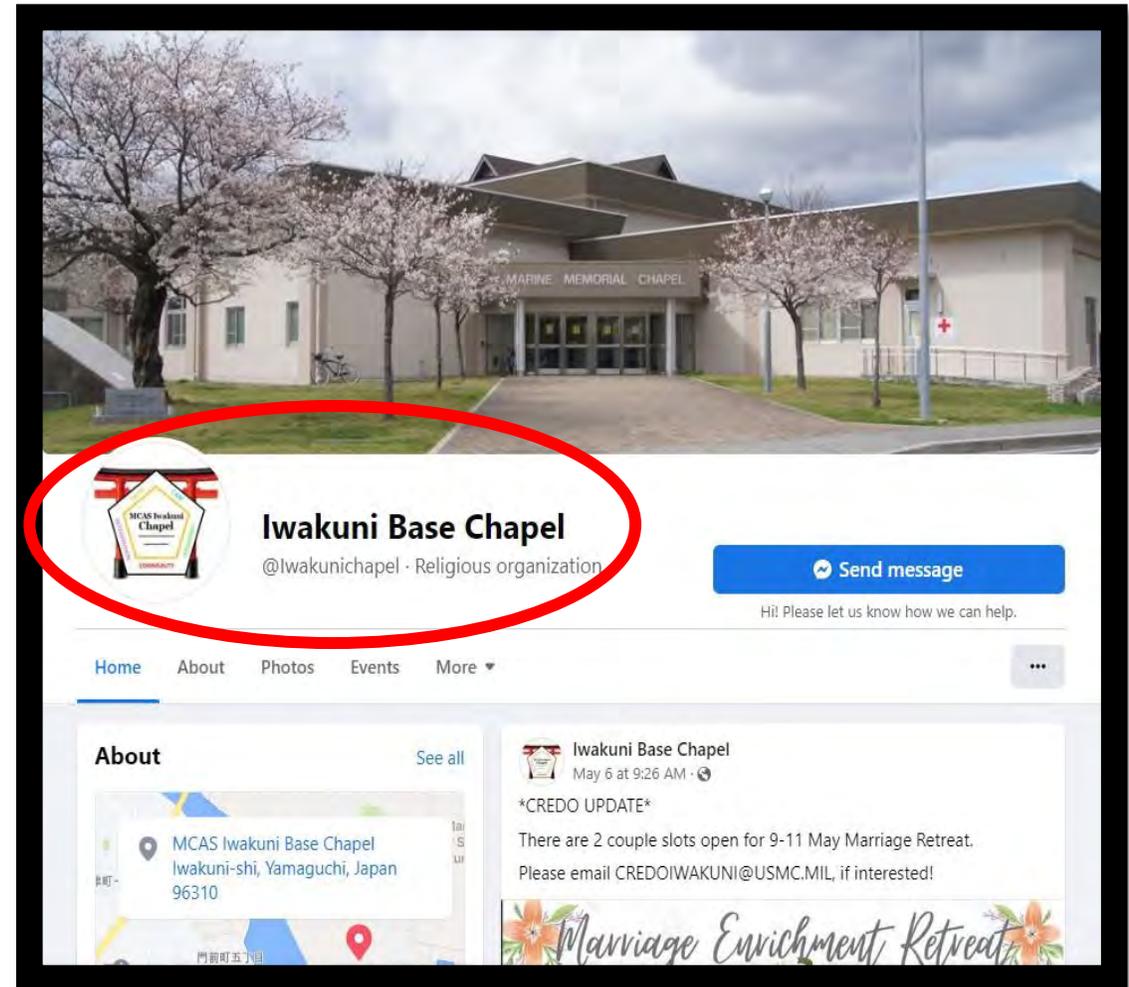
Chaplain John Pollnow

Deputy Chaplain



Chapel Facebook

Visit us at
Iwakuni Base Chapel
For more Info



Chaplain – Core Capabilities

Provide

Provide religious services from our faith background.

Facilitate

For the spiritual needs of other faith groups.

Care

Care for all—no matter their beliefs.

Advise

Senior leaders, command personnel and families.



Chaplain - Confidentiality

Chaplain counseling is

100% Confidential

Non-religious counseling is also available.



Chaplain – Ministry In Action

Chapel Services

Roman Catholic

Sunday Mass	0830/1700
Daily Mass (M-T)	1130
<i>Confessions before/after Mass or by appointment</i>	

Protestant Services

Sunday

Traditional Worship	0900
Church of Christ	1030
Contemporary Worship	1100

Saturday

Seventh-Day Adventist	1000
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Studies and Activities

Sunday

Catholic Education	1000
Children's Church	1100
Awana Children	1600
Teen Ministry	1800

Wednesday

Women's Ministry (WIFI)	0900/1800
Men's Bible Study	1800

Friday

Adoration of the Sacrament	1730
Family Rosary (Every 3 rd)	1730

We also support Jewish and Muslim Faith Communities

All are welcome!



Chaplain – Ministry In Action



Ladies Fellowship



Ladies Fellowship

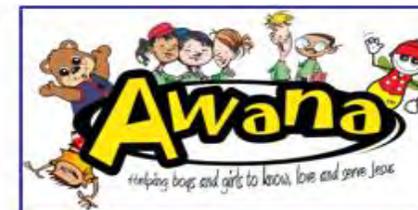
Get Plugged
In To A
Community
Of Faith!

**BIBLE
STUDY**
for Men



Men's Fellowship

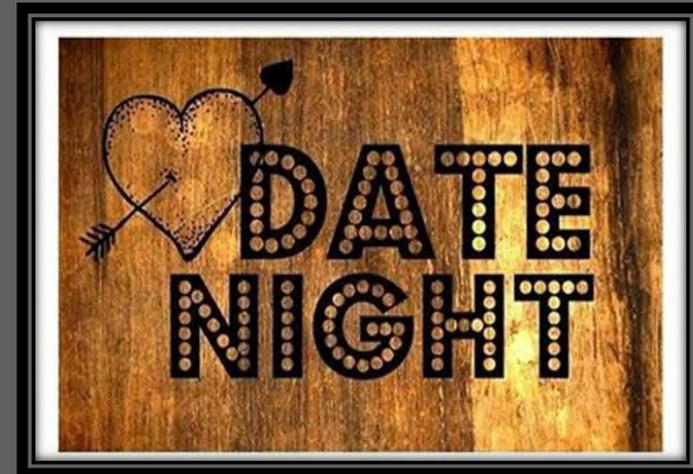
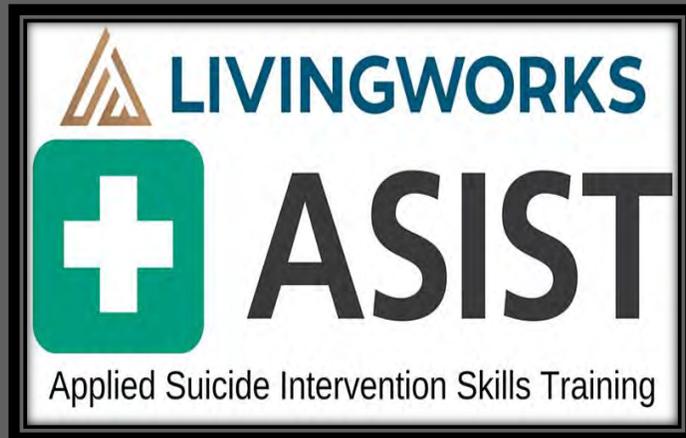
**Faith Programs for
all ages!**



Children's Program



Chaplain – Resiliency Programs



Chaplain – Community Relations



Samurai Path Walk and Trail Maintenance



Owl Park Inclusivity Day



Orphanage Christmas Celebration

**OVER 55+ COMRELS
PLANNED FOR 2024**



Chaplain – Contact Us

Station Chapel

LCDR Jarrod Johnson

Command Chaplain

253-5145

LT John Pollnow

Deputy

john.w.pollnow.mil@usmc.mil

253-6150

CVW-5

LT Austin Fletcher

Command Chaplain

austin.c.fletcher.mil@us.navy.mil

253-2821

MAG-12

CDR Michael Tagaloa

Command Chaplain

michael.tagaloa@usmc.mil

253-7556/7557

LT JT Park

Deputy

juntae.park@usmc.mil

253-7556

LT Jerry Roberts

jerry.l.roberts.mil@usmc.mil

255-3627

LT Matthew Maestas

255-3627

**CHAPLAIN
DUTY PHONE**

080-6612-9244

For AFTER HOURS EMERGENCY use.

During business hours, see your Chaplain.



Chaplain – Contact Us

QUESTIONS?

Base Chapel
253-3371

Chaplain Emergency Duty
Phone

080-6612-9244



Counterintelligence Awareness and Reporting



Overall Classification: **UNCLASSIFIED**

Updated: 15APR2024



Agenda

I. NCIS Mission

II. Foreign Intelligence Entity (FIE)

A. Elicitation

B. Social Media

C. How It Happens

III. Insider Threat

IV. Operational Security

V. Reporting



NCIS Mission

Protect Secrets:

Within the Department of the Navy (DoN), NCIS serves as the coordinating authority of all DoN Counterintelligence (CI) activities, and is the only DoN Component authorized to conduct investigations into actual, potential or suspected acts of espionage, sabotage, and intelligence activities conducted on behalf of foreign powers. NCIS works to neutralize foreign intelligence services and foreign commercial activities seeking information about critical naval programs and research, development, test and evaluation facilities.

Prevent Terrorism:

Protecting the Naval forces from violent extremist organizations and individuals is one of NCIS' highest priorities. As the primary law enforcement and counterintelligence component for the Navy services, NCIS is focused on countering threats to the physical security of Sailors, Marines, and DoN civilian personnel and on preventing terrorist attacks against installations, ships, and expeditionary forces. NCIS is responsible for detecting, deterring, and disrupting terrorism worldwide through a wide array of investigative and operational capabilities. Within the DoN, NCIS has exclusive investigative jurisdiction into the actual, potential or suspected acts of terrorism.

Reduce Crime:

Felony criminal investigations are the cornerstone of the NCIS mission. NCIS is the investigative entity within the DoN responsible for major criminal investigations involving Navy and USMC equities, service members, and affiliated civilian personnel. NCIS civilian Special Agents have the authority to investigate criminal acts in accordance with both the Uniform Code of Military Justice and established criminal laws under the United States Code when there is a DoN nexus.



FEDS: CONTRACTOR GAVE LOVER NUCLEAR SECRETS
Arrested in possible "honey trap" scheme by China

Benjamin Bishop arrested for spying for the PRC



Ikaika Kang declaring loyalty to ISIS; arrested before conducting an attack



Xavier and Calendria Houston imprisoned for 2nd degree homicide and cruelty to juveniles



Foreign Intelligence Entity

Foreign Intelligence Entity (FIE) Defined

FIE refers to a known or suspected foreign state or non-state organization or person that conducts intelligence activities to acquire U.S. information, block or impair U.S. intelligence collection, influence U.S. policy, or disrupt U.S. systems and programs. This term includes foreign intelligence services—defined as state intelligence services—and also can pertain to international terrorists, transnational criminal organizations, foreign cyber actors, or foreign corporations or organizations.

Methods

Elicitation: The use of conversation to extract information, either in person, by email, on the phone, or through social media.

Social Engineering: The impersonation of others to seem legitimate and surreptitiously acquire passwords or other key data.

Human Targeting: The targeting of individuals with access to sensitive information, who, for example, might unexpectedly meet someone who shares their interests or seeks an ongoing relationship.

Cyber/Technical: Digital technologies used to compromise or acquire information stored or transmitted electronically



Elicitation

Elicitation is used to obtain predetermined information from people without making them aware they are a collection target for classified or sensitive information. Elicitation comes in many forms, both verbal and written. Setting is important in elicitation. Often the elicitor will attempt to conduct their collection activities away from the target's work. This helps the target relax and can make them less security conscious, as well as introduce other factors that can ease the elicitation process, such as alcohol.

Common Elicitation Techniques

- Exploitation of Tendency to Complain
- Questionnaires and Surveys
- Criticism
- False Statement
- Bracketing
- Flattery
- Quid Pro Quo
- Feigning Ignorance
- Oblique Reference

Deflecting Elicitation Attempts

Be prepared to respond to elicitation. **Do not share anything the elicitor is not authorized to know**, including personal information about yourself, your family, or your co-workers. If you believe someone is attempting to elicit information from you, you can:

- Change the topic
- Refer them to public websites
- Deflect question with one of your own
- Provide a vague answer
- Explain that you don't know, and respond with "Why do you ask?"
- Take control of the conversation
- Casually request to take a photo with the elicitor (if reasonable)



Daniel Duggan was arrested for providing non-public military aviation tactics to the PRC via the Test Flying Academy of South Africa



Social Media

Social media/social networking sites build upon the concept of traditional social networks in which you connect to new people through people you already know to share information, ideas, personal messages, and other content such as videos and pictures.

Some networking sites are purely social, allowing users to establish friendships or romantic relationships, while others focus on establishing business connections. NCIS has seen an increase in unsolicited communications to DoD personnel through various social media platforms. This is a common tactic used by adversaries to target DoD affiliated personnel in an attempt to gain access to DoD sensitive information.

FIE often present themselves as part of a U.S.-based or U.S.-friendly business utilizing an unassuming or benign ruse to gain the trust of someone with access to sensitive information.

Once contact is made and trust is gained, oftentimes the targeted member begins providing information, which they believe has good intentions for the benefit of the U.S. without realizing they are passing information of value to a FIE. This is seen not only in the DoD, but other parts within the USG, private industry, and research and academia communities.

Not all unsolicited contacts via social media are nefarious, but if you suspect being targeted due to your affiliation with DoD, promptly report that matter.



How It Happens

Spotting and Assessing

FIE spot and assess individuals for potential recruitment. **Adversaries are not necessarily looking for someone with a high level of access; sometimes the potential for future access or the ability of the recruit to lead to other high value targets is enough to generate adversary interest.** Spotting and assessing can take place anywhere, but is always approached in a non-threatening and natural manner. Trade shows, business contacts, social events, or online venues such as chat rooms and social media, are used for this process. During this phase, the FIE will often explore potential exploitable weaknesses which may be used as a lever against the recruit. These could include: Drugs or Alcohol, Gambling, Adultery, Financial Problems, or other weaknesses.

Develop

Once a potential recruit has been identified, adversaries begin to cultivate a relationship with that individual. In the “Development Phase,” meetings with the recruit become more private and less likely to be observable or reportable. By the time the “recruitment and handling phase” is initiated, the individual is likely emotionally tied to the adversary.

Recruit

The actual recruitment may involve appeals to ideological leanings, financial gain, blackmail or coercion, or any other of a number of motivators unique to that recruit. Some of these may manifest as observable and reportable behaviors.

And/Or Elicit

Not all FIE Targeting ends in recruitment. Sophisticated social engineering efforts including personal elicitation of information and targeted on-line phishing campaigns can be used to gather information from an unwitting source.



Insider Threat

Insider Threat Defined

An insider is any person who has or had authorized access to or knowledge of an organization's resources, including personnel, facilities, information, equipment, networks, and systems. **Insider threat is the potential for an insider to use their authorized access or understanding of an organization to harm that organization.** This harm can include malicious, complacent, or unintentional acts that negatively affect the integrity, confidentiality, and availability of the organization, its data, personnel, or facilities.

Motivations

Disgruntlement Ideology Money Ego/Excitement – DIME (2001 to present)

Money Ideology Compromise Ego/Excitement – MICE (1947 to 2001)

General Indicators

Best observed in clusters:

- Security violations
- Unusual work hours
- Undue affluence
- Divided loyalties
- Attempts to entice colleagues/associates into criminal act
- Attempts to entice colleagues/associates into compromising position
- Unauthorized storage of classified

Significant indicators (report immediately):

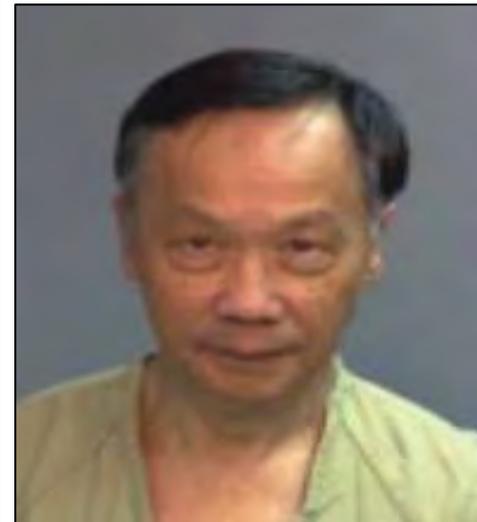
- Exceeding need to know
- Unreported foreign contact
- Unreported foreign travel (often short trips)
- Unofficial visits to foreign embassies/consulates



Mostafa Awwad's espionage career was based on sensitive but unclassified information



Ana Montes felt "morally obligated" to spy for Cuba



Chi Mak claimed "nothing improper" about taking USG proprietary information abroad



Operational Security

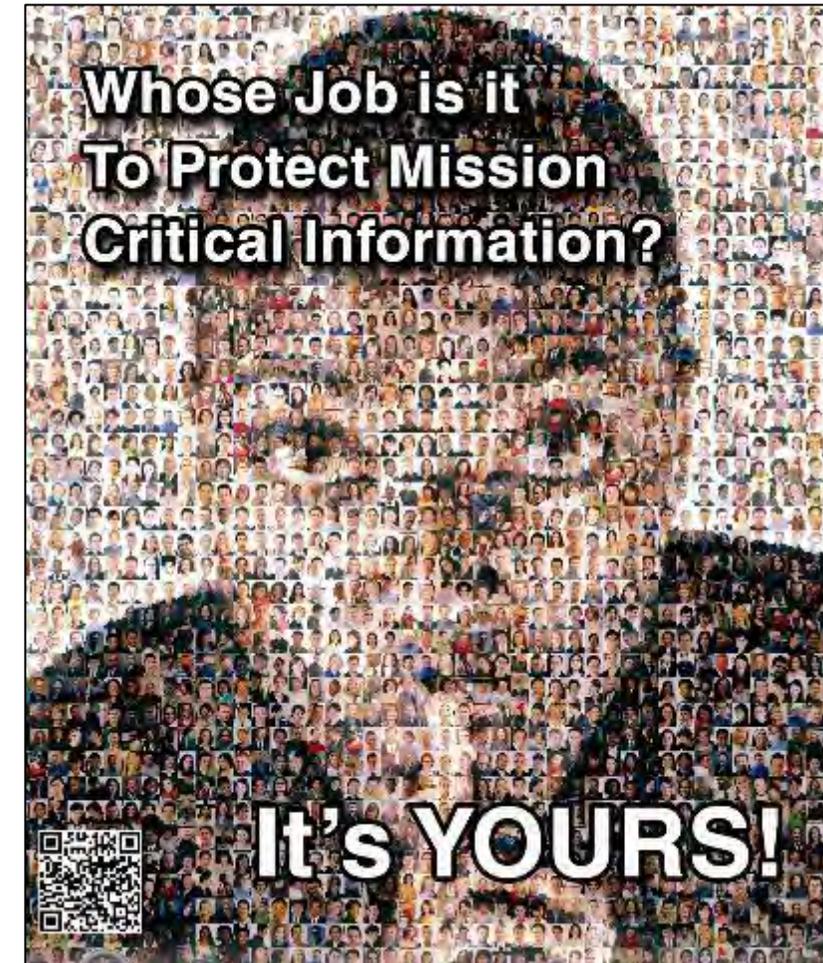
Operations Security is a systematic method used to identify, control, and protect critical information and subsequently analyze friendly actions associated with military operations and other activities. Ultimately, OPSEC is protecting your information and activities from your adversaries.

MCAS Iwakuni is one of the most strategically important installations with the Department of Defense – our adversaries are targeting us.

Our Adversaries receives 80% of their intelligence via open sources: trash/recycle bins, social networks, etc.

Always use OPSEC!

- Shred all paper
- Do not talk around classified/sensitive information in non-secure locations
- Be aware of photographs and information you post on social media
- Be aware of what family and friends are posting about you on social media



Reporting

NCISRA Iwakuni, Japan

- DSN (business hours only): 315-253-5589
- Duty (afterhours only): 080-5029-8559
- **Bldg 230 2nd floor; trevor.moss@ncis.navy.mil**
- Anonymous tips – www.ncis.navy.mil, select submit a tip
- Espionage hotline - navyspy@ncis.navy.mil

MAG-12 Force Protection Support Team

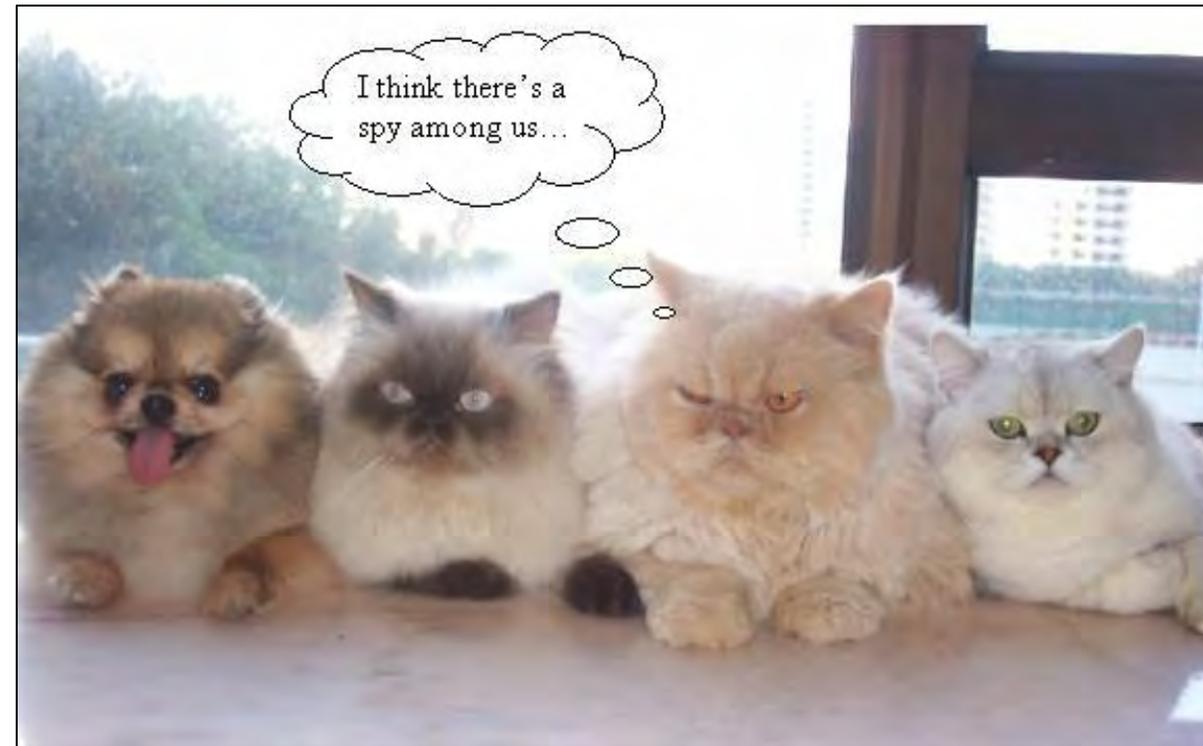
- DSN: 315-255-7828
- Building 6000 (MAG-12 side)

Station OPSEC Program Managers

- OPSEC Program Manager
- DSN: 315-253-3176

MCAS Iwakuni Provost Marshal's Office

- Emergency – 119
- Non-emergency – 253-3303





Station Safety Center



Welcome to Iwakuni Japan!



Your Safety is everyone's
Priority



Link to MCAS Iwakuni webpage

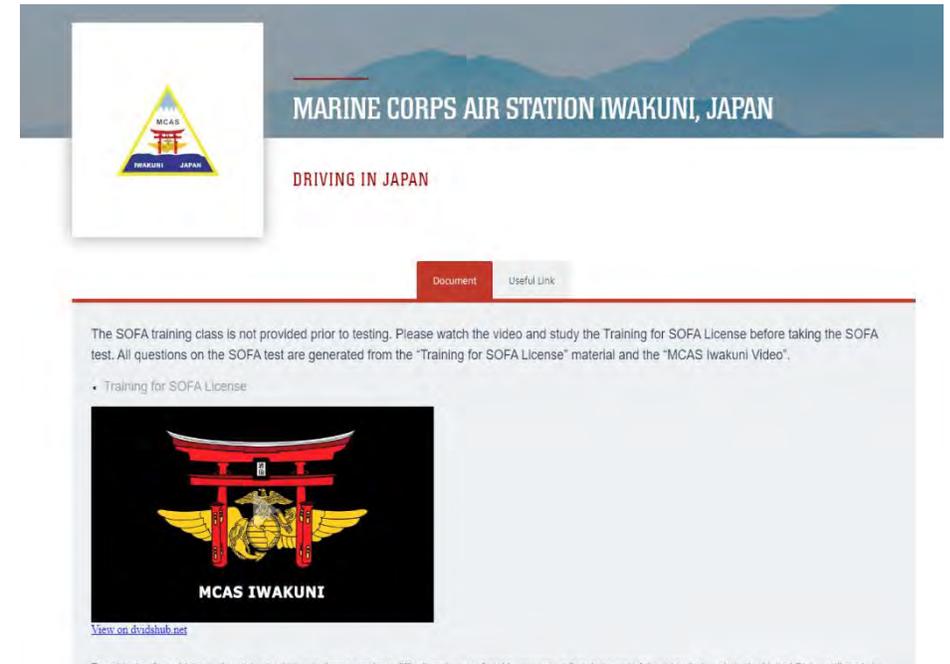


<https://www.mcasiwakuni.marines.mil/PCS-to-Iwakuni/Driving-in-Japan/>



1. Watch MCAS Iwakuni video and Study Training for SOFA License link.
2. When you pass the SOFA test, you will have only 60 days to get your license.
3. SOFA certificates are no longer issued onboard the base.

POC: Jay Gates DSN 253-3925 jay.gates.civ@usmc.mil





SOFA Certificates are no longer issued on board the base.



Requirements for getting your License at PMO, Pass and Registration:

1. Valid ID Card
2. Valid U.S. Driver's License
3. Copy of Orders
4. Active-Duty personnel under 26 must bring the Alive at 25 or any approved Driving Improvement Course certificate
5. For DEPENDENTS, Copy of Area Clearance and Sponsor's Orders
6. For E-5 AND BELOW, waiver package from command
7. For UDP SNCO AND OFFICERS, approval letter from Commanding Officer
8. When you pass, your name will be on a Roster that is valid for 60 days. If you don't acquire your SOFA license within 60 days, you will have to retake the test.

My Phone number and email address: **DSN 253-3925**

jay.gates.civ@usmc.mil



MCAS Iwakuni

UNCLASSIFIED



Emergency Evacuation Program (EEP) Packet Preparation Training



UNCLASSIFIED

Updated: 26 Sep 2024



Agenda



- **Why is the EEP important?**
- **EEP Packet Overview**
- **Evacuation Information Flow**
- **EEP Checklist / Data Card**
- **Evacuation Control Center (ECC)**
- **Stations 1-12**
- **Website**
- **Questions**



UNCLASSIFIED

EEP Packet Overview



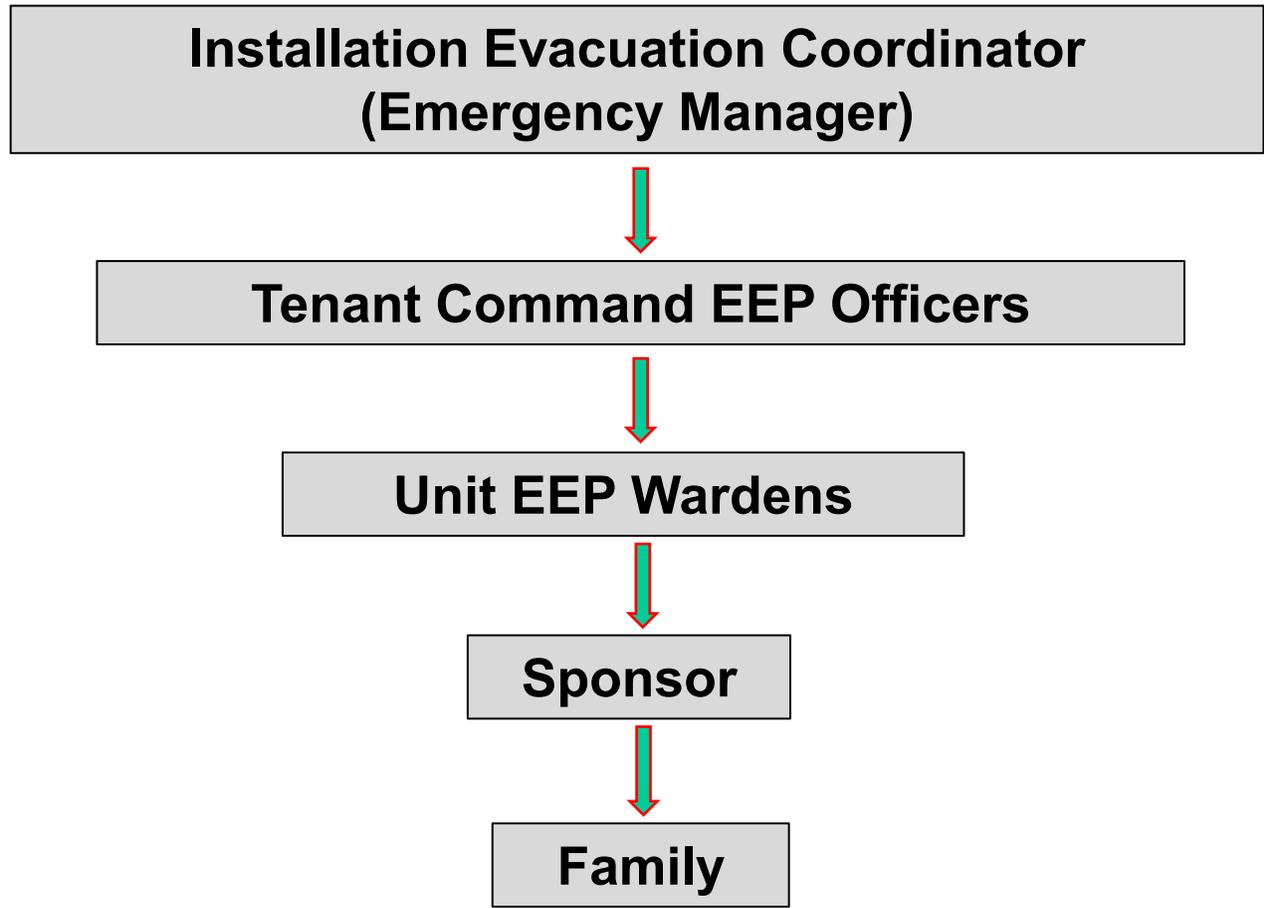
- **Standardized and required by US Forces Japan (USFJ).**
- **16 forms and a checklist.**
- **Some forms are not completed until you evacuate.**
- **Maintained by the family, not the unit or organization.**
- **Enable evacuating families to be compensated for items left behind and for expenses that incur during an evacuation.**

UNCLASSIFIED





Evacuation Information Flow



UNCLASSIFIED
EEP Data Card



NONCOMBATANT EVACUATION OPERATIONS (NEO) CARD						
USFJ FORM 178-R						
<input type="checkbox"/> USA		<input type="checkbox"/> USAF		<input type="checkbox"/> USN		<input type="checkbox"/> USMC
<input type="checkbox"/> DoD Civilian			<input type="checkbox"/> Other: _____			
SPONSOR'S NAME (Last, First, MI)			SPONSOR'S SEX	SPONSOR'S GRADE	SPONSOR'S SSN (Last 4)	
SPONSOR'S DEROS (DD Month YY)			SPONSOR'S DUTY TELEPHONE NUMBER		SPONSOR'S CONTACT TELEPHONE NUMBER	
SPONSOR'S UNIT				SPONSOR'S DUTY STATION (Zama, Yokota, Atsugi)		
NONCOMBATANT NAMES (Last, First, MI)	SEX	SSN	DATE OF BIRTH (YYYY MM DD)	CITIZENSHIP	RELATIONSHIP	PASSPORT NUMBER
NONCOMBATANT LOCAL ADDRESS			NONCOMBATANT MAILING ADDRESS			
EMERGENCY CONTACT AT DESINATION (Name, address, telephone number and/or email address)						
NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY (Only sole parent/EEC or dual military/EEC)						
NAME OF SCHOOL ATTENDED BY CHILD – NOTE: If child is NOT DoD ENROLLED, please provide NAME, ADDRESS & TELEPHONE NUMBER to school.						
AUTOMOBILE	MAKE	MODEL	YEAR	LICENSE		
PETS	TYPE OF PET	WEIGHT OF PET (In pounds)	ADMIN USE ONLY			
(Name)						
(Name)						
MEDICAL NEEDS						
REMARKS (Non-combatant's email address):						
SPONSOR'S SIGNATURE				DATE (YYYY MM DD)		
PRIVACY ACT STATEMENT						
1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.						
2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.						
3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.						
4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.						

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Evacuation Control Center

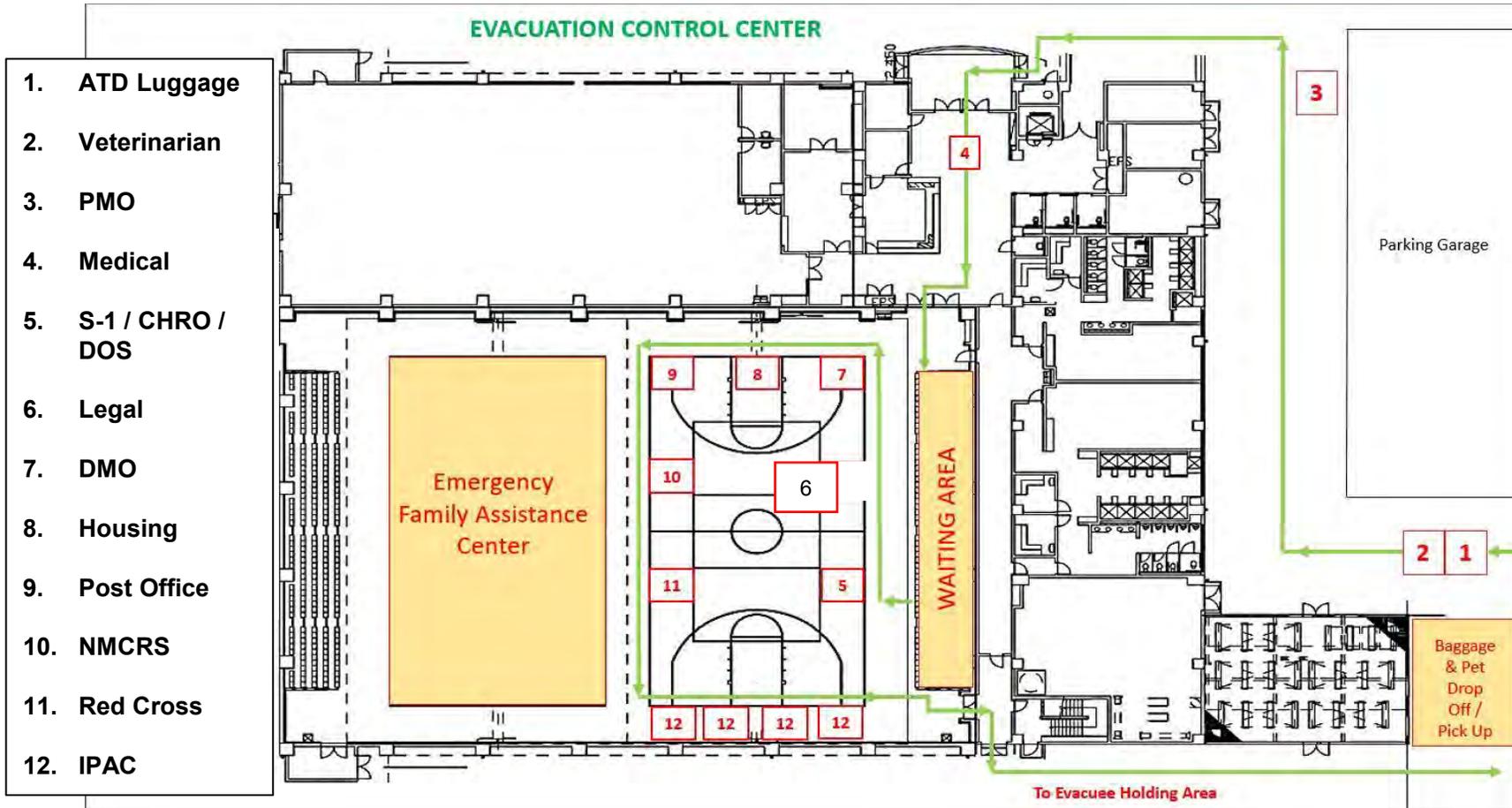


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Evacuation Control Center

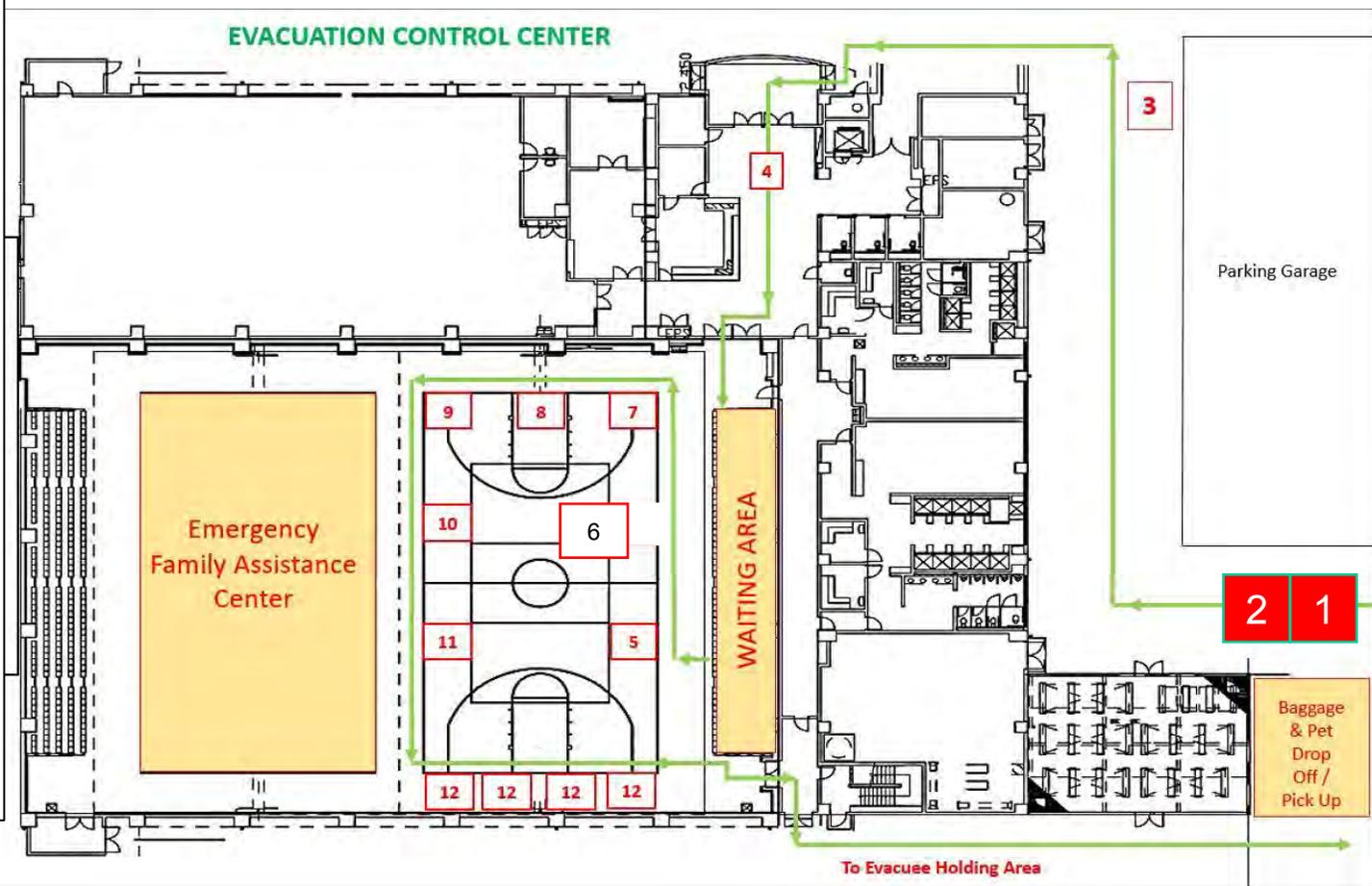


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Stations 1 & 2



- 1. **ATD Luggage**
- 2. **Veterinarian**
- 3. **PMO**
- 4. **Medical**
- 5. **S-1 / CHRO / DOS**
- 6. **Legal**
- 7. **DMO**
- 8. **Housing**
- 9. **Post Office**
- 10. **NMCRS**
- 11. **Red Cross**
- 12. **IPAC**



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Station 1

ATD Luggage Drop-off



Movements aboard civilian aircraft:

- You are authorized two pieces of baggage:
 - One carry-on bag (up to 20 pounds)
 - One traditional suitcase or duffel bag (50 pounds).
 - Both bags combined cannot exceed the maximum allowable weight of 70 pounds.
- Pet crate: the crate, not the pet, will count as one bag against your weight limitation.
 - Food and supplies in crates will count against your weight
- You may combine family items into fewer bags if the weight does not exceed your family's aggregate weight limit of 70 pounds per individual.



**Movements Aboard DOD Aircraft:**

- **Each passenger authorized two pieces of checked baggage:**
 - **Traditional suitcase or duffel bag (70 pounds each).**
- **Each family is authorized two pets:**
 - **Pet and crate cannot exceed 150 pounds.**
 - **Crate should be of sufficient size to allow the animal to standup, turn around and lie down w/normal posture & body movements.**
 - **Owner of pet is responsible for the preparation and care of the animal including all documentation/immunizations.**



Station 2 Veterinarian



- **Every family will check at the Vet booth**
- **Pet owners are required to bring the following to the Vet station:**
 - **A rigid kennel (no soft-sided kennels) for each pet**
 - **2 bowls**
 - **EEP packet (from vet office – “NEO Packet”)**
 - ✓ **Animal Identification Form** ✓ **Rabies Certificate**
 - ✓ **Immunization Record** ✓ **Health Certificate**
 - **7 days of food and medications (as required) for each pet**
- **Only the items above are required, do NOT bring your pet to the Vet station for the ECC drill.**



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Station 2

Veterinarian



- **Pets will never displace people from a vehicle or seat allocation.**
 - **Ideally pets travel with their families but may travel separately**
- **Pets will be registered and tracked in NTS. However, evacuation will not be delayed if it is determined pets cannot be accommodated.**
- **Pets will only be transported in airline approved pet carriers and must have a 7-day supply of food**
 - **If commercial aviation is used, evacuees must follow air carrier restrictions.**



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Station 2
Veterinarian



- **Per the Joint Travel Regulation (JTR), a pet is defined as a domestic dog or cat.**
- **Evacuation of two pets per household is authorized, but not guaranteed.**
- **Families must make plans for their pets to stay behind or be transported commercially.**
- **Service members are authorized transportation or reimbursement up to the cost allowed by the government for transporting pets.**
- **Iwakuni vet estimates as many as 2,000 plus dogs & cats.**

NOTE: During Annual EEP Exercise bring the empty animal crate, water & food bowls, and 7 days supply of food. DO NOT BRING YOUR PET TO THE EEP EXERCISE.

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Station 2
Veterinarian



- **Pets under the age of 6 months will not be allowed to be imported into the USA so please plan accordingly**
- **When importing back to the USA you will need to notify the CDC by visiting: <https://www.cdc.gov/importation/dogs/>**

NOTE: During Annual EEP Exercise bring the empty animal crate, water & food bowls, and 7 days supply of food. DO NOT BRING YOUR PET TO THE EEP EXERCISE.

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Station 2 Animal Evacuation Card



ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME Sopfels ANIMAL NAME Willow
 UNIT ASSIGNED PHA-J HOME OF RECORD ADDRESS 226 Doe Run Blvd. Clinton, TN 37716
 HOME OF RECORD CONTACT INFO: Synthia Boyles 865-776-1266
 ANIMAL DESCRIPTION: CANINE FELINE OTHER BREED GSD mix
 MALE FEMALE COLOR(S) blk/tan MARKINGS none
 MICROCHIP # 99100100 3243980 DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4
 MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	NTS TRACKING #



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Station 2

Vaccination Certificate



DD Form 2208

RABIES VACCINATION CERTIFICATE				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).</p> <p>PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.</p> <p>ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.</p> <p>DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.</p>				
1. OWNER'S NAME <i>(Last, First, Middle Initial)</i> SORRELS, AUSTIN (DUSTIN SORRELS)			2. TELEPHONE NUMBER <i>(Include Area Code)</i> H: 865-617-8474 W:	
3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i> PSC 561 BOX 2487 FPO AP 96310				
4. ANIMAL				
a. NAME WILLOW		b. MICROCHIP NUMBER(S) 991001003243980	c. SPECIES CANINE	d. SEX Female Spayed
e. AGE 10 Y	f. WEIGHT 54.3	g. PREDOMINANT BREED SHEPHERD MIX		h. COLOR(S) BLACK/TAN
5. VACCINE				
a. PRODUCER <i>(First 3 letters)</i> ZOE		b. LOT NUMBER 464480	c. EXPIRATION DATE 10 May 2022	d. VIRUS TYPE Nobivac 3-Rabies (killed)
e. ADMINISTRATION SITE Sub Q RHIP				
6. VACCINATION			7. VETERINARIAN	
a. RABIES TAG NUMBER		b. DATE VACCINATED 14 Jul 2021	a. NAME PENDLEY, PAMELA BLAIR	
b. LICENSE NUMBER NC 6046		c. SIGNATURE <i>Pamela Blair</i>		
c. VACCINATION DURATION 3 Y	d. VACCINATION DUE 14 Jul 2024			
8. FACILITY ADDRESS <i>(Street, City, State, ZIP Code)</i> Marine Corps Air Station Iwakuni Veterinary Service Bldg 1052 Iwakuni 96310 JAP				

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Station 2

Pet Health Certificate



DD Form 2209

VETERINARY HEALTH CERTIFICATE				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).</p> <p>PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.</p> <p>ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.</p> <p>DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.</p>				
1. OWNER'S NAME (Last, First, Middle Initial) SORRELS, AUSTIN (DUSTIN SORRELS)			2. TELEPHONE NUMBER (Include Area Code) H: 865-617-8474 W:	
3. ADDRESS (Number, Street, City, State, ZIP Code) BSC 561 BOX 2487 FPO AF 96310 UNITED STATES				
4. ANIMAL				
a. NAME WILLOW	b. SPECIES CANINE	c. SEX Female Spayed	d. AGE 10 Y	e. WEIGHT 54.3 lbs
f. MICROCHIP NUMBER(S) 991001003243980		g. PREDOMINANT BREED SHEPHERD MIX		h. COLOR(S) BLACK/TAN
5. RABIES IMMUNIZATION DATA				
a. PRODUCER (First 3 letters) ZOE	b. LOT NUMBER 464480	c. VIRUS TYPE Nobivac 3-Rabies (killed)	d. DATE VACCINATED 14 Jul 2021	e. VACCINATION DURATION 3 Y
<p>This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR, 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.</p>				
6. FACILITY ADDRESS (Street, City, State, ZIP Code) Marine Corps Air Station Iwakuni Veterinary Service Bldg 1052 Iwakuni 96310 JAP			7. VETERINARIAN	
			a. NAME	b. LICENSE NUMBER
			c. SIGNATURE	d. DATE (YYYYMMDD)

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Station 2

Immunization Record



DD Form 1741

Immunization Record for Canines

Name: WILLOW
 Owner: SORRELS,AUSTIN (DUSTIN SORRELS)
 Breed: SHEPHERD MIX (POA)
 Microchip: 991001003243980
 DOB/Age: 01 Dec 2010 10 Y Gender: FS

Facility Address

Marine Corps Air Station Iwakuni Veterinary Service
 Bldg 1052
 Iwakuni 96310 JAP
 Phone: 81-8277-96471 Fax: 81-8277-96981

	Vaccine	Date Given	Due Date	Product	Mfr.	Lot#	Exp. Date	Site	Treating Organization	Veterinarian
Rabies	Rabies	14 Jul 2021	14 Jul 2024	Nobivac 3-Rabies (killed)	ZOE	464480	10 May 2022	RHIP	MCAS IWAKUNI	PENDLEY
	Rabies	01 Dec 2020		Nobivac 3-Rabies (killed)	ZOE	407670A	27 Jul 2021	RHIP	MCAS IWAKUNI	SORRELS
	Rabies	10 Dec 2019		ELA Rabvac 3 (killed)		D020247A	16 Jan 2021	RHIP	MCB CAMP PENDLETON	SORRELS
	Rabies	21 Jul 2017								
	Rabies	21 Jul 2017		Nobivac 3-Rabies (killed)	ZOE	193980A	29 May 2018	RHIP	JBLM-MCCHORD AFB	SORRELS
	Rabies	02 Aug 2016								
	Rabies	02 Aug 2016		Nobivac 3-Rabies (killed)	ZOE	120626B	25 Apr 2017	RHIP	JBSA-FORT SAM HOUSTON	BASKERVILLE
Distemper, Parvovirus, Hepatitis, and Respiratory Disease	DAPv	14 Jul 2021	14 Jul 2024	Nobivac K9 3-DAPv	MAH	90060086	01 May 2022	RSH	MCAS IWAKUNI	PENDLEY
	DA2PP	29 Jul 2020		Nobivac K9-1 DA2PP	MAH	02121856B	18 Aug 2021	RSH	MCAS MIRAMAR	BAIN
	DA2PP	21 Jul 2017								
	DA2PP	21 Jul 2017		Nobivac K9-1 DA2PP	MAH	90060047	19 Jul 2018	RSH	JBLM-MCCHORD AFB	SORRELS
	DAPv	02 Aug 2016								
	DAPv	02 Aug 2016		Nobivac K9 3-DAPv	MAH	90060037	16 Feb 2017	RSH	JBSA-FORT SAM HOUSTON	BASKERVILLE
Parainfluenza	DA2PP	29 Jul 2020		Nobivac K9-1 DA2PP	MAH	02121856B	18 Aug 2021	RSH	MCAS MIRAMAR	BAIN
	DA2PP	21 Jul 2017								
	DA2PP	21 Jul 2017		Nobivac K9-1 DA2PP	MAH	90060047	19 Jul 2018	RSH	JBLM-MCCHORD AFB	SORRELS
	Bordetella-PI	02 Aug 2016								
Bordetella	Bordetella-PI	02 Aug 2016		Nobivac Intra Trac3-ADT	MAH	00541354B	12 Jan 2018	IN	JBSA-FORT SAM HOUSTON	BASKERVILLE
	Bordetella-IN	14 Jul 2021		Nobivac Intra Trac	MAH	00541445B	29 Sep 2022	IN	MCAS IWAKUNI	PENDLEY
	Bordetella-IN	29 Jul 2020		Nobivac Intra Trac	MAH	00541428A	15 Oct 2021	IN	MCAS MIRAMAR	BAIN
	Bordetella-Inj	21 Jul 2017								
	Bordetella-Inj	21 Jul 2017		Bronchicine	ZOE	226860A	22 Apr 2020	LSH	JBLM-MCCHORD AFB	SORRELS
	Bordetella-PI	02 Aug 2016		Nobivac Intra Trac3-ADT	MAH	00541354B	12 Jan 2018	IN	JBSA-FORT SAM HOUSTON	BASKERVILLE
Leptospirosis	Leptospirosis	14 Jul 2021	14 Jul 2022	Nobivac Lepto-4	MAH	02171243	20 Oct 2022	LFL	MCAS IWAKUNI	PENDLEY
	Leptospirosis	29 Jul 2020		Nobivac Lepto-4	MAH	02171226	13 Dec 2021	LFL	MCAS MIRAMAR	BAIN
	Leptospirosis	21 Jul 2017								
	Leptospirosis	21 Jul 2017		Nobivac Lepto-4	MAH	02171172	04 Oct 2018	LFL	JBLM-MCCHORD AFB	SORRELS
	Leptospirosis	02 Aug 2016								
	Leptospirosis	02 Aug 2016		Nobivac Lepto-4	MAH	02171167	01 Mar 2018	LFL	JBSA-FORT SAM HOUSTON	BASKERVILLE
Coronavirus										
Lyme										



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Station 3

Vehicle Control Form



PROVOST MARSHAL'S OFFICE
MCAS IWAKUNI, JAPAN
PSC 561 BOX 21
FPO AF 96310-0009

VEHICLE CONTROL FORM

SPONSOR INFORMATION:

Rank: _____ Name: _____ SSN# _____
Last First MI

Command: _____

EVACUEE INFORMATION:

Name: _____ SSN# _____

VEHICLE INFORMATION: (Please fill out a separate form for each vehicle.)

MAKE: _____ (Ex. Toyota, etc.)

MODEL: _____ (Ex. Hi-Ace, etc.)

TYPE: _____ (Ex. Van, Truck, Sedan, etc.)

COLOR: _____ (Ex. Black, Red, etc.)

OF DOORS: _____ (4, 5, etc.)

VIN/SERIAL # _____

LICENSE PLATE # _____

PASSENGER CAPACITY: _____ (2, 5, 8, etc.)

VEHICLE LOCATION (Penny Lake or address (Bldg#): _____

Parking structure floors
will be labeled:

1A / 1B

2A / 2B

3A / 3B

4A / 4B

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Station 3 Vehicle Impound



DD Form 2506 Vehicle Impound / turn-in Document

Fill out sections Part I (Blocks 1-3), & Part II (Block 5)

VEHICLE IMPOUNDMENT REPORT												
PART I - IDENTIFICATION												
1. VEHICLE IDENTIFICATION		a. MAKE		b. MODEL		c. YEAR		d. COLOR		e. VEHICLE IDENTIFICATION NO.		
f. VEHICLE LICENSE (1) NUMBER			(2) STATE		(3) YEAR		g. MILEAGE			h. DECAL NO.		
2. REGISTERED OWNER					3. VEHICLE OPERATOR							
a. NAME (Last, First, Middle Initial)					a. NAME (Last, First, Middle Initial)							
b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)					b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)							
c. ORGANIZATION			d. TELEPHONE NUMBER <i>(Include Area Code)</i>		c. ORGANIZATION			d. TELEPHONE NUMBER <i>(Include Area Code)</i>				
PART II - DESCRIPTION												
4. REASON FOR IMPOUNDMENT <i>(X all that apply)</i>					5. DAMAGE TO VEHICLE							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> BURNED <input type="checkbox"/> DWI <input type="checkbox"/> OTHER <i>(Specify)</i>					<input type="checkbox"/> ABANDONED <input type="checkbox"/> ILLEGALLY PARKED <input type="checkbox"/> STOLEN					a. SHADE DAMAGED AREA OF VEHICLE 		
					b. X ALL THAT APPLY							
6. CONDITION OF VEHICLE WHEN IMPOUNDED <i>(X all that apply)</i>					Intact		Missing		Intact		Missing	
<input type="checkbox"/> DOOR LOCKED <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> KEYS IN CAR <input type="checkbox"/> OTHER <i>(Specify)</i>					<input type="checkbox"/> DOOR UNLOCKED <input type="checkbox"/> TRUNK UNLOCKED <input type="checkbox"/> KEYS MISSING		<input type="checkbox"/> ENGINE <input type="checkbox"/> MIRROR(S) <input type="checkbox"/> LUG WRENCH <input type="checkbox"/> TAPE DECK <input type="checkbox"/> LR WHEEL/TIRE <input type="checkbox"/> RF WHEEL/TIRE <input type="checkbox"/> WHEEL COVERS		<input type="checkbox"/> BATTERY <input type="checkbox"/> JACK <input type="checkbox"/> RADIO <input type="checkbox"/> SPARE WHEEL/TIRE <input type="checkbox"/> RR WHEEL/TIRE <input type="checkbox"/> LF WHEEL/TIRE <input type="checkbox"/> CB RADIO			
7. LOCATION OF VEHICLE												
8. CONDITION OF VEHICLE <i>(Attach additional pages if more space is needed.)</i>												
9. PERSONAL PROPERTY CONTAINED IN VEHICLE <i>(Attach additional pages if more space is needed.)</i>												
10. REMARKS <i>(Attach additional pages if more space is needed.)</i>												
PART III - DISPOSITION												
11. DATE IMPOUNDED (YYYYMMDD)			12. TIME IMPOUNDED			13. REPORTED BY						
14. TOWED AT			15. STORED AT			a. NAME (Last, First, Middle Initial)			b. RANK		c. DATE	
						d. ORGANIZATION			e. SIGNATURE			
16. WITNESSED BY			17. RELEASED BY			a. NAME (Last, First, Middle Initial)			b. RANK		c. DATE	
a. NAME (Last, First, Middle Initial)			b. RANK		c. DATE		a. NAME (Last, First, Middle Initial)			b. RANK		
d. ORGANIZATION			e. SIGNATURE		d. ORGANIZATION			e. SIGNATURE				



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Station 3

Vehicle Shipment (If Applicable) DD FORM 788, 788-1 & 788-2



Prescribed by: DTR 4300-9-1

PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE

1. TCM# DATA	2. CONTAINER NO. (1-4)	3. CONTAINER (1-1)	4. COMEX# (1-1)	5. PO# (1-1)	6. P# (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (2-4)	9. CONTAINER (1-1)	10. REG. (1-1)	11. TR. ACCIDENT (1-1)	12. PRETR. (1-1)	13. WEIGHT (1-1)	14. HEIGHT (1-1)
15. CUBE (1-1)	16. D.O.C. (1-1)	17. POY YR. MAKE (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A. (1-1)	20. GRADE (1-1)	
21. STATE (1-1)	22. LICENSE NUMBER (1-1)	23. COLOR (1-1)	24. BODY TYPE (1-1)	25. VEHICLE IDENTIFICATION NUMBER (1-1)		
26. DIMENSION READINGS (1-1)	27. VESSEL (1-1)	28. AUTHORIZATION CHARGES FWD, ETC. (1-1)	29. DATE LOADED (YYYYMMDD) (1-1)			
30. STOWAGE LOCATION (1-1)	31. BILLING ADDRESS FOR NOTIFICATION PURPOSES (1-1)	32. INSPECTION (1-1)	33. DATE (YYYYMMDD) (1-1)	34. INSPECTOR'S PRINTED NAME (Last, First, Middle Initial) (1-1)		

30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.

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

33. INTERIOR CONDITION CODE

34. ACCESSORIES

35. PROCESSING SERVICE

36. ADD/DRAIN FUEL

37. CONNECT/DISCONNECT BATTERY

38. PACK ACCESSORIES

39. OTHERS

35. DDD POY IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

36. THE VEHICLE DESCRIBED ABOVE:

37. REPORT IF POY is equipped with an engine sensor. (If applicable)

DD FORM 788, SEP 1998

Prescribed by: DTR 4300-9-1

PRIVATE VEHICLE SHIPPING DOCUMENT FOR VAN

1. TCM# DATA	2. CONTAINER NO. (1-4)	3. CONTAINER (1-1)	4. COMEX# (1-1)	5. PO# (1-1)	6. P# (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (2-4)	9. CONTAINER (1-1)	10. REG. (1-1)	11. TR. ACCIDENT (1-1)	12. PRETR. (1-1)	13. WEIGHT (1-1)	14. HEIGHT (1-1)
15. CUBE (1-1)	16. D.O.C. (1-1)	17. POY YR. MAKE (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A. (1-1)	20. GRADE (1-1)	
21. STATE (1-1)	22. LICENSE NUMBER (1-1)	23. COLOR (1-1)	24. BODY TYPE (1-1)	25. VEHICLE IDENTIFICATION NUMBER (1-1)		
26. DIMENSION READINGS (1-1)	27. VESSEL (1-1)	28. AUTHORIZATION CHARGES FWD, ETC. (1-1)	29. DATE LOADED (YYYYMMDD) (1-1)			
30. STOWAGE LOCATION (1-1)	31. BILLING ADDRESS FOR NOTIFICATION PURPOSES (1-1)	32. INSPECTION (1-1)	33. DATE (YYYYMMDD) (1-1)	34. INSPECTOR'S PRINTED NAME (Last, First, Middle Initial) (1-1)		

30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.

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

33. INTERIOR CONDITION CODE

34. ACCESSORIES

35. PROCESSING SERVICE

36. ADD/DRAIN FUEL

37. CONNECT/DISCONNECT BATTERY

38. PACK ACCESSORIES

39. OTHERS

35. DDD POY IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

36. THE VEHICLE DESCRIBED ABOVE:

37. REPORT IF POY is equipped with an engine sensor. (If applicable)

DD FORM 788-1, SEP 1998

Prescribed by: DTR 4300-9-1

PRIVATE VEHICLE SHIPPING DOCUMENT FOR MOTORCYCLE

1. TCM# DATA	2. CONTAINER NO. (1-4)	3. CONTAINER (1-1)	4. COMEX# (1-1)	5. PO# (1-1)	6. P# (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (2-4)	9. CONTAINER (1-1)	10. REG. (1-1)	11. TR. ACCIDENT (1-1)	12. PRETR. (1-1)	13. WEIGHT (1-1)	14. HEIGHT (1-1)
15. CUBE (1-1)	16. D.O.C. (1-1)	17. POY YR. MAKE (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A. (1-1)	20. GRADE (1-1)	
21. STATE (1-1)	22. LICENSE NUMBER (1-1)	23. COLOR (1-1)	24. BODY TYPE (1-1)	25. VEHICLE IDENTIFICATION NUMBER (1-1)		
26. DIMENSION READINGS (1-1)	27. VESSEL (1-1)	28. AUTHORIZATION CHARGES FWD, ETC. (1-1)	29. DATE LOADED (YYYYMMDD) (1-1)			
30. STOWAGE LOCATION (1-1)	31. BILLING ADDRESS FOR NOTIFICATION PURPOSES (1-1)	32. INSPECTION (1-1)	33. DATE (YYYYMMDD) (1-1)	34. INSPECTOR'S PRINTED NAME (Last, First, Middle Initial) (1-1)		

30. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted.

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

33. INTERIOR CONDITION CODE

34. ACCESSORIES

35. PROCESSING SERVICE

36. ADD/DRAIN FUEL

37. CONNECT/DISCONNECT BATTERY

38. PACK ACCESSORIES

39. OTHERS

35. DDD POY IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

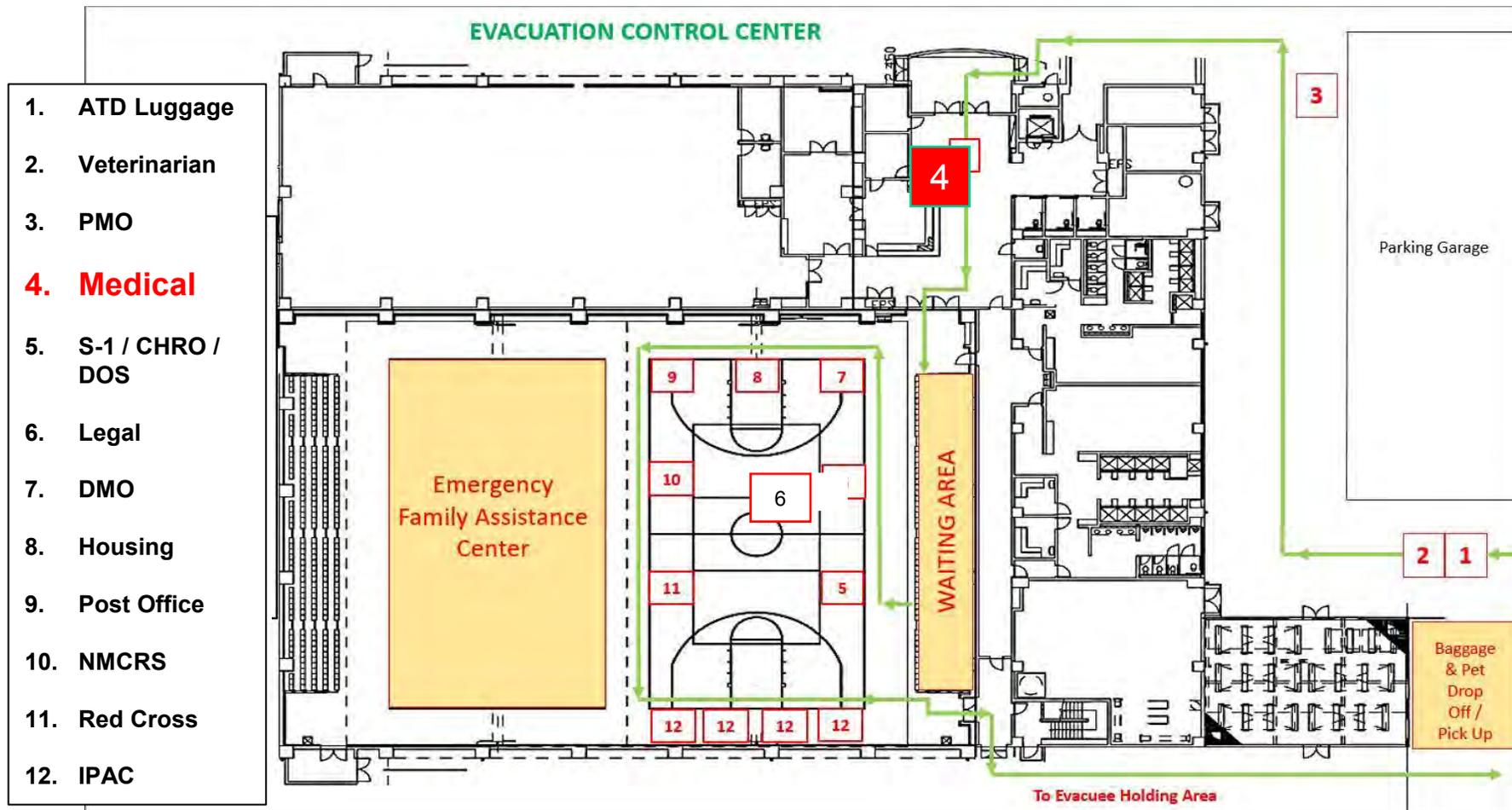
36. THE MOTORCYCLE DESCRIBED ABOVE:

37. REPORT IF POY is equipped with an engine sensor. (If applicable)

DD FORM 788-2, SEP 1998



Station 4 Medical



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Station 4 **Medical**



- **Medical triage for any injuries**
- **Refilling of prescriptions (if needed)**
- **Assess any urgent medical needs prior to evacuation from MCAS Iwakuni.**

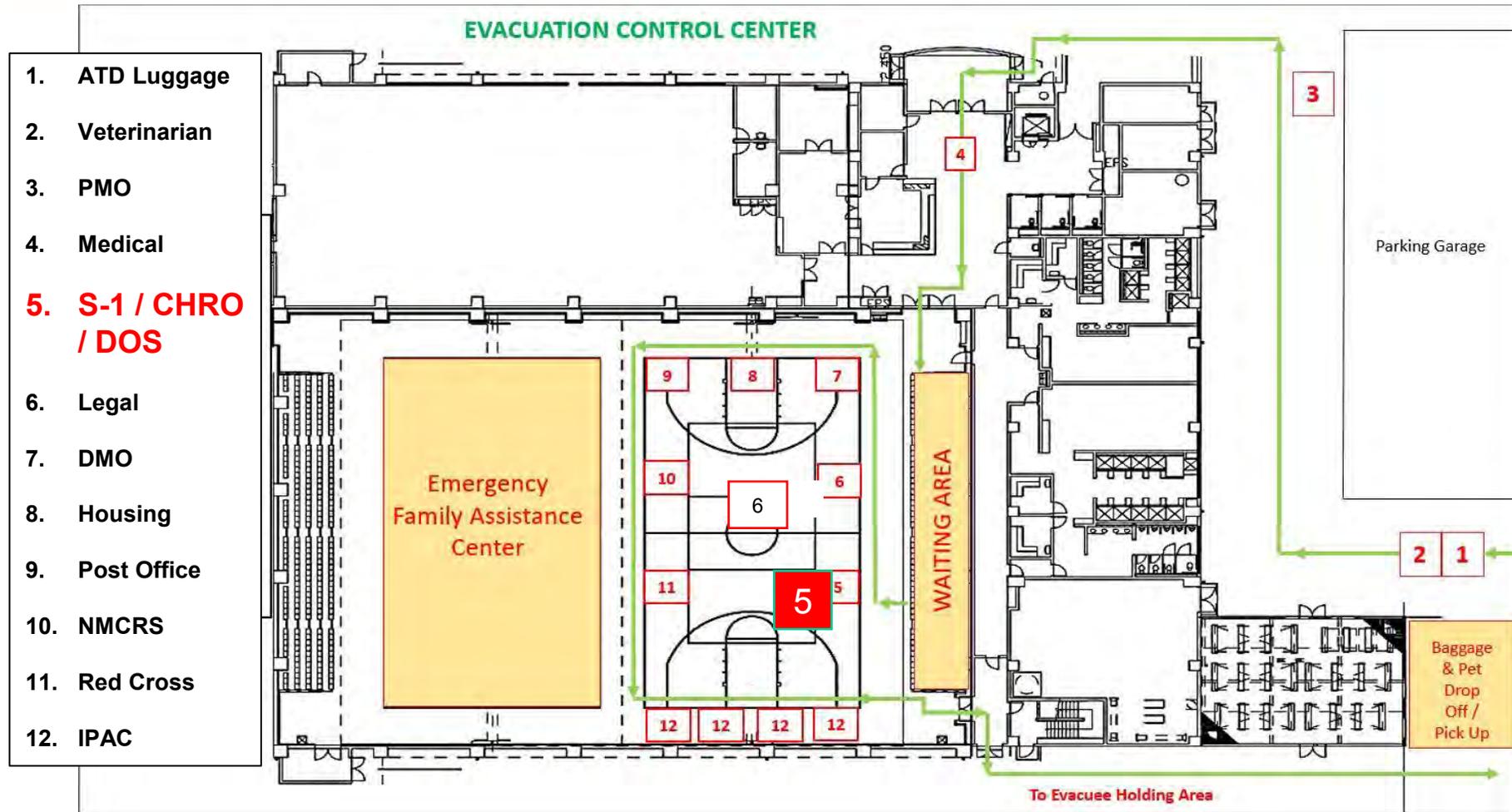
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Station 5

S-1 / CHRO / DOS / Customs



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Station 5
Evacuation Orders



DD Form 1610

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations (JTR), Chapter 2) (Read Privacy Act Statement on back before completing form.)</small>				1. DATE OF REQUEST (YYYYMMDD)	
REQUEST FOR OFFICIAL TRAVEL					
2. NAME (Last, First, Middle Initial)		3. SOCIAL SECURITY NUMBER		4. POSITION TITLE AND GRADE/RATING	
5. LOCATION OF PERMANENT DUTY STATION (PDS)			6. ORGANIZATIONAL ELEMENT		7. DUTY PHONE NUMBER <small>(Include Area Code)</small>
8. TYPE OF AUTHORIZATION		9. TDY PURPOSE (See JTR, Appendix H)		10a. APPROX. NO. OF TDY DAYS <small>(including travel time)</small>	
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED					
12. TRANSPORTATION MODE					
a. COMMERCIAL			b. GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE
				SHIP	RENTAL
					TAXI
					OTHER
			PRIVATELY OWNED CONVEYANCE (Check one)		
			RATE PER MILE:		
			ADVANTAGEOUS TO THE GOVERNMENT		
			MILEAGE REIMBURSEMENT AND PER DIEM		
			IS LIMITED TO CONSTRUCTED COST OF		
			COMMON CARRIER TRANSPORTATION AND		
			PER DIEM AS DETERMINED AND TRAVEL		
			TIME AS LIMITED PER JTR		
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.			b. OTHER RATE OF PER DIEM (Specify)		
14. ESTIMATED COST					
a. PER DIEM		b. TRAVEL		d. TOTAL	
\$		\$		\$ 0.00	
15. ADVANCE AUTHORIZED					
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)					
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)			18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)		
AUTHORIZATION					
19. ACCOUNTING CITATION					
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)				21. DATE ISSUED (YYYYMMDD)	
				22. TRAVEL AUTHORIZATION NUMBER	

DD FORM 1610, MAY 2003

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 5.0

PRIVACY ACT STATEMENT <small>(5 U.S.C. 552a)</small>
AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.
PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.
16. REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)

DD FORM 1610 (BACK), MAY 2003

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Station 5 Repatriation Processing



DD Form 2585

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"	
ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the <u> eldest </u> child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.	
ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.	
SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"	
1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL (YYYYMMDD)
3. REPATRIATION CENTER	
4. PROCESSING DATE (YYYYMMDD)	5. PROCESSING TIME (Military)
SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"	
6. NAME OF EVACUEE (Last, First, Middle Initial)	
7. COUNTRY EVACUATED FROM	
8. DATE OF BIRTH (YYYYMMDD)	9. PLACE OF BIRTH (City, State, and Country)
10. COUNTRY OF CITIZENSHIP	
11. GENDER (X one) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	12. SOCIAL SECURITY NUMBER
13. MARITAL STATUS (X one) SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued) (Read before completing items 16 and 23)			
(Use these tables to complete Item 16 and Item 23 (Page 7). Choose all that apply.)			
TABLE 1a - U.S. CITIZEN		TABLE 1b - FOREIGN NATIONAL	
CLASSIFICATION NUMBER 1a DoD: Service Member b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) 2a DoD: Civilian Employee WITH Transportation Agreement b DoD: Dependent of Civilian Employee WITH Transportation Agreement c DoD: Civilian Employee WITHOUT Transportation Agreement d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement 3a Non-DoD U.S. Government (USG): Employee b Non-DoD USG: Employee Dependent and/or Family Member 4 Citizen Residing Abroad (Child, Student, Private Business) 5 Tourist 6 Citizen on Business-Related Travel 7 U.S. Government Contractor	CLASSIFICATION NUMBER 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent, not U.S. citizen) 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) 11 Non-U.S. Civilian Employee (Works for U.S. Government) 12 Citizen of Country Other Than U.S. 13 Other: None of the Above (Specify)	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable	
16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	ADULTS (include yourself)	CHILDREN (include all children)
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (if applicable)	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	DOGS	CATS
		BIRDS	OTHER
19. EMERGENCY CONTACT IN U.S. (For person named in Item 6 above)			
a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)	
20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (if applicable) (If same as Item 19, enter "SAME")			
a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)	
21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS (For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)			
a. BRANCH OF SERVICE/DOD AGENCY (X one)			
ARMY <input type="checkbox"/>	NAVY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>	MARINE CORPS <input type="checkbox"/>
COAST GUARD <input type="checkbox"/>		DOD AGENCY <input type="checkbox"/>	
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)		c. SSN	d. RANK/GRADE
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (include APO/FPO/H)			
22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN) (Complete if applicable)			
a. NAME OF ESCORT (Last, First, Middle Initial)		b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	e. CELL TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	



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Station 5
Repatriation Processing



DD Form 2585

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued)			
23. ACCOMPANYING EVACUEES <i>(Fill out for each accompanying person.)</i>			
a.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)
(4) GENDER (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
b.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)
(4) GENDER (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
c.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)
(4) GENDER (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in item c.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
d.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)
(4) GENDER (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH (City, State, and Country)		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in item d.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.			

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)			
24. IF NO SERVICES ARE NEEDED, X THIS BLOCK <input type="checkbox"/>			
25. SERVICES NEEDED (X all that apply)			
CLOTHING			
HOUSING	PERMANENT	TEMPORARY	
MEDICAL			
DOD INFORMATION			
DOD LEGAL SERVICES			
CHILD CARE			
FEDERAL CIVILIAN PERSONNEL ASSISTANCE			
LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS			
TRANSPORTATION TO ONWARD DESTINATION			
FINANCIAL ASSISTANCE			
MENTAL HEALTH			
GENERAL INFORMATION			
CHAPLAIN ASSISTANCE			
FUNERAL ASSISTANCE			
DOD RELOCATION INFORMATION			
TRANSLATOR (Indicate language)			
OTHER (Specify)			
26. ADDITIONAL REMARKS			
STOP HERE.			



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Station 5 Emergency Advance Pay



DD Form 2461

AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES				
PRIVACY ACT STATEMENT				
AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.				
PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.				
ROUTINE USE(S): None.				
DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.				
1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION		9. EVACUATION ORDER NO.	10. DATE OF ORDER (YYYYMMDD)	11. DATE EVACUATED (YYYYMMDD)
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP	
14. OTHER DEPENDENTS (If additional space is needed, use back.)				
a. NAME		b. DATE OF BIRTH (YYYYMMDD)	a. NAME	
			b. DATE OF BIRTH (YYYYMMDD)	
15. I hereby authorize payment of \$ _____ per pay period and/or advance of pay of \$ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.				
16. I hereby authorize dependent named above or designated representative to receive payments indicated:				
a. EVACUATION SUBSISTENCE ALLOWANCE: \$ _____			b. EVACUATION TRAVEL AND TRANSPORTATION: \$ _____	
17. EMPLOYEE				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
18. DEPENDENT OR DESIGNATED REPRESENTATIVE				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
19. AUTHORIZED OFFICIAL				
a. TYPED NAME		b. TITLE		
c. SIGNATURE			d. DATE SIGNED (YYYYMMDD)	
20. I request the amount of \$ _____ per pay period as an allotment or assignment of monies due dependent named above (to be completed only when, because of emergency conditions, certification by employee is not available). I (dependent or designated representative named above) certify that the above information is complete and accurate to the best of my knowledge and belief.				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
21. PAYMENT RECORD (If additional space is needed, use back.)				
a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

DD FORM 2461, MAR 2000

PREVIOUS EDITION IS OBSOLETE.

PRINT

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Station 5

Evacuee Manifest & Promissory Note



DS 5528

U.S. Department of State
EVACUEE MANIFEST AND PROMISSORY NOTE
OMB APPROVAL NO. 1555-0211 EXPIRATION DATE: 03-31-2025 ESTIMATED BURDEN: 20 Minutes

PART 1 - EVACUATION APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY

1. Last Name (<i>Print Clearly</i>)		2. First Name		3. Middle Name	
4. Social Security Number	5. Date of Birth (DD-MMM-YYYY)	6. Place of Birth	7. Identity Document Issuing Country Passport Number or National ID No.	8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
9. Current lodging where you may be contacted now					
10. Phone number where you may be contacted now			11. Email address where you may be contacted now		
12. Medical condition, current injuries, or limited mobility relevant to evacuation					
13. Verifiable Billing Address at Final Destination in United States or other Permanent Address (<i>Not a Post Office Box (Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members)</i>)					
14. Address Line 1					
15. Address Line 2					
16. City		17. State/Province		18. Country	
19. Postal Code		20. Telephone Number (<i>Include Country/City Codes</i>)		21. Email Address	
22. Emergency Contact (<i>Do not list someone traveling with you</i>)					
23. Last Name (<i>Print Clearly</i>)			24. First Name		
25. Address Line 1					
26. Address Line 2					
27. City		28. State/Province		29. Country	
30. Postal Code		31. Telephone Number (<i>Include Country/City Codes</i>)		32. Email Address	
33. Relationship to you					
34. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, list below. <input type="checkbox"/> Check here if none					
35. Last Name (<i>Print Clearly</i>)		36. First Name		37. Middle Name	
38. Social Security Number	39. Date of Birth (DD-MMM-YYYY)	40. Place of Birth	41. Identity Document Issuing Country Passport No. or National ID No.	42. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
43. This Person is My:					
44. Last Name (<i>Print Clearly</i>)		45. First Name		46. Middle Name	
47. Social Security Number	48. Date of Birth (DD-MMM-YYYY)	49. Place of Birth	50. Identity Document Issuing Country Passport No. or National ID No.	51. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
52. This Person is My:					

53. Last Name (<i>Print Clearly</i>)		54. First Name		55. Middle Name	
56. Social Security Number	57. Date of Birth (DD-MMM-YYYY)	58. Place of Birth	59. Identity Document Issuing Country Passport No. or National ID No.	60. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
61. This Person is My:					
62. Last Name (<i>Print Clearly</i>)		63. First Name		64. Middle Name	
65. Social Security Number	66. Date of Birth (DD-MMM-YYYY)	67. Place of Birth	68. Identity Document Issuing Country Passport No. or National ID No.	69. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
70. This Person is My:					
71. Last Name (<i>Print Clearly</i>)		72. First Name		73. Middle Name	
74. Social Security Number	75. Date of Birth (DD-MMM-YYYY)	76. Place of Birth	77. Identity Document Issuing Country Passport No. or National ID No.	78. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
79. This Person is My:					
80. Last Name (<i>Print Clearly</i>)		81. First Name		82. Middle Name	
83. Social Security Number	84. Date of Birth (DD-MMM-YYYY)	85. Place of Birth	86. Identity Document Issuing Country Passport No. or National ID No.	87. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
88. This Person is My:					

89. PART 2 - Promissory Note and Repayment Agreement (FOR ALL EVACUEES, including Third Party Contractors. Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members.)

- I clearly understand that I am accepting evacuation of my own free will and at my own risk to a location chosen by the U.S. Government. The mode of transportation may be via charter or military transport. I also understand that the evacuation flight may not comply with normal international safety or luggage/cargo regulations/standards in the case of military aircraft travel, the U.S. Government acts only as an agent and not as a contract carrier.
- U.S. Citizens: I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for all applicable expenses for my/our evacuation. This evacuation loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.
- I understand that:
 - I will be billed for the cost of my/our transportation no greater than the amount of a full-fare economy flight, or comparable alternate transportation, to the designated destination(s) that would have been charged immediately prior to the events giving rise to the evacuation.
 - My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
 - Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
 - If my loan is in default, I and all listed U.S. citizen family members will not be eligible for a limited validity U.S. passport.
 - My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
 - I will be liable to pay any costs for collection.
- I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 970008, St. Louis, MO 63197-0000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-0008. Send questions by courier (DHL, FedEx, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1609 Dyess Ave, Building 646-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call 1-800-521-2116 or internationally, call 843-746-0592. To make inquiries by email, contact: FMPARD@state.gov.)
- Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.

90. Signature Block for Applicant (Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. I understand that refusal to sign does not relieve me of my debt if the persons listed used the transport.

91. Full Name Printed _____

92. Signature _____ 93. Date (DD-MMM-YYYY) _____



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Station 5

Evacuee Manifest & Promissory Note



DS 5528

Identity Document Number from Line 7

PART 3 - CONSULAR NOTES - For Official Use Only			
<input type="checkbox"/> No Signature of Loan Recipient - Minor	<input type="checkbox"/> No Social Security Number		
<input type="checkbox"/> No Signature of Loan Recipient - Incapacitated/Incompetent Adult	<input type="checkbox"/> Escort of the Primary Applicant (No Familial Relationship)		
<input type="checkbox"/> Loan Includes Temporary Subsistence Associated with Evacuation	<input type="checkbox"/> Other (Please Explain)		
If applicable, List below U.S. citizen associated with Third Country National/Host Country National, accompanying spouse or partner, or escort primary applicant.			
Name of the U.S. Citizen	Date of Birth	Place of Birth	Social Security Number
FOR OFFICIAL USE ONLY TO BE COMPLETED BY U.S. CONSULAR OFFICER (Insert number of individuals for each category)			
Transport Number	<input type="checkbox"/> U.S. Citizen Loan Recipient	<input type="checkbox"/> Legal Permanent Resident Loan Recipient	<input type="checkbox"/> USG Employee/EFM on Official Assignment
Transport Type	<input type="checkbox"/> Third Country or Host Country National Loan Recipient	<input type="checkbox"/> Foreign Diplomat Loan Recipient	
Evacuation from _____ to _____ on date (DD-MMM-YYYY)			
PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION			
The undersigned consular officer approves the loan specified above and certifies the persons listed boarded the transport:			
Signature of Consular Officer		Name of Post	
Typed or Printed Name of Consular Officer		Date (DD-MMM-YYYY)	
Title of Consular Officer		SEAL	
94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT			
The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.			
I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to: (Please place a check in the following boxes for the people to whom you authorize information to be released.) <input type="checkbox"/> family, <input type="checkbox"/> friends, <input type="checkbox"/> individual members of congress, <input type="checkbox"/> members of the press, <input type="checkbox"/> and the general public			
95 Signature		95 Date (DD-MMM-YYYY)	
PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT			
AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2671, 2715, 4802, and 2357; and E.O. 9397, as amended.			
PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuations.			
ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes. Also see the Department of State's routine uses for Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.			
DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.			
PAPERWORK REDUCTION ACT (PRA) STATEMENT			
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, 4th Floor, SA-29, U.S. Department of State, Washington, DC 20522-2202.			

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Station 5

Department of State Notes

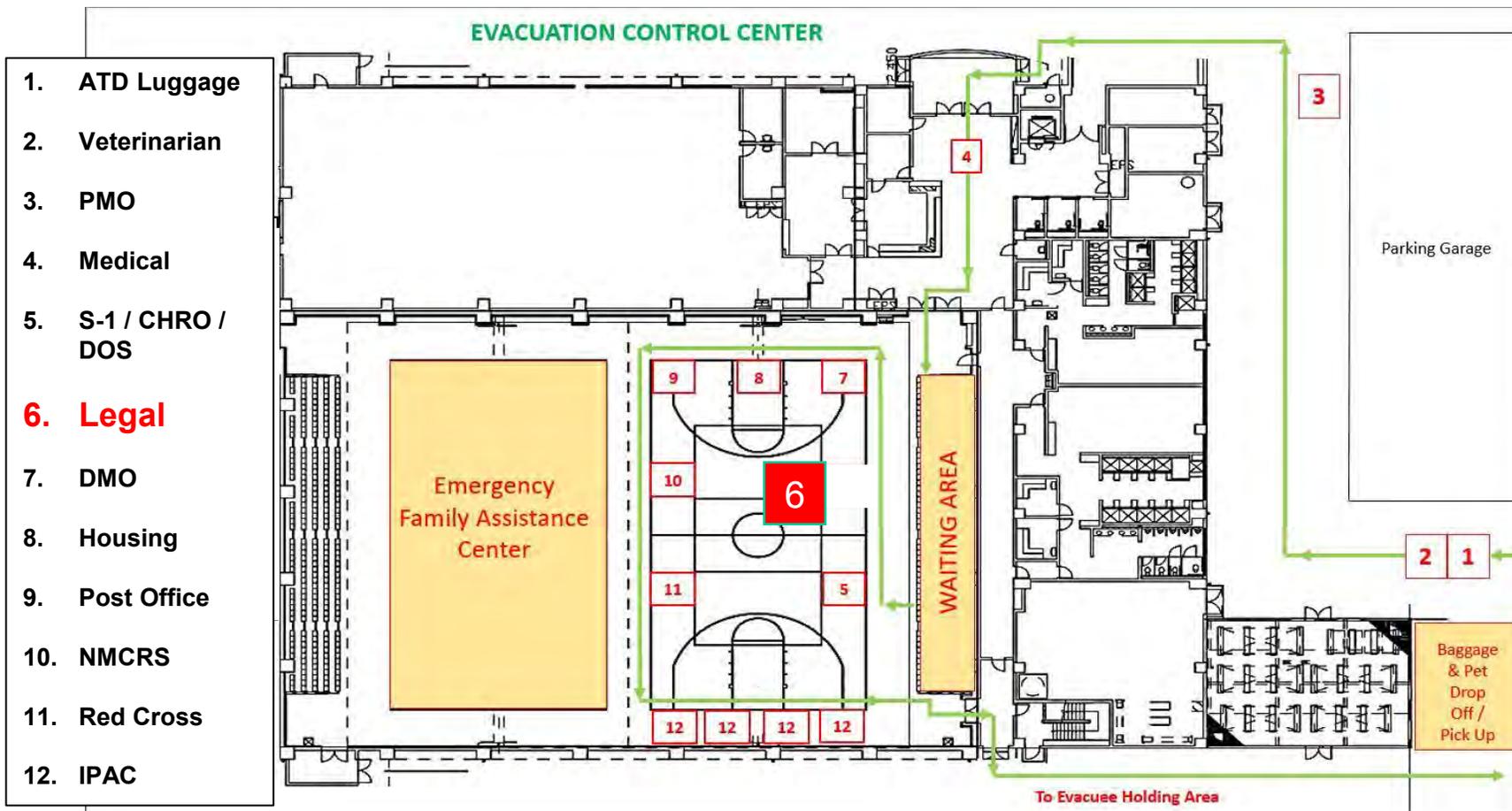


- Repatriation for *private* U.S. citizens is not free
 - Completing the required forms enables evacuating families to be compensated for items left behind and for expenses that incur during an evacuation
- DoD employees will most likely have their expenses covered, but that may not be the case for those who are not DoD employees (e.g. contractors, or locally hired U.S. citizens)
- Used when the repatriation happens using non-commercial, U.S. Government chartered or military aircraft
- For more information, visit:
<https://travel.state.gov/content/travel/en/international-travel/emergencies/for-evacuated-citizens.html>

UNCLASSIFIED



Station 6 Legal



Station 6 Legal



SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____, currently residing at _____ (address), do hereby appoint _____ as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following matters that have been signed by me:

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHOLD.

- A. TO TAKE POSSESSION OF MY HOUSEHOLD GOODS AND SHIP THEM TO A DIFFERENT LOCATION:** To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property and cause it to be shipped to any warehouse, depot, dock, or other place of storage or safekeeping, government or private, directed by orders of appropriate U.S. Government transaction officials, and to execute and deliver all necessary forms, papers, certificates and receipts to carry out the foregoing.
- B. TO ACCEPT DELIVERY OF MY HOUSEHOLD GOODS:** To accept delivery of receipt for, and/or clear through customs, my household goods and/or unaccompanied baggage, and to sign any and all documents, release, voucher, receipt, shipping ticket or other instrument necessary or convenient for such purpose.
- C. TO ACCEPT MILITARY QUARTERS ON MY BEHALF:** To accept military quarters assigned to me or my family members at any military installation; to sign for me and take possession of such quarters in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such quarters as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.
- D. TO TERMINATE MILITARY QUARTERS ON MY BEHALF:** To effect the termination of U.S. Government quarters assigned to me or my family members; to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.
- E. TO ACCEPT PRIVATIZED HOUSING ON MY BEHALF:** To accept privatized housing assigned to me or my family members at any military installation; to sign for me and take possession of such housing in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such housing as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.
- F. TO TERMINATE PRIVATIZED HOUSING ON MY BEHALF:** To effect the termination of privatized housing assigned to me or my family members; to procure or return any and all property used in or for such housing; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such housing.
- G. TO PREPARE AND FILE MY FEDERAL AND STATE INCOME TAXES:** To prepare, execute, sign and file my Federal and State tax returns for the State(s) of _____ for the last year 20____.
- H. TO PERFORM BANKING TRANSACTIONS ON MY BEHALF:** To draft checks and other negotiable instruments in my name and to otherwise withdraw from and/or deposit into my account number(s) _____ with _____ (name of bank or financial institution), to endorse, cash and receive the proceeds of any check or other negotiable instrument, which is, made payable to me.
- I. TO HANDLE ANY LAWSUIT OR OTHER LEGAL ACTION THAT I MAY HAVE AN INTEREST IN:** To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest; to demand, act to recover, and receive all sums of money and all other things which are now or will become owing or belonging to me as a result of such claims; and to institute accounts on my behalf, and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of powers granted herein.
- J. TO SELL MY REAL ESTATE ON MY BEHALF:** To bargain, sell, assign, and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arms-length bargaining transaction, to any person of my attorney's choice, all my right, title and interest in my property at _____ (address of property).

JLA Revised Aug 19

SPECIAL POWER OF ATTORNEY

and to convey by deed or general warranty with the customary covenants; to receive on my behalf payment of the purchase money for the real property described above in any manner that my attorney shall deem wise; to transmit these moneys to me, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.

- K. TO PURCHASE REAL ESTATE IN MY NAME:** To purchase in my name and for my use any real property in the City of _____ County of _____ State of _____ and for that purpose to make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver any application forms, documents, instruments, or paper necessary or convenient to enter into both a contract and mortgage or deed of trust upon said real estate for such price, at such rate of interest, and upon such terms as my agent shall deem best.
- L. TO USE, OPERATE, AND REGISTER MY MOTOR VEHICLE(S):** To use, operate, insure, title, license, and register, in my name, with any state or governmental agency any and all vehicles of which I am or may become the registered or legal owner. Make _____ Model _____ Year _____ VIN No. _____
- M. TO SELL MY MOTOR VEHICLE:** To sell my motor vehicle upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to effect the sale and transfer of registration and license of the said vehicle. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.
- N. TO PURCHASE MOTOR VEHICLES IN MY NAME:** To purchase motor vehicles in my name and upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to register and license such motor vehicles. To further execute any documents necessary to have repairs my agent deems necessary made on this automobile before I am able to take possession of the automobile. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.
- O. TO SHIP MY VEHICLE:** To take possession of my vehicle, for the purpose of its removal and shipment from wherever it may be located, and to execute any release, voucher, receipt or any other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to effect proper registration, insurance and license, in my name, of such automobile.
- P. TO TAKE POSSESSION OF MY VEHICLE AFTER SHIPMENT:** To take possession of my vehicle, after shipment and delivery to any port, warehouse, depot, dock, or other place of storage or safekeeping; government or private to execute and deliver any release, voucher, receipt, shipping ticket, certificate or other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to register, insure and license, such vehicle in my name, and to transport the vehicle to me or any location which I direct in writing.
- Q. TO TERMINATE MY RESIDENTIAL LEASE:** To execute any and all documents and do all other things necessary or convenient to terminate any and all leases or rental agreements in my name.
- R. TO LEASE MY HOUSE/APARTMENT TO OTHERS AND ACT AS MY LANDLORD/PROPERTY MANAGER:** To manage, control, lease, sublease, and otherwise act concerning my interest in my residential property; to collect and receive rents or income therefrom; pay taxes, charges and assessments on the same; repair, maintain, protect, preserve, alter and improve the same; commit my resources and contract on my behalf regarding the same; and to do all things necessary or expedient to be done in my agent's judgment in connection with the property.
- S. TO ENROLL MY LAWFUL DEPENDENTS IN MILITARY BENEFITS PROGRAMS:** To enroll my lawful dependents in DEERS, TRICARE, SMILECARE, or any other benefits program to which I am or my dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing.
- T. FOR MY SPOUSE TO RECEIVE NMCRS ASSISTANCE:** If my spouse is my attorney-in-fact and I am deployed, I authorize my spouse, _____ (name of spouse) to receive necessary financial assistance from the Navy-Marine Corps Relief Society (NMCRS) without my specific approval in the amount of _____ (not to exceed \$3,000). I also authorize my spouse and NMCRS to initiate an allotment in my name for repayment of the loan. I understand that assistance will be provided depending on the merits of the situation and the policies of NMCRS.
- U. MISCELLANEOUS:** To do the following on my behalf:

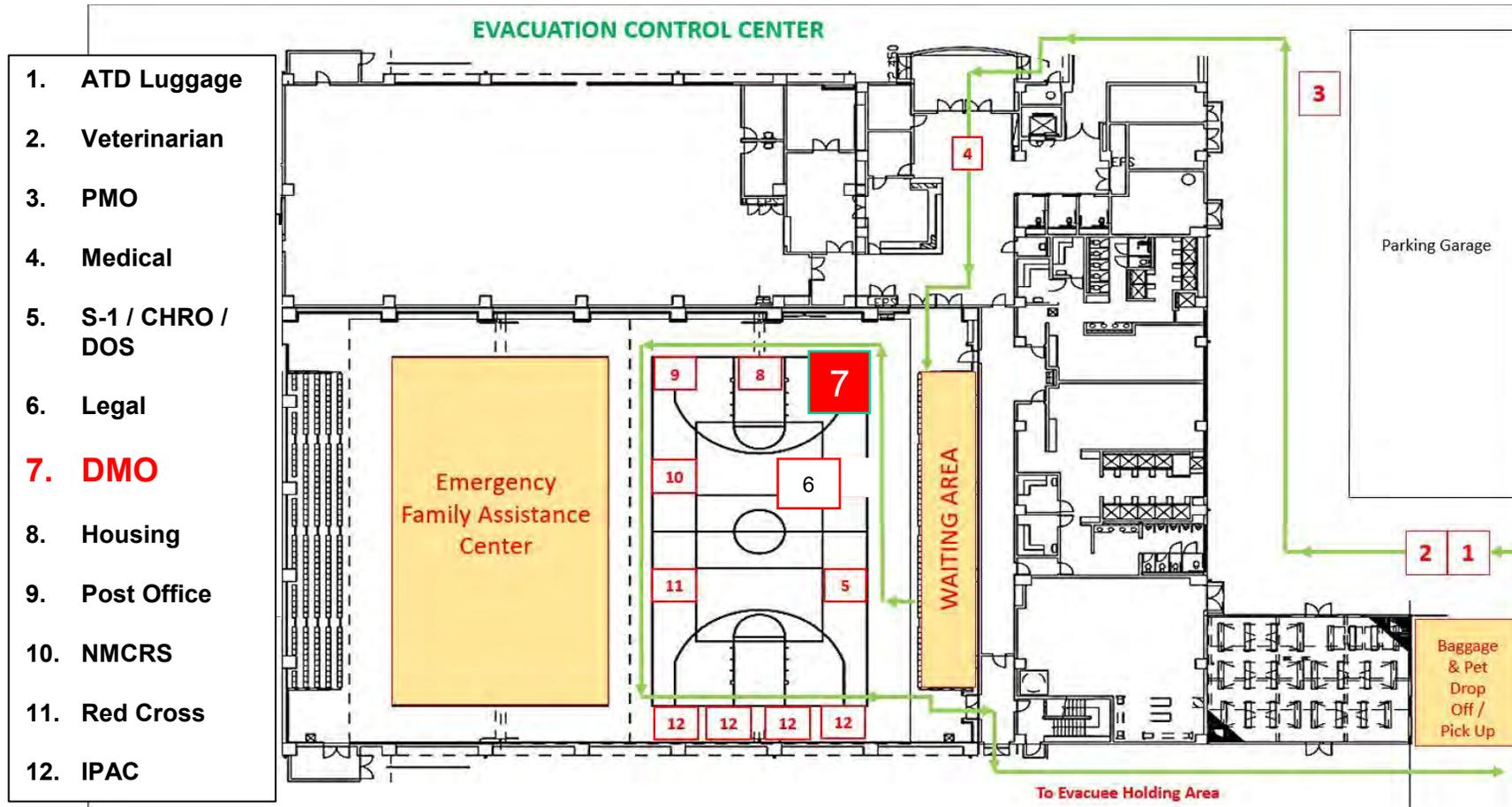
JLA Revised Aug 19



UNCLASSIFIED

Station 7

Distribution Management Office (DMO)



UNCLASSIFIED



UNCLASSIFIED
Station 7

Shipment & Storage of Property



DD Form 1299

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY <i>(Read Privacy Act Statement on back before completing form.)</i>		1. DATE PREPARED (YYYYMMDD)	2. SHIPMENT NUMBER
3. NAME OF PREPARING OFFICE		4. TO (Responsible Origin Personal Property Shipping Office)	
		a. NAME	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE		b. ADDRESS (Street, Suite Number, City, State, ZIP Code)	
6. MEMBER OR EMPLOYEE INFORMATION			
a. NAME (Last, First, Middle Initial)	b. RANK/GRADE	c. SSN	d. AGENCY
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:			
a. HOUSEHOLD GOODS UNACCOMPANIED BAGGAGE ITEMS NO. OF CONTAINERS (Enter quantity estimate)			
(1) POUNDS	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) (Enter "NONE" if not applicable)	(3) EXPENSIVE AND VALUABLE ITEMS (Number of cartons)	
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT
(5) TYPE EXPANDO (Describe)			
c. MOBILE HOME SERVICES REQUESTED (X as applicable)			
CONTENTS PACKED <input type="checkbox"/> MOBILE HOME BLOCKED <input type="checkbox"/> MOBILE HOME UNBLOCKED <input type="checkbox"/> STORED AT ORIGIN <input type="checkbox"/> STORED AT DESTINATION <input type="checkbox"/>			
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:			
a. TYPE ORDERS (X one)	b. ISSUED BY	c. NEW DUTY ASSIGNMENT	
PERMANENT <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>		
d. DATE OF ORDERS (YYYYMMDD)	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. (Include Area Code)
h. IN TRANSIT ADDRESS (Street, Apartment Number, City, State, ZIP Code)			
9. PICKUP (ORIGIN) INFORMATION		10. DESTINATION INFORMATION	
a. ADDRESS (Street, Apartment Number, City, County, State, ZIP Code) <i>(If a mobile home park, include mobile home court name)</i>		a. ADDRESS (Street, Apartment Number, City, County, State, ZIP Code) <i>(If a mobile home park, include mobile home court name)</i>	
b. TELEPHONE NUMBER (Include Area Code)		b. AGENT DESIGNATED TO RECEIVE PROPERTY	
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)		12. SCHEDULED DATE FOR (YYYYMMDD)	
		a. PACK	b. PICKUP
		c. DELIVERY	
13. REMARKS			
14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "NONE.")			
a. FROM	b. TO	c. NET POUNDS (Actual or estimated)	d. POUNDS OF PBP&E (Actual or estimated)
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS			
a. SIGNATURE OF MEMBER/EMPLOYEE	b. DATE SIGNED	c. ADDRESS OF CONTRACTOR (Street, Suite No., City, State, ZIP Code)	
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)			
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE.			
a. REASON FOR NONAVAILABILITY OF SIGNATURE	b. CERTIFIED BY (Signature)		
	c. TITLE		

DD FORM 1299, SEP 1998

PRIVACY ACT STATEMENT	
AUTHORITY:	
PRINCIPAL PURPOSE(S):	
ROUTINE USE(S):	
DISCLOSURE:	
CERTIFICATION OF SHIPMENT RESPONSIBILITIES	
CONDITION FOR STORAGE	

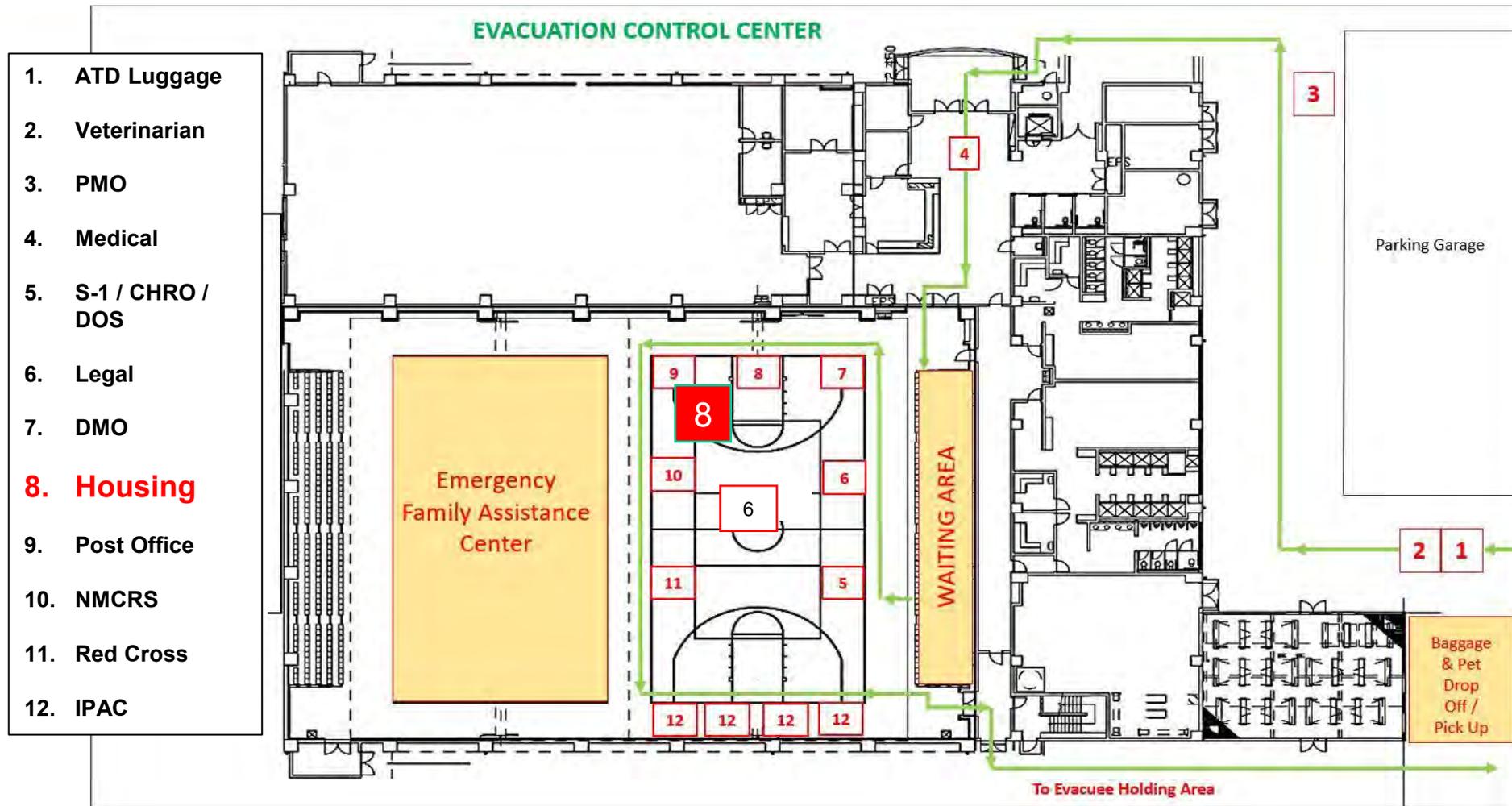
DD FORM 1299 (BACK), SEP 1998

NOTE: All personnel authorized transportation at government expense of household goods, Must have an active DPS Account.

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UNCLASSIFIED
Station 8
Housing Office



UNCLASSIFIED



Station 8

Residence Key Envelope



RESIDENCE KEY ENVELOPE

Resident's Info

Last Name: _____

First Name: _____

Grade: _____

Unit (Work): _____

Last 4: _____

EDIPI: _____

Contact Information

Forwarding Address:

Telephone Number:

E-mail address:

On Base Quarters:

House #: _____

Off Base

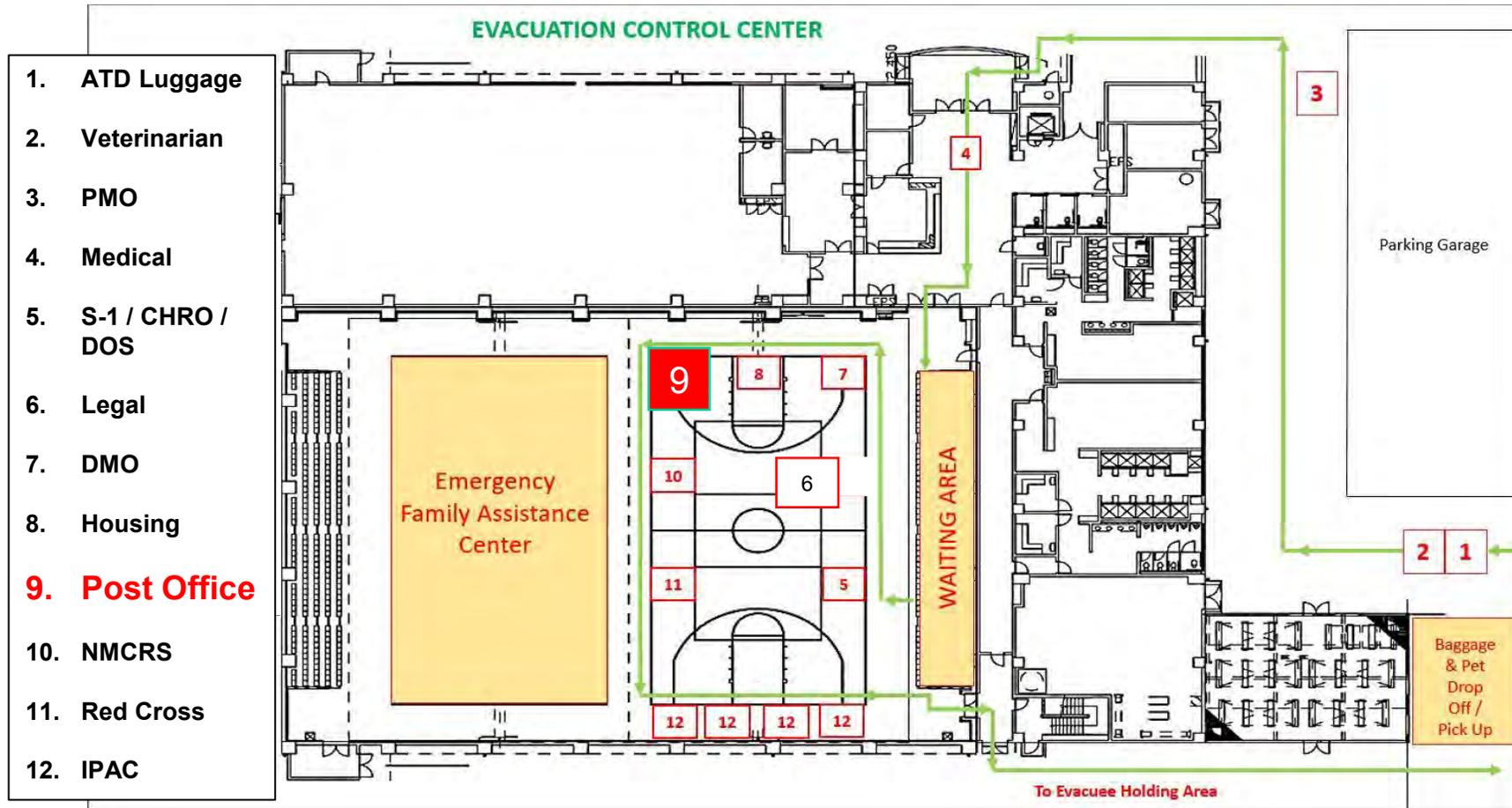
Address: _____

For off-base residents, enclose a map with written instructions to your quarters



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Station 9 Post Office



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UNCLASSIFIED
Station 9
Post Office



- MCASI Postal will capture any package forwarding information to ensure mail is forwarded appropriately.
- No incoming / outgoing mail
 - All Mail will stop in Chicago and will NOT depart US
 - Retail will be closed
 - Extended hours will be put in place to pick up on-hand mail
 - Northside Post Office – Must turn in mail box key at checkout
- Change of Address:
 - USPS.COM
 - DD FORM 2258

UNCLASSIFIED



UNCLASSIFIED
Station 9
Post Office



DD Form 2258

TEMPORARY MAIL DISPOSITION INSTRUCTIONS		
----- FOLD -----		
NAME (Last, First, MI) (Print): Devil Dog K		RECEPTACLE NUMBER: 0161
STATUS		
<input type="checkbox"/> ADV ASG	<input type="checkbox"/> LEAVE	<input type="checkbox"/> CONFINED
<input type="checkbox"/> TDY	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> AWOL
EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)		
FROM: _____	TO: _____	
<input checked="" type="checkbox"/> FORWARD ALL MAIL	<input type="checkbox"/> HOLD ALL MAIL	
FORWARD ONLY		
<input type="checkbox"/> LETTERS	<input type="checkbox"/> PARCELS	<input type="checkbox"/> NEWSPAPERS/MAG
<input type="checkbox"/> PAYCHECK(S)	<input type="checkbox"/> OTHER (Use Spec Inst)	
COMPLETE FORWARDING ADDRESS: 1775 Semper Fi St San Diego, Ca 92105		
SPECIAL INSTRUCTIONS: 		
SIGNATURE OF RECEPTACLE HOLDER _____	DATE (Yr, Mo, Day) _____	
----- FOLD -----		
FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INSTRUCTIONS BLOCK.		

DD Form 2258, JAN 82

Reset

The screenshot shows the USPS website interface. A yellow arrow points to the 'Receive' tab in the top navigation bar. Another yellow arrow points to the 'Receive Mail & Packages' section on the page. The page includes a search box for tracking numbers, a 'Track Your Package' section, and a list of services like 'Intercept a Package', 'Schedule a Redelivery', 'Hold Mail', 'Change of Address', and 'Rent or Renew PO Box'. A 'Learn More' button is visible at the bottom right.

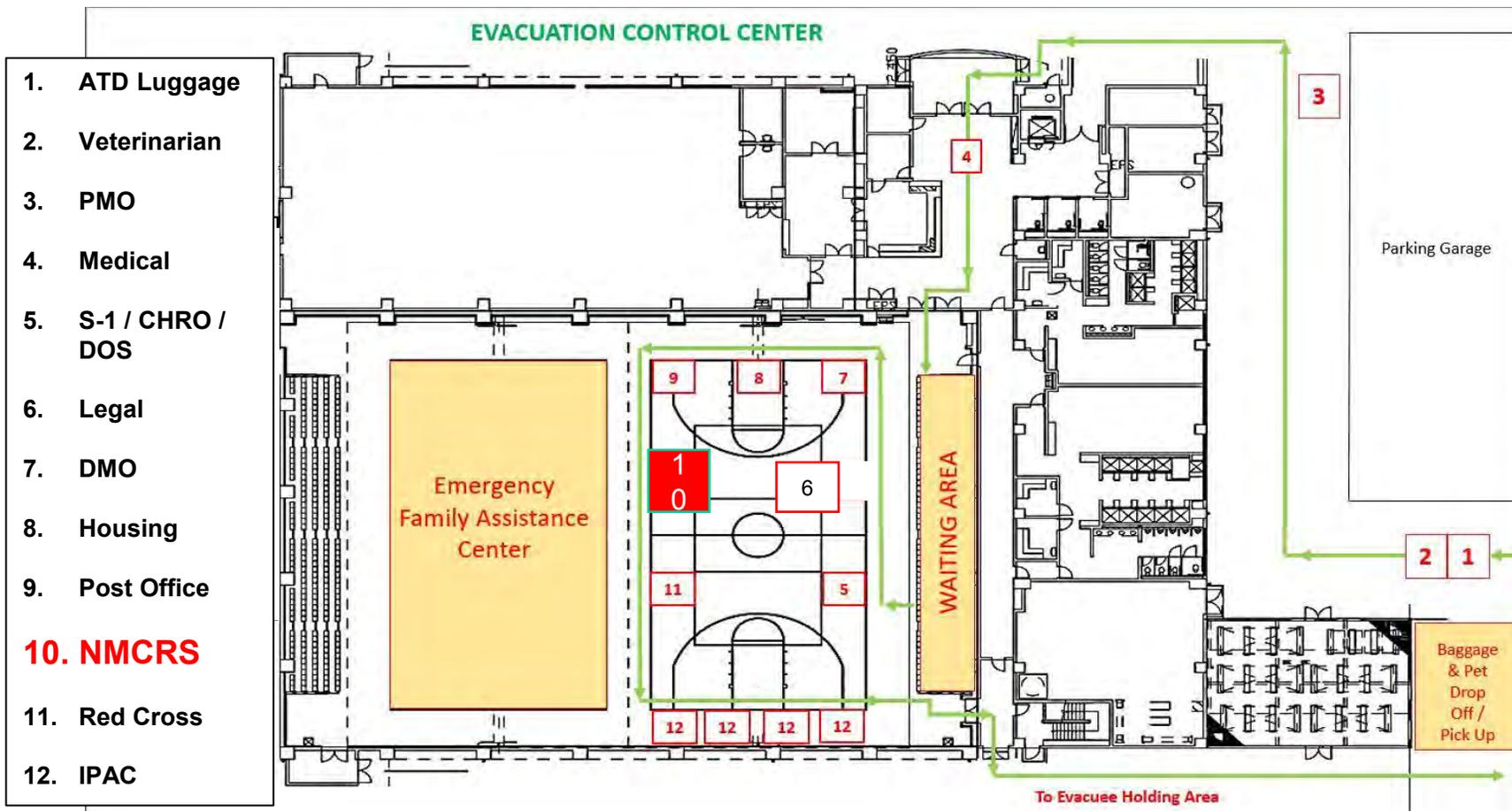
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Station 10

Navy Marine Corps Relief Society



UNCLASSIFIED





Station 10

NMCRS – Disaster Response

- **Upon declaration of disaster, or on order to evacuate.**
- **Who is eligible? Active duty & retired service-members, and their family members (POA is waived during disaster).**
- **\$600 via check (case by case basis), loan paid back w/ 0% interest over 6-12 months.**
- **Additional assistance may be provided, case-by-case.**
- **Additional support available by NMCRS mobile team at POE.**



Station 10

Navy Marine Corps Relief Society



MAKING A DIFFERENCE FOR
SAILORS, MARINES AND
THEIR FAMILIES

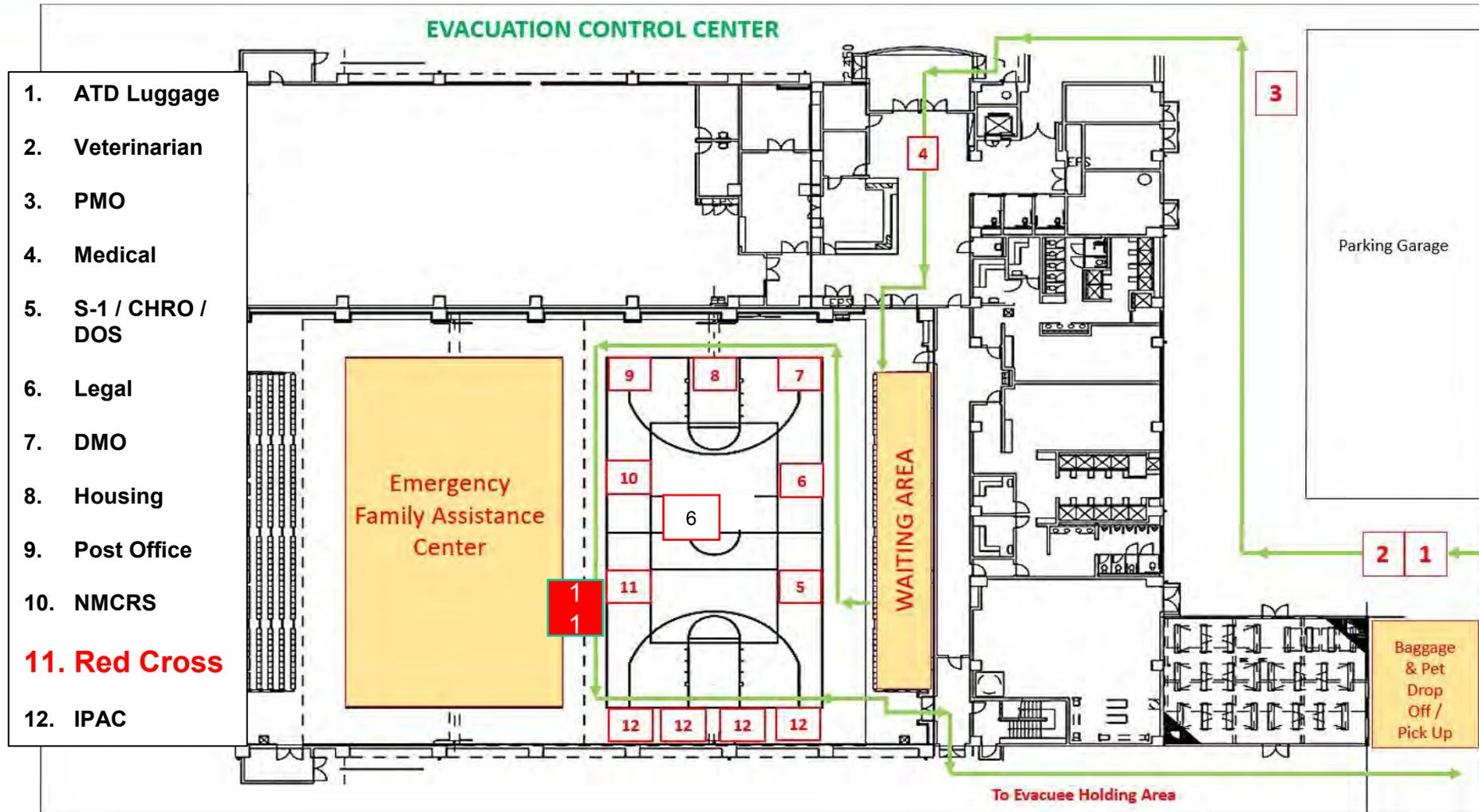
Disaster Response Team

Director: Christina Grantham
christina.grantham@nmcrs.org

Office Location:
Community Support Center, Bldg 625
Hours: Mon-Thurs 0900-1500
Phone: 253-5311 or 253-6286
After Hours Phone: 080-6612-9307



Station 11 American Red Cross



Station 11

American Red Cross



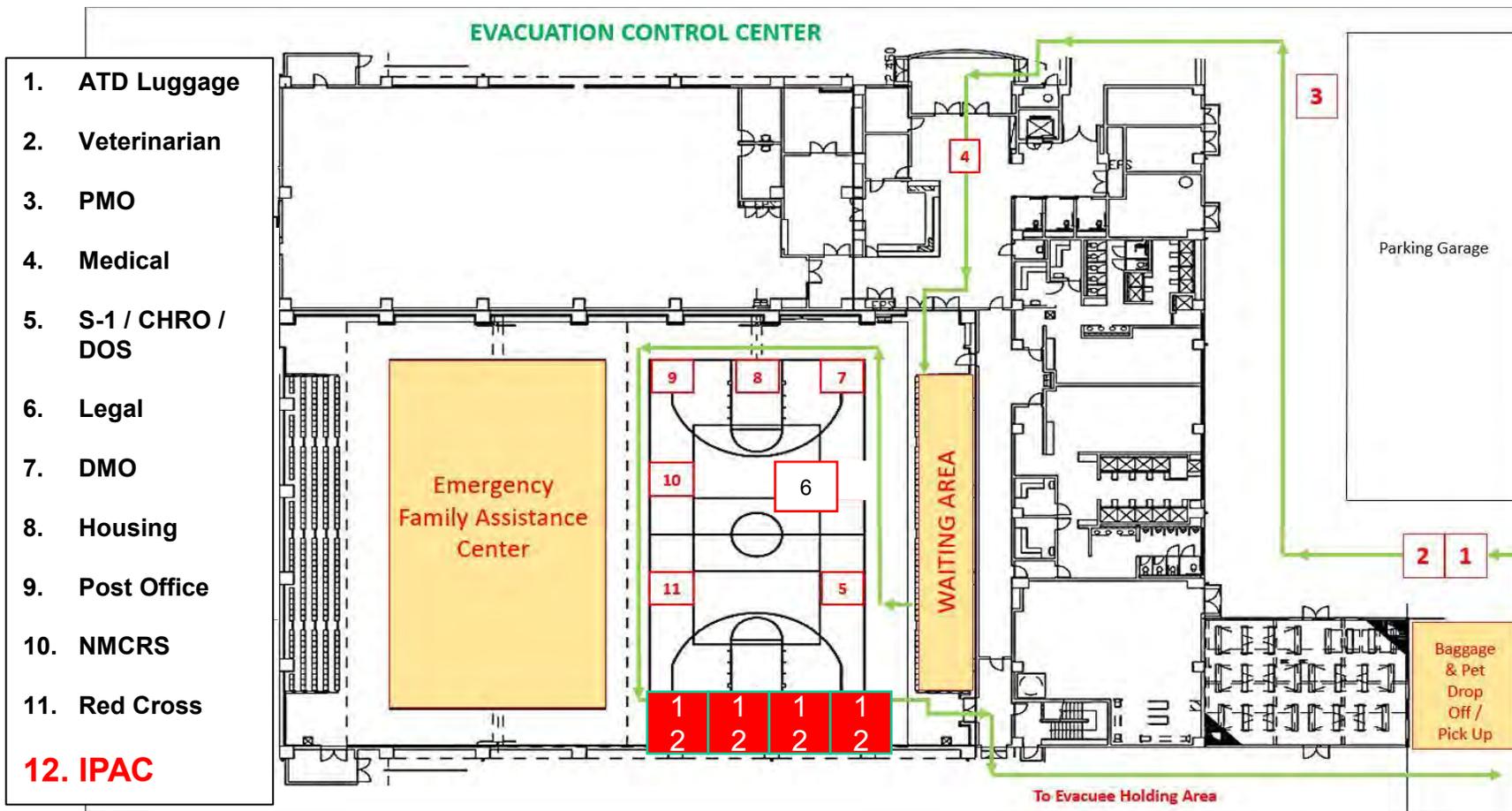
**American
Red Cross**

Service to the Armed Forces

- Disaster & NEO Preparedness Training
- Disaster Response for single family home fires and base wide impacted disasters
- Restoring Family Links services
- Building 625, Suite 311B (The Community Support Center)
- Office Hours: Monday through Friday 0800-1630
- DSN: 315-253-4525
- Email: iwakuni@redcross.org
- Hero Care Network: 1-877-272-7337



Station 12 IPAC



Station 12

IPAC



- IPAC will operate the NTS (Non-Combatant Evacuation Operation Tracking System)
- Will need Official Government Identification:
 - Passport
 - Driver's license
 - Dependent ID Card
- Each member will be issued a bar code band
- Must declare if you are traveling with a pet; each pet will be issued a NTS band
 - Pass by Vet Station (Station 2) on the way out and coordinate to tag your animal





Emergency Evacuation Program Website (MCAS Iwakuni)

Volunteers with the Navy and Marine Corps Relief Society pose for a group photo at Marine Corps Air Station Iwakuni, Japan, Jan. 23, 2024. The MCAS...

IMAGES

← PREVIOUS TRASH AND TREASURE: MA... JANUARY 2024 ART AWARDS NEXT →

RESOURCES PCS TO IWAKUNI VISITOR REQUESTS

Click →

» ATHOC PROFILE UPDATE » **DISASTER PREPAREDNESS** » OPSEC

» NCIS TIPS » INSPECTOR GENERAL » EEO RESOURCES

[HTTP://WWW.MCASIWAKUNI.MARINES.MIL/](http://www.mcasiwakuni.marines.mil/)



UNCLASSIFIED

Website



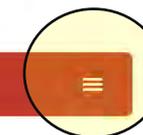
MARINE CORPS AIR STATION IWAKUNI, JAPAN

EMERGENCY PREPAREDNESS

The next time disaster strikes, you may not have much time to act. Prepare NOW for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan.

Post the plan where everyone will see it - on the refrigerator or bulletin board. For additional information about how to prepare for hazards in your community, contact your unit EEP representative.

Emergency Phone Numbers



Click

FIRE/AMBULANCE/POLICE

Emergency (PMO Emergency Dispatcher Center)

DSN: 119 / 911

Commercial number from Japan: 0827-79-3322

Commercial number from U.S.: 011-81-827-79-3322

[HTTP://WWW.MCASIWAKUNI.MARINES.MIL/](http://www.mcasiwakuni.marines.mil/)

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UNCLASSIFIED

Website



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- Emergency Phone Numbers
- Emergency Phone Numbers
- Preparing An Emergency Plan
- Preparing A Disaster Supplies Kit
- Preparing An Escape Plan
- Fire Safety Guidelines
- Home Hazard Hunt
- Things To Do Before Leaving Residence
- Automobile Issues
- Household Goods/POVs
- Preparing An Emergency Car Kit
- Other Information

Click 

[HTTP://WWW.MCASIWAKUNI.MARINES.MIL/](http://www.mcasiwakuni.marines.mil/)

UNCLASSIFIED





MARINE CORPS AIR STATION IWAKUNI, JAPAN

EMERGENCY PREPAREDNESS

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Other Information



Click



- [MCCS Typhoons & Earthquakes Information](#) (Open a new window)
- [Emergency Evacuation Program \(EEP\)](#)
- All Hazards Planning
- Family plan
- Food and water
- Kids activity survival kit

[HTTP://WWW.MCASIWAKUNI.MARINES.MIL/](http://www.mcasiwakuni.marines.mil/)



UNCLASSIFIED

Website



Not all forms will be fully completed prior to arriving at the Evacuation Control Center. Complete as much information as possible and leave all other portions blank to be filled out at the ECC.

For any questions, please contact your EEP coordinator at your shop/unit or watch the video linked below.

<https://youtu.be/rcLdnBfLQ8A>

If you receive a "Please wait..." message while trying to open a PDF, you will need to download the file, open it in Adobe Reader, and click "Enable All Features" to see the full document.



READY.GOV

FEDERAL EMERGENCY MANAGEMENT

AGENCY

AMERICAN RED CROSS

-  Section 1 Administration and Reference +

-  Section 2 Identification +
-  Section 3 Evacuation and Finance Orders/Forms +
-  Section 4 Vehicle, Residence and Military One Source / DPS +
-  Section 5 Family and Pets +
-  Section 6 Others +

[HTTP://WWW.MCASIWAKUNI.MARINES.MIL/](http://www.mcasiwakuni.marines.mil/)

UNCLASSIFIED

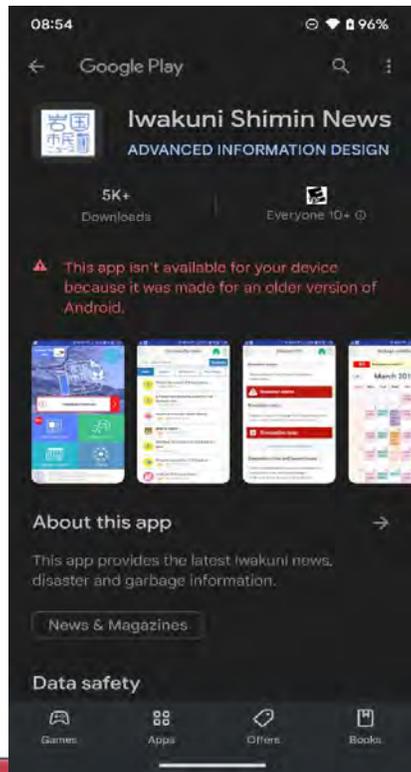


Iwakuni Shimin News App

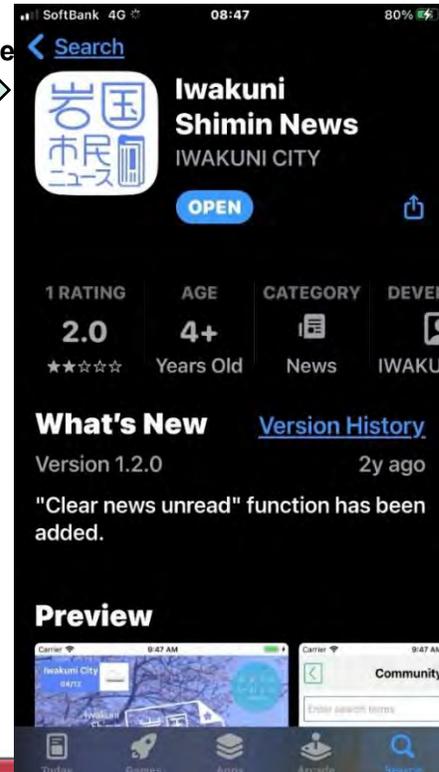


- Notify MCAS Iwakuni SOFA personnel on any off-post emergencies of public announcements.
- App is available in both the Google Play Store and Apple iOS App store for download.
- Iwakuni Shimin Homepage Link: www.iwakuni-news.com

Android
Screen Shot
→



iOS
App Store
→





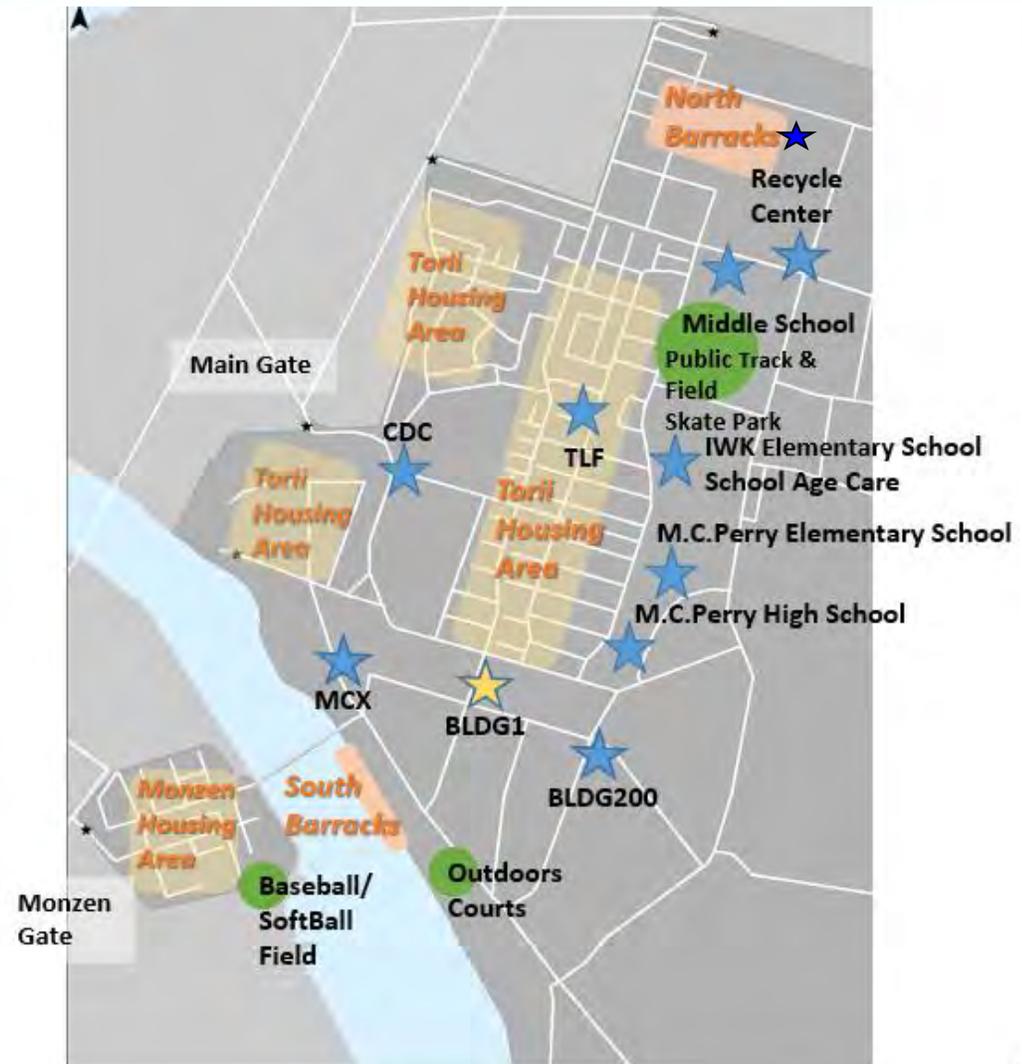
QUESTIONS?
Mr. Taz Tomota.
Exercise Planner/EM
DSN: 315-253-4139
taz.d.tomota.civ@usmc.mil



Facilities Welcome Aboard Brief



Family Housing & Self Help Building 200



Unaccompanied Housing (UH)

- E-1 to E-5 residing in UH barracks is mandatory.
- E6-E7; W1-W3; O1-O3 will be assigned on base quarters unless occupancy exceeds 95%.
- E8, W4 and O4 and above may elect to reside off-base.
- Unaccompanied USCS Civilians will default to off-base but may request on base quarters.
- UH is unable to accommodate the storage of excess furnishings. Residents must rent commercial storage space for extensive storage needs.



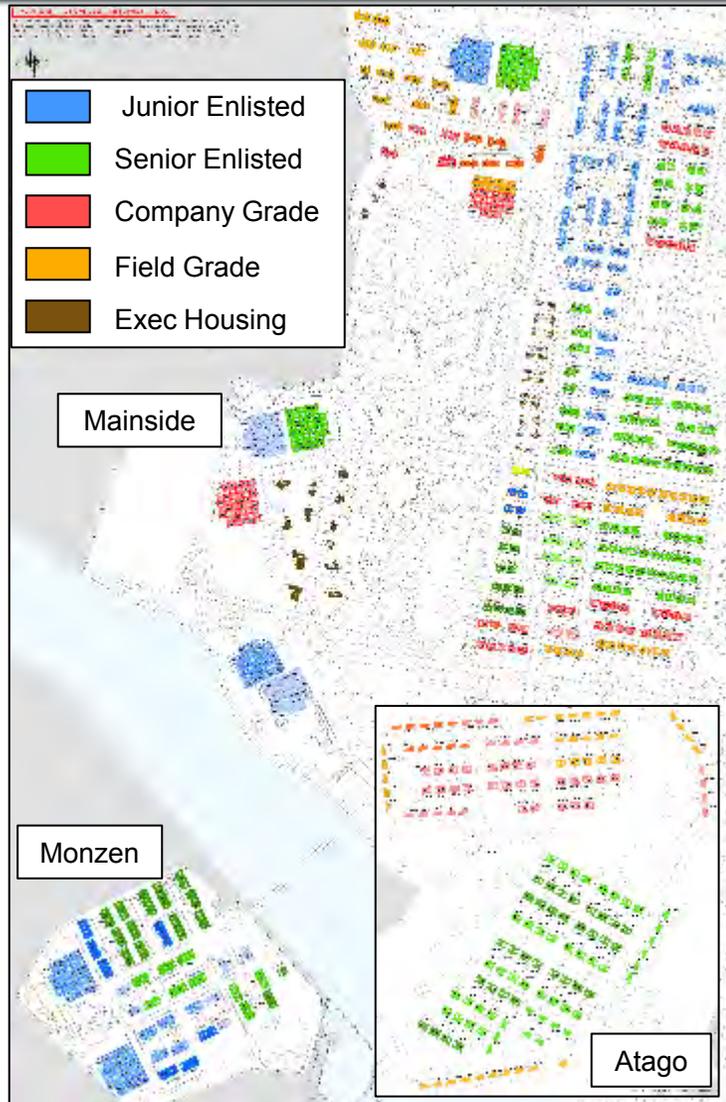
North Side and SNCO/Officers



South Side



Family Housing



Total Inventory – 1,788

Mainside (1,268 units), Monzen (258 units)

Atago Hills (262 units)

- 10 minutes drive from main base
- Officer and Senior Enlisted only
- MCCS gym and 7-day available
- **Temporary loaner furnishings for <60 days pending inbound/outbound transit of personally owned furnishings.**
- **Home Enterprises: Must be approved by CO, MCASI**
- **Self Help checkout has various items available: Lawn equipment, ladders, dehumidifiers, etc.**
- **Absence of Quarters form**



Family Housing Check-In

- **For accompanied active duty on-base family housing is mandatory if occupancy is below 90%. Off-base will only be considered when occupancy is at or above 90%.**
- ActiveDuty service members and DoD civilians
 - Check-in with Housing within two (2) working days from arrival
 - Personnel arriving on the Patriot Express AMC Flight should check in No Later Than the following Wednesday at 0830.
- Items to Bring:
 - Active Duty
 - Original PCS orders endorsed by Installation Personnel Admin Center (IPAC, USMC) or Personal Support Desk (PSD (USN)
 - Area clearance/Dependent Entry Approval (DEA)
 - Letters/info regarding pets in transit.
 - Civilians
 - Transportation agreement
 - Travel orders, SF-50
 - Letter of equivalency for DODEA and MCCS personnel



Off Base Housing Information

Lease Signing/Move-in

- ✓ Lease agreements are written in both English and Japanese.
- ✓ All required funds must be paid at lease signing and prior to key pick-up.
- ✓ Agent's fee & first month's rent are **reimbursable**.
- ✓ Optional renter's insurance is **non-refundable** and **non-reimbursable**.
- ✓ Security deposit = 2 month's rent and will be returned if tenants abide by lease conditions.

Move-in expenses:

- ✓ Budget 4 - 5 month's rent for move-in (security deposit, agents fee, and first month's rent).
- ✓ Service members/civilians will be reimbursed for some up-front expenses.
- ✓ Financing options may be available via Navy Marine Corps Relief Society or requesting advance pay.

Search for inventory of pre-approved homes on Homes.mil.



3-Step Resolution Process

HOW CAN WE HELP?
FAMILY HOUSING RESOLUTION PROCESS
 ANY RESIDENT SUGGESTION, CONCERN, OR COMPLAINT IS IMPORTANT.
 IF YOU ARE NOT SATISFIED WITH ANY SERVICE, WE HAVE A
 THREE-STEP ISSUE RESOLUTION PROCESS:



STEP 1	STEP 2	STEP 3
IDENTIFY ISSUE	INCOMPLETE OR NOT SATISFIED	ISSUE UNRESOLVED
Contact: 24 Hrs Facilities Maintenance Trouble Desk 253-3131 FACILITIES DEPT, BLDG 155 www.iwknfamilyhousing@usmc.mil	Contact: 253-5541/5083 MON-FRI 0800-1630 / WED: 0800-1330 FAMILY HOUSING OFFICE www.iwknfamilyhousing@usmc.mil	USMC UNIT COMMANDS POC: _____ Contact No: _____ email: _____

MCAS IWAKUNI FAMILY HOUSING

SECTION	LOCATION	BLDG	PHONE	HOURS
MAIN OFFICE	MCASI	BLDG. 200	253-5541	08:00-1630 MON-FRI, WED 0800-1330
SELF HELP	MCASI	BLDG. 200	253-3528	08:00-17:30 MON-FRI

STEP 1:

- ❖ On-base Family Housing call 24-hour Trouble Desk select Option 1.
- ❖ Off-base housing call Off-base Housing Counselor.
- ❖ BEQ/BOQ report through QSR max



Energy Conservation

HVAC Seasonal Start-Up and Shutdown

Heating Season

- November through March
- Thermostat setting is 68° F/20° C

Cooling Season

- April through October
- Thermostat setting is 78° F/26 ° C.

- ✓ Close doors/windows while heating or A/C is on.
- ✓ Turn off lights in unoccupied buildings.

- STATION ORDER 11300.SF ENERGY MANAGEMENT POLICY



Mold

RESPONSIBILITIES: Housing and Barracks residents, are responsible for housekeeping, preventive measures to avoid mold growth and to clean mold areas that are:

- **Less than 10 square feet and**
- **Under 9 feet above the walking surface.**

If mold is more than 10 square feet or inside HVAC units, please call the Trouble Desk at 253-3131 (option 1 for family housing) to request a work order.

Web resources are available at the following links:

- ❖ *Centers for Disease Control and Prevention: <http://www.cdc.gov/mold/default.htm>*
- ❖ *U. S. Environmental Protection Agency: <http://www.epa.gov/mold/index.html>*
- ❖ *Occupational Safety and Health Administration: <http://www.osha.gov/dts/shib/shib101003.html>*



Trash Separation Rules



Solid Waste Segregation Categories Main Base

1. **Combustibles:** kitchen garbage, paper, garden waste, cloths etc.
2. **Non-Combustibles:** ceramics, glass, metal items, fragment, plastics etc.
3. **Recyclables:** newspapers, magazines, cardboards, cans, PET bottles, clothing/textiles, etc.

Recycle Center located at Building 7725



Information on segregation are located at
[MCAS Iwakuni Environmental Division Website: Garbage Separation Rules](#)



Environmental Stewardship

Do's:



- Always recycle & separate your trash and use clear trash bags.
- Always wash your vehicles at the car wash.
- Never throw away hazardous materials – batteries, cooking oil, paint, cleaning products, etc.

ONLY RAIN DOWN THE STORM DRAIN!



MCAS Iwakuni Environmental Programs

Drinking Water
Wastewater & Storm-water
Air Emissions
Radon Monitoring & Mitigation
Storage Tanks (above and below ground)
Hazardous Waste
Polychlorinated Biphenyl (PCB) waste management
Solid Waste management
Qualified Recycling Program (QRP)
Spill Response
Environmental Management Systems (EMS)
Environmental Training
Natural & Cultural Resources
Pest Management
Bird Aircraft Strike Hazard (BASH)
Environmental Compliance Monitoring
Environmental Impact Reviews



Drinking Water

- The drinking water at MCAS Iwakuni is From the Nishimi Water Purification Plant, run by the Iwakuni City Waterworks, and then conveyed via pipelines to MCAS Iwakuni. Originating from the Nishiki River.
- Drinking water is required to meet the water quality standards established in the Japan Environmental Governing Standards (JEGS).
- Consumer confidence report on available on Station website, posted every 6 months.
- Water system is tested continuously throughout the year.



Contact Information

Family Housing Information

E-mail: iwknfamilyhousing@usmc.mil

B200 Hours of Operation: M-T-TH-F: 0800-1200 / 1300-1630, Wed: 0800-1200;
DSN 253-5541, 0827-79-5541 (Japan) or 011-81-82779-5541 (USA)

Unaccompanied Housing Office

B1503, Hours of operation: M – F; 07:30 - 16:30; DSN: 253-5803; Call from the US: 011-81-82779-5803; local (Japan) call: 0827-79-5803; after hours duty phone: 080-1642-9751

➤ Visit Military Housing website for more information, floor plans and application forms.

<https://www.mcasiwakuni.marines.mil/Organizations/Station/Facilities/Military-Housing-Division/>

Environmental Information:

<https://www.mcasiwakuni.marines.mil/Organizations/Station/Facilities/Environmental/>



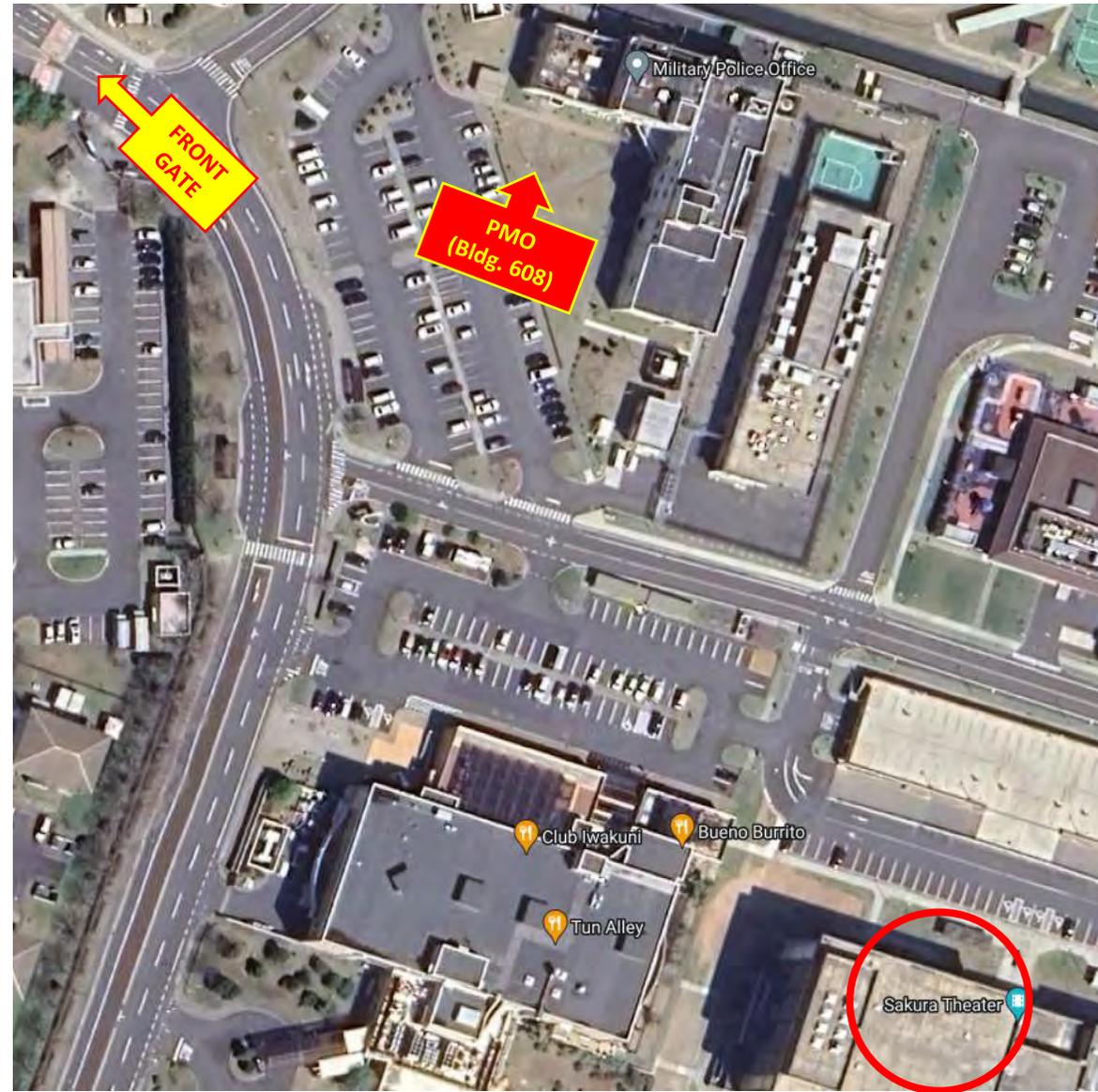


Provost Marshals Office

Pass and Registration Office



Pass and Registration Office (Bldg. 608 - Orientation)





Pass and Registration Office (Bldg. 608)



1. There are two sections:

- Vehicle Registration
- Base Access (Official Only Passes)

2. Hours of Operation:

- Vehicle Registration
 - 0800-1600 (open during lunch)
- DBIDS (Base Access)
 - 0800-1200 / 1230-1600
(closed during lunch: 1200-1230)





Pass and Registration Office



1. Services Provided:

➤ Bicycle Registration

- **NOTE: If you own an E-bike that can be propelled under e-power faster than 24kph or 15 mph, per JP law it is categorized as a motorcycle**



Authorized E-Bike reseller/shop in Japan





Pass and Registration Office (Registration)



1. Services Provided:

➤ **Bicycle Registration**

- **NOTE: If you own an E-bike that can be propelled under e-power faster than 24kph or 15 mph, per JP law it is categorized as a motorcycle**



➤ **Weapons Registration**

- **CONTACT P&R OFFICE**

➤ **Drone/UAV Registration**

- **REQUIRED TO BE FIRST REGISTERED WITH GOJ**





Pass and Registration Office (Drone Registration)



Ministry of Land, Infrastructure, Transport and Tourism



Registration can be done through the following DIPS 2.0 web dashboard. <https://www.ossportal.dips.mlit.go.jp/portal/top/?lang=en>





Pass and Registration Office (Registration)



1. Services Provided:

➤ **Bicycle Registration**

- **NOTE: If you own an E-bike that can be propelled under e-power faster than 24kph or 15 mph, per JP law it is categorized as a motorcycle**



➤ **Weapons Registration**

- **CONTACT P&R OFFICE**

➤ **Drone/UAV Registration**

- **REQUIRED TO BE FIRST REGISTERED WITH GOJ**



➤ **Vehicle Registration** (Documentation support only):

- *Vehicle Registration/De-registration documentation required to be submitted with the Government of Japan – Land Transportation Office (LTO)*
 - Transfer title application (Selling/ buying)
 - Shipping
 - Junking (disposal)
 - Lost paperwork or lost license plates



Vehicle Registration/De-Registration (Sell/Buy or Junk)



Vehicle Registration Limits:

- **Accompanied orders:** (**2** – vehicles and ***2** motorcycles/*per valid endorsement)
- **Unaccompanied orders:** (**1** – vehicle and **1** motorcycle/valid endorsement)
 - *Additional vehicle waivers may be requested for approval by the Provost Marshal*

NOTE: Vehicle Limits Waiver are only valid/applicable while permanently assigned to MCAS Iwakuni.

Vehicle Limit Waivers: Upon PCS/transfer to another USFJ installation, you will be subject to that installations vehicle limit policy.

1. MCAS Iwakuni Pass and Registration Office is **not** the Yamaguchi prefecture Land Transportation Office (LTO)

- 1.5hrs south (one way) from MCAS Iwakuni
- (NO VEHICLE PAPERWORK IS PROCESS ON BASE)**





Vehicle Registration/De-Registration (Sell/Buy or Junk)



- **All title related request – last processing time: 1545**

- **Have all required vehicle documentation (Photo copies are not accepted – *unless new vehicle purchase from dealership – photo copy of deregistered title will be accepted*)**

- **Allow 1 week (5 business days)** – from start to finish (when utilizing a 3rd party runner to complete title transfer/deregistration services)

- **Vehicles must be de-registered or transferred (7) days prior to PCS back to CONUS.**
 - Per USFJI 31-205 – ALL SOFA personnel prior to PCS, EAS, transfer, termination or change of status must de-register all SOFA owned vehicles
 - Must present proof of title transfer or de-registered title to check out
 - **(Your name is no longer on the vehicle title)**

- **End of calendar year Government of Japan (GoJ) Holiday LTO closure**
 - Occurs between the **last week of December and first week of January**
 - No title transactions can be processed during that specific week with the GoJ



Vehicle Registration/De-Registration

(Power of Attorney - POA)



- **Spouses must have a POA from Sponsor to register (BUY)/deregister (SELL) a vehicle**
- 1. **POA holder must be self sponsored* SOFA status personnel**
 - 1. (No dependents)**Unless a dependent spouse – and only on vehicle's titled by their sponsor*
- 2. Cannot be a POA agent for multiple vehicles: **(1 – Agent = 1 POA)**
- 3. POA designee **must possess a valid SOFA operators permit (4EJ)**
- 4. **PCS'ng Service member – Ranks E6 and below must obtain authorization from the unit Commanding Officer in order to assigned responsibility of a vehicle to a POA holder**
- 5. **POA – Must be original or certified true copy (copies are not accepted).**
- 6. POA held vehicle(s) must be sold or transferred 7 days prior to flight departure date or POA expiration date. **POA holder with POA held vehicles will not be authorized to check out.**
- 7. If obtaining a POA from LSST specifically for purpose of PCS or SOFA vehicle title transfer actions, the grantor and responsible agent are required to present (in person) the POA with the Pass and Registration Office in order for the POA to be attached to the subject vehicle and responsible POA holder.
- 8. If transferring a vehicle, both the Buyer and Titled owner (or POA agent) must be present at the Vehicle Registration Office.
- 9. Expired POA – must request new and original POA from titled owner.
- 10. POA holder must have valid property damage insurance (PDI) on the responsible vehicle.
 - 1. **NOTE: If POA is specifically for the purpose of PCS the POA holder does not need to possess their own PDI, however, JCI and PDI must remain valid on the vehicle throughout the POA valid period**



SOFA Permits (4EJ)



➤ Requirements:

1. Attend **BOTH** days of the Welcome Aboard Indoctrination Brief (WAI)
 - Verified via attendance roster
2. **Pass** the SOFA permit test – **administered by Base Safety Office**
 - Ensure applicant name appears of the Base Safety **PASS** roster (**valid only for 60 days upon taking the test**)
 - New SOFA permits are issued NET on **Thursday** for ALL new WAI attendees
3. **Must possess VALID Stateside driver's license or GOJ Drivers License**
 - If applicable - **Overseas extension are ONLY applicable for ACTIVE DUTY Personnel** (**may** also apply to active duty spouses/dependents)
 - **(DO NOT ASSUME EXTENSION IS AUTOMATIC OVERSEAS)**
 - **CIVILIAN/CONTRACTORS have NO automatic extension overseas**
- **E5 – below: Commanding Officer authorization letter**
4. **Orders, Letter of Authorization or Letter of Employment**
 - PCS out of Japan and return – must attend welcome aboard indoctrination and retake the SOFA permit test
5. **SOFA permits (4EJ) – automatically expires upon PCS or transfer back to CONUS**

U.S. FORCES, JAPAN				PERMIT NO.
OPERATOR'S PERMIT FOR CIVILIAN VEHICLE (See Privacy Act Statement on USFJ Form 4EJ Application) 在日米軍個人車輛操縦許可書				DATE ISSUED
OPERATOR'S NAME (Last, First, MI)				FOR OPERATION OF (Check applicable box)
SERVICE OR ID NO. SSN ON FILE				<input type="checkbox"/> AUTO/VEEP <input type="checkbox"/> MOTORCYCLE
SEX DATE OF BIRTH HEIGHT WEIGHT EXPIRATION DATE				<input type="checkbox"/> MOTOR SCOOTER <input type="checkbox"/> OTHER (Specify)
COLOR OF HAIR		COLOR OF EYES		NAME AND LOCATION OF ISSUING UNIT MCAS IWAKUNI
UNIT (Enter in pencil)				GRADE AND TITLE OF ISSUING OFFICIAL LICENSE EXAMINER
OPERATOR'S SIGNATURE				SIGNATURE OF ISSUING OFFICIAL

USFJ Form 4EJ, DEC 82 NON-TRANSFERABLE

NOTE: THURSDAY -> 0800-0930 are New SOFA Permit Issue priority times



SOFA Permits (4EJ)

(Unaccompanied – Personnel)



➤ MCASO 5560.8B – Installation Traffic Supervision Order

Minimum time on station requirement to request a SOFA Permit

- **Unaccompanied E-5** must be on MCAS Iwakuni for at least **45 days**.
- **Unaccompanied E-4** must be on MCAS Iwakuni for at least **90 days**.
- **Unaccompanied E-3 and below on a 1 year tour will not own or drive a POV or rental car in Japan.** E-3 and below **may request a SOFA operator's permit after 1 year on station,** via their Unit Commanding Officer.
- **Unit Commanding Officers may restrict or suspend the driving privileges** of those service members whose driving record is substandard or do not possess the maturity to safely operate a motor vehicle in Japan.
- When suspending or restricting a service member's driving privileges, the Unit Commanding Officer is required to turn the operator's permit into the Pass and Registration Office with a letter of explanation stating the reason for the restriction or suspension.



SOFA Permits (4EJ)



➤ Requirements:

- **PCS within United States Forces Japan Installations**
(remaining in Japan and assigned to another base) – SOFA Permit (4EJ) will remain valid till expired. (Only applicable if personnel did not execute PCS orders back to CONUS and returned)
- **Unit Deployment Program (UDP)**
 - Must have signed original letter from Unit Commanding Officer authorizing the issuance of a SOFA Permit (4EJ)
 - **NO LETTER SIGNED BY DIR WILL BE ACCEPTED**
 - Signed by “ACTING” is accepted
 - Must complete Welcome Aboard Indoctrination
 - Must Pass SOFA permit test
 - **UDP grades E-5/below are restricted to official use only permits**

U.S. FORCES, JAPAN						PERMIT NO.
OPERATOR'S PERMIT FOR CIVILIAN VEHICLE <small>(See Privacy Act Statement on USFJ Form 4EJ Application)</small>						DATE ISSUED
在日米軍個人車輛操縦許可書						
OPERATOR'S NAME (Last, First, MI)				FOR OPERATION OF (Check applicable box)		
SERVICE OR ID NO. SSN ON FILE				<input type="checkbox"/> AUTO/VEH	<input type="checkbox"/> MOTORCYCLE	
SEX	DATE OF BIRTH	HEIGHT	WEIGHT	<input type="checkbox"/> MOTOR SCOOTER	<input type="checkbox"/> OTHER (Specify)	
COLOR OF HAIR	COLOR OF EYES	NAME AND LOCATION OF ISSUING UNIT MCAS IWAKUNI				
UNIT (Enter in pencil)				GRADE AND TITLE OF ISSUING OFFICIAL LICENSE EXAMINER		
OPERATOR'S SIGNATURE				SIGNATURE OF ISSUING OFFICIAL		

USFJ Form 4EJ, DEC 82 NON-TRANSFERABLE



SOFA Permits (4EJ)



➤ Pre-registration of SOFA Permit application:

- Only applicable for those attending current Welcome Aboard Indoctrination Brief
- Can reduce wait time to get issued a SOFA permit

1. Fill out **LEGIBLY** (ALL BOXES) of the front portion of the application
2. Read the statement of understanding and **sign the back** of the application
3. Can be dropped off at Pass and Registration Office between (Mon-Wed)
 - Go to window #1 (no number required)
 - No drop off is accepted on Thu/Fri
4. Thursday – report to the Pass and Registration Office with required documents/ID for verification

NAME (LAST, FIRST, MI)		RANK	FULL SSN		RTD/PRD (ROTATION DATE)	
DOB (MONTH, DAY, YEAR)	HEIGHT (INCH)	WEIGHT (LB)	HAIR COLOR	EYE COLOR	SEX	RACE/ETHNICITY
ORGANIZATION (UNIT)	TOUR ACCOMPANIED or UNACCOMPANIED		CITY:	PLACE OF BIRTH		WORK PHONE #
DRIVER'S LICENSE STATE: NUMBER:			RESTRICTIONS GLASSES/CONTACT N/A	PHYSICAL ADDRESS (BLDG # RM # or OFF BASE or TLF)		

YOU WILL NEED FOLLOWING ITEMS

- CAC / Dependent ID Card
 - Valid stateside (or Government of Japan) driver's license (photocopy is not accepted)
 - Orders / Letter of Employment (Civilian) / Letter of Authorization (Contractor)
 - Area Clearance (USMC) / Dependent Entry Approval (USN)
 - All E-5 & below Active Duty – Unit CO letter of authorization (must be original)
 - All Active Duty 25 year old & under – Driver's Awareness (or equivalent training) course certificate
- *UDP – *Unit CO authorization letter required for all rank (Group letters and "By Direction" are not authorized.)

Statement of Understanding

In accordance with MCASO 5560.8B and USFJ 31-205, the operators permit (USFJ Form 4EJ) is the only permit authorized for USFJ personnel operating a privately owned vehicle in Japan. E-5 and below on the UDP are not authorized to obtain a USFJ Form 4EJ operator's permit, rent, or lease a vehicle during their UDP tour of duty unless required for "official duty" capacity and must be identified in the appropriate authorization letter from the Unit Commanding Officer.

The USFJ Form 4EJ will expire on the applicant's rotation date or upon loss of SOFA status. You must retake the SOFA test if the USFJ Form 4EJ expires. You are responsible for your own extension date or new rotation date.

When reading this Statement of Understanding, you certify that your license (State or other countries) is not being withheld for any reason and that you're driving privileges, either civilian or military, have not been withdrawn by either authority. You are responsible to know the rules, regulations and laws which governs the operation of any vehicle including bicycles. You are deemed to give consent to chemical tests of breath, blood, and/or urine. Refusal to submit a chemical analysis of breath, blood, and/or urine, you will result in a mandatory revocation of your driving privileges for 3 years.

If you are involved in a traffic accident on or off base regardless of how minor, you must notify PMO, remain on scene until the MP accident Investigator arrives and tells you that you are able to leave.

You also understand that all SOFA personnel must register their vehicles with MCAS Iwakuni as well as understanding that you have 15 days to change your vehicle number plate of such permanent changes of assignment or it will result to a suspension until compliance.

I acknowledge that the Pass and Registration Office, Provost Marshal's Office, MCAS Iwakuni, only provides the required administrative documents for SOFA status personnel to legally register/de-register privately owned vehicle's with the Government of Japan (GOJ). All vehicle registration/de-registration processing actions required by the GOJ and legal documentation of vehicle title is processed and provided at the Land Transportation Office (LTO) Yamaguchi Prefecture, not at the Pass and Registration Office. **NOTE: IF SOFA PERSONNEL RETAINS A THIRD PARTY SERVICER TO PROCESS VEHICLE REGISTRATION REQUEST(S) WITH THE LTO, PROCESSING COMPLETION TIMES ARE NOT IMMEDIATE AND NOT DONE THE SAME DAY. Specifically, if SOFA personnel is seeking to de-register or junk a vehicle for the purpose of PCS or shipping.**

If you understand and agree to the Statement of Understanding, please sign.

Signature: _____



Pass and Registration Office

(Base Access –Official/Employment)



- Personnel **not** already in possession of a valid Common Access Card (CAC) or valid dependent ID card
- Official/New Employment/Family of new employee/Dependent under age 10 attending off base school
- FORM Appendix B

Lead times (submission)

- **(15 business days prior to arrival – if not DCTN personnel/family member)**
- **(40 business days prior to arrival – if DCTN personnel*/family member*)**

APPENDIX B MCASO 5500.2V
MCAS IWAKUNI INSTALLATION DBIDS CREDENTIAL REQUEST

PRIVACY ACT STATEMENT
 AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397
 PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
 ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
 DISCLOSURE: Voluntary. Information is used to positively identify the individual making the statement and to check past criminal activity records. Failure to disclose any information may result in delay of processing.

PERSONNEL TYPE AND REQUIRED ENCLOSURES

- JMSDF Permanent Party Personnel (Orders, Color Copy of MOD ID)
- JMSDF Dependent (Permanent Party Sponsor's Orders, Color Copy of MOD Dependent ID)
- MLC/IHA (JN Driver's License OR JN Passport, Resident Card)
- MLC/IHA Dependent (Color Copy of Sponsor's DBIDS Card)
- U.S. Contractor (SPOT LOA, U.S. Passport)
- JN Contractor (JN Driver's License OR JN Passport, Resident Card)
- DTCN Contractor (Signed Appendix H)
- Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents, etc)

COMMAND (BRANCH/UNIT/COMPANY) OR CIVILIAN EMPLOYER OR ORGANIZATION/DIVISION/CONTRACT		SPONSORING AGENCY POC TELEPHONE		SPONSORING AGENCY POC EMAIL	
CONTRACT NUMBER (CTR ONLY)	CONTRACT WORK SITE LOCATION (CTR ONLY)	CONTRACT START (CTR ONLY) (DD/MM/YYYY)	CONTRACT END (CTR ONLY) (DD/MM/YYYY)		
DAYS OF WORK	HOURS OF WORK	FLIGHT LINE ACCESS Y/N YES NO		PORT ACCESS Y/N YES NO	

Sponsoring Agency Contract Manager/Supervisor:

Signature of Contract Manager/Supervisor: _____
 Sponsoring Agency: _____ Sponsor Phone Number/Email: _____
 Signature of Supervisor: _____ Supervisor Print & Date (DD/MM/YYYY): _____

Department Head:

Signature of Department Head: _____ Department Head Print & Date (DD/MM/YYYY): _____

Provost Marshal or Designee: Approved / Disapproved

Signature of Provost Marshal/Designee: _____ Provost Marshal/Designee Print & Date: _____

For Official Use Only - Privacy Sensitive: Any misuse or unauthorized disclosure may result in both civil and criminal penalties



Pass and Registration Office

(Base Access –Family/Guest Visitation)



- **Family or guest (overnight) visitation request is processed at the PMO Admin Office (2nd floor, bldg. 608, Provost Marshals Office)**
- **Only permanent personnel assigned to MCAS Iwakuni can sponsor guest**
- **Up to (8) visitors can be sponsored per ID card holder (if dependent, must be over the age of 18)**
- **Form Appendix K**
- **Staying overnight on base**

Lead times (submission)

- **(10 business days prior to arrival – if not DCTN personnel/family member)**
- **(40 business days prior to arrival – if DCTN personnel*/family member*)**

APPENDIX K MCASO 5500.2V

MCAS IWAKUNI PERSONAL VISITOR REQUEST (1-DAY/EXTENDED)

LODGING INFORMATION & ENDORSEMENT REQUIRED FOR REQUESTS OF 72 HOURS OR MORE

I REQUEST MY GUEST(S) BE AUTHORIZED TO STAY AT (CHECK APPROPRIATE BOX):

FAMILY HOUSING BLDG #: _____ BACHELOR HOUSING BLDG #: _____ KINTAI INN/TLF ROOM # _____

- 1) I UNDERSTAND THAT MY GUEST(S) MUST BE ESCORTED AT ALL TIMES WHILE ON THE INSTALLATION UNLESS OTHERWISE SPECIFIED.
- 2) My guest(s) must check in at the Main Gate Visitor Center prior to entering the installation and be issued a DBIDS pass. A valid photo I.D., proof of citizenship, and proof of legal entry into Japan are required.
- 3) Facility access by my guest(s) is contingent upon individual facility policies and should be addressed with each facility directly.
- 4) Visitors will be permitted to remain aboard the installation 30 minutes after MCCS facilities close on Friday, Saturday and Holidays.
- 5) As the sponsor of my guest(s), I assume responsibility for their conduct and/or misconduct and/or any damages incurred while aboard the installation due to their conduct as well as ensuring their proper use of MCAS Iwakuni facilities. I will ensure my guest(s) are familiar with applicable military and Japanese laws that govern their conduct. Further, I understand that my guest(s) do not possess SOFA status and are responsible for meeting/maintaining visa requirements.
- 6) A violation of this authorization may result in disciplinary action up to termination of sponsorship privileges.
- 7) I understand that I must provide a legible copy of the picture page of the passport of any guest(s) who holds a passport in a country other than the U.S. or Japan, who are not a Designated Third Country National (DTCN). DTCN guest(s) require prior approval from the MCAS Iwakuni Commanding Officer.

****For a list of DTCN countries, and for access requirements for DTCN guest(s), please contact the PMO Pass & Registration Office at DSN 315-253-3135. Copies of passports are not required of guests who are U.S. or Japanese passport holders.****

 Sponsor's Signature PRINT NAME	 Housing/TLF Signature PRINT NAME	 PMO Approving Official PRINT NAME
----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

For Official Use Only - Privacy Sensitive: Any misuse or unauthorized disclosure may result in both civil and criminal penalties



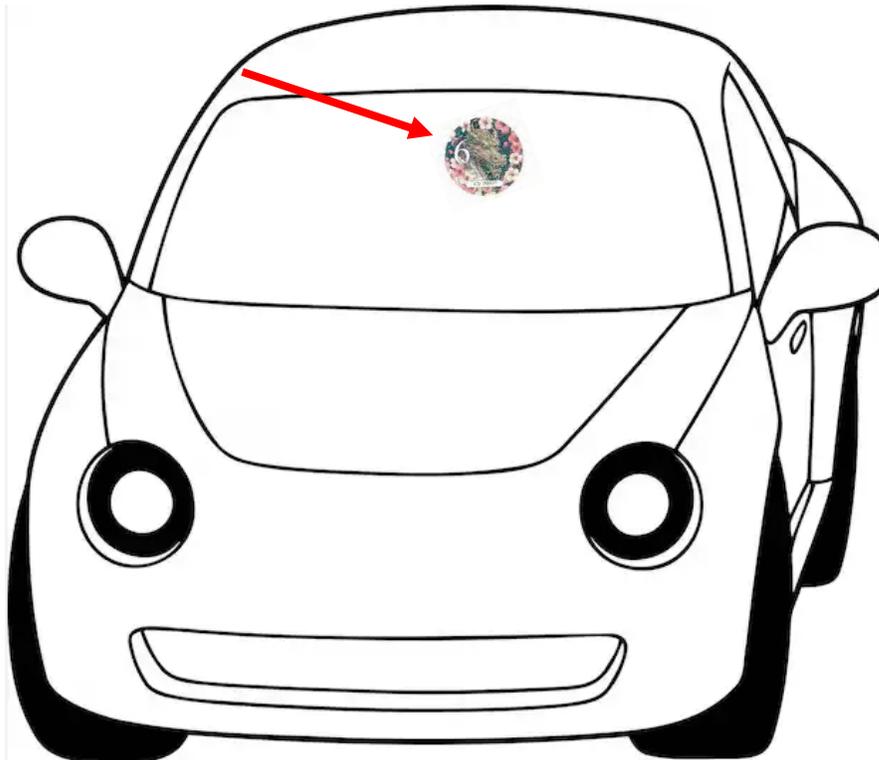
Road Tax

(Annual Payment Requirement)



Road Tax - *(similar to an annual vehicle registration fee back home)*

- a. **Paid annually 1 April – 31 May**
- b. If deregistering or transferring your vehicle on or after 1 April – annual road tax must be paid. (This includes POA)
- c. **On base payment opportunity (“Y” Plate vehicles) – Normally schedule for around the 3rd week of April**



(2024 - DECAL)



**NON PAYMENT AND DISPLAY OF
CURRENT YEAR DECAL BY 31 MAY =
IMMEDIATE SUSPENSION OF SOFA
PERMIT**



Road Tax



Road Tax

- Per USFJI 31-205, **only ONE** road tax decal is authorized to be affixed and displayed on a vehicle.
- **Decals are serialized and unique to each USFJ base.**
- Decals issued aboard MCAS Iwakuni are property of MCAS Iwakuni (must be scraped off and return to Pass and Registration Office when PCS/EAS, transfer/sale of vehicle or change of status/loss of SOFA status)



(2024) - DECAL



Serialized to each USFJ base



Vehicle Documents



1. Vehicle Title
2. Road Tax Receipt

1 **VEHICLE TITLE**

OR

2 **NEW ROAD TAX YEAR RECEIPT (2024)**

証紙番号 No. 132019 **2024**

車種 (Type of Vehicle) TOYOTA

登録番号 (Registration Number) No. 山口 [REDACTED]

車台番号 (Chassis Number) 4317 (下4桁)

自動車税 (種別割) 証紙

Automobile Tax (Category Base) Stamp

税額 (Tax amount) ¥ 19,000

課税期間 12 箇月分 from 2024 年 4 月 1 日から

Tax for months to 2025 年 3 月 31 日まで

交付年月日 (Date of Delivery) 山口 県

Yamaguchi Pref.



Vehicle Documents



3. Japanese Compulsory Insurance (GOJ requirement)
4. Property Damage Insurance (PDI) (SOFA requirement)

3 JCI

DO NOT LET EXPIRE!!!

証明書番号 第 EQKH10425 号 令和 5年 2月 21日

自動車損害賠償責任保険証明書

下記の自動車については、自動車損害賠償責任法による自動車損害賠償責任保険契約が締結されていることを証明します。

三井住友海上火災保険株式会社

自動車登録番号、車両番号又は登録の番号(車台番号)	山口 580 A 915 L650S-0030673	自動車の種別	軽(対)
使用の本拠の所在地	山口県	使用の本拠の所在地	山口県
保険期間	自 令和 5年 3月 18日 午前12時 至 令和 7年 3月 18日 午前12時	保険料	¥19,730
住所及び契約者の氏名	MCAS IWAKUNI FPO-AP 9-6-310-186J	保証金額	
異動		保険の有効期限	令和 5年 2月 21日

➤ LOSS OF SOFA PERMIT
➤ LOSS OF VEHICLE – PMO BOOT
➤ NOT A SAME DAY RENEWAL – PHYSICAL INSPECTION IS REQUIRED (CAN TAKE UP TO A WEEK TO COMPLETE)

4 PDI (CHUBBS / AIG)

AUTOMOBILE INSURANCE POLICY & PREMIUM RECEIPT
(U.S. Person Permitted to Drive Only)

CHUBB

Policy No. & Receipt No. 28 FEB 2024
Policy Period 00:00 AM 28 FEB 2024 to 11:59 PM 28 FEB 2025
Yearly Premium 11 FEB 2024

Name and Address of Insured Person
FPO AP DETO MCAS IWAKUNI

Coverage Table:

Coverage	Limit of Liability	Premium
A Physical Damage Comprehensive	\$1,000,000	\$1,170
B Physical Damage Collision	\$1,000,000	\$1,170
C Bodily Injury Liability	\$1,000,000	\$1,170
D Medical Payments	\$1,000	\$1,170
E Loss of Use by Theft	\$1,000	\$1,170
F Non-Defendable Fraction	35 % of Annual	7,170
Total Premium		29,470

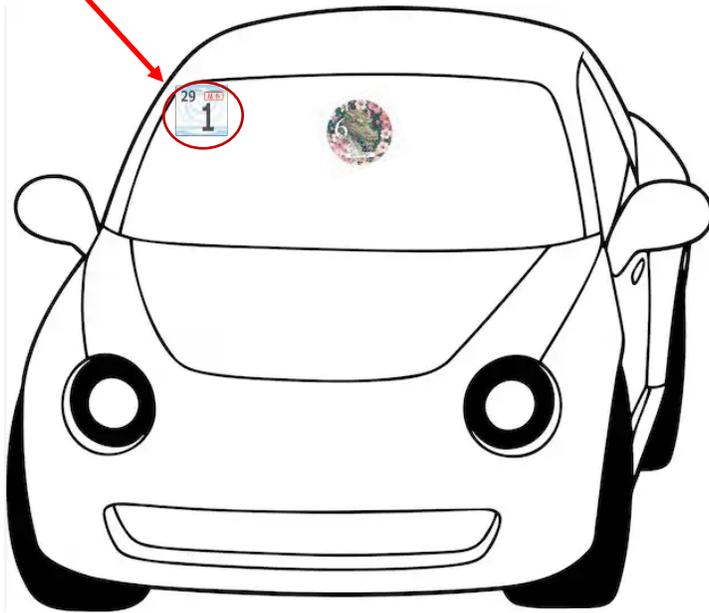
Chubb Insurance Japan



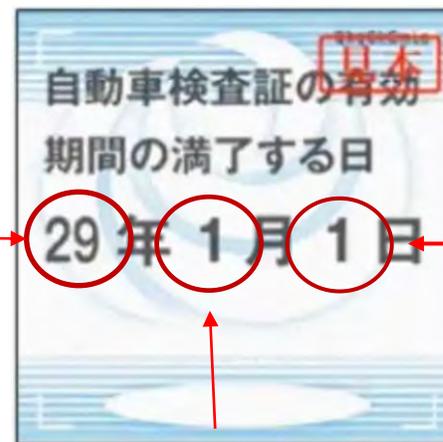
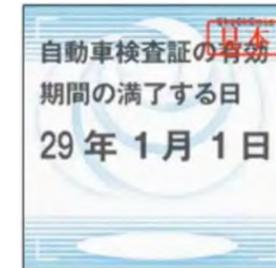
JCI



JCI decal



EXAMPLE JCI: Expires on 2017 Jan 01



Year

Day

Month



PCS'ng within Japan



If PCS'ng within Japan:

1. Personnel can PCS with vehicle.
 - a. Will be required to complete a **Prefectural change** (new LTO registration at new USFJ duty station) within **15 days** upon arrival with the vehicle
2. Have all required vehicle documents – must be valid (No copies).
3. **If PCS is after 1 April – Annual Road Tax must be paid with originating prefecture LTO prior to arriving to MCAS Iwakuni or with Yamaguchi prefecture if departing MCAS Iwakuni.**
4. Must be owner of the vehicle (named on the title) – not a POA holder
 - a. ***POA vehicle must be sold or de-registered 7 days prior to PCS, EAS, expiration date of POA or change of status, which ever occurs first***



Provost Marshal Office

Accident Investigation Division



Things to know when involved in a traffic accident:

- Report traffic accident to Emergency Dispatch Center (EDC)
- Report traffic accident to Provost Marshal Office (PMO)
- If SOFA member is an occupant/passenger, you still need to report it.
- If accident occurs outside of Yamaguchi Prefecture, you still need to report it.
- It does not matter how minor the traffic accident is, it is **MANDATORY** to report it to the proper authorities. Failure to do so will result in punishments by Military Police and/or by your command.

MAX PUNISHMENTS

- Failure to Report an accident to Military Police or Japanese Police
 - Fleeing the scene of a traffic accident
 - Fleeing the scene of a traffic accident involving death or injuries
 - Failure to report an accident to insurance company within 72 hours
- **1 year revocation of driver license (4EJ).**
 - **1 year revocation of driver license (4EJ) / Article 111 of the UCMJ.**
 - **3 years revocation of driver license (4EJ) / Article 111**
 - **90 days suspension of driver license (4EJ).**

Important Phone Numbers

- Emergency Dispatch Center

• **JP #: 0827-79-3322
827-79-3322**

US#: 011-81-

- PMO Desk Sgt DSN

• **JP #: 0827-79-3303
827-79-3303**

US#: 011-81-

- Accident Investigation Division Duty Phone

• **JP #: 080-5973-2018
5973-2018**

US#: +81-80-



Summary



1. **Spouses must have a SPOA to register/deregister a vehicle**
2. You are required to de-register all SOFA plated vehicles/motorcycles prior to departing MCAS Iwakuni (unless PCS to another USFJ installation)
3. MCAS Iwakuni Pass and Registration is not the Yamaguchi Land Transportation Office (LTO).
4. New/Initial SOFA permits are issued starting on Thursday.
5. Road Tax decal are government property and must be removed and returned.
6. Give yourself at least 1 week (5 business days) prior to fully complete any LTO required transactions.
7. Do not assume automatic extension of stateside driver's license (Active Duty Uniform Service Personnel) **Oversea extensions are not applicable to Civilian or Contract personnel*
8. Pass and Registration will not check you out if you are still titled (named) on a GOJ registered vehicle or if the vehicle is not de-registered with the LTO.
9. If granted a multiple vehicle waiver, you are required to be in compliance with the gaining USFJ installation vehicle limit policy when transferring to another USFJ installation.
10. Annual Road Tax payments are required starting April of each calendar year.
11. All traffic accidents – require mandatory reporting



Welcome Aboard



Questions



MCAS Iwakuni - Pass and Registration Office

253-3161 / 253-4626

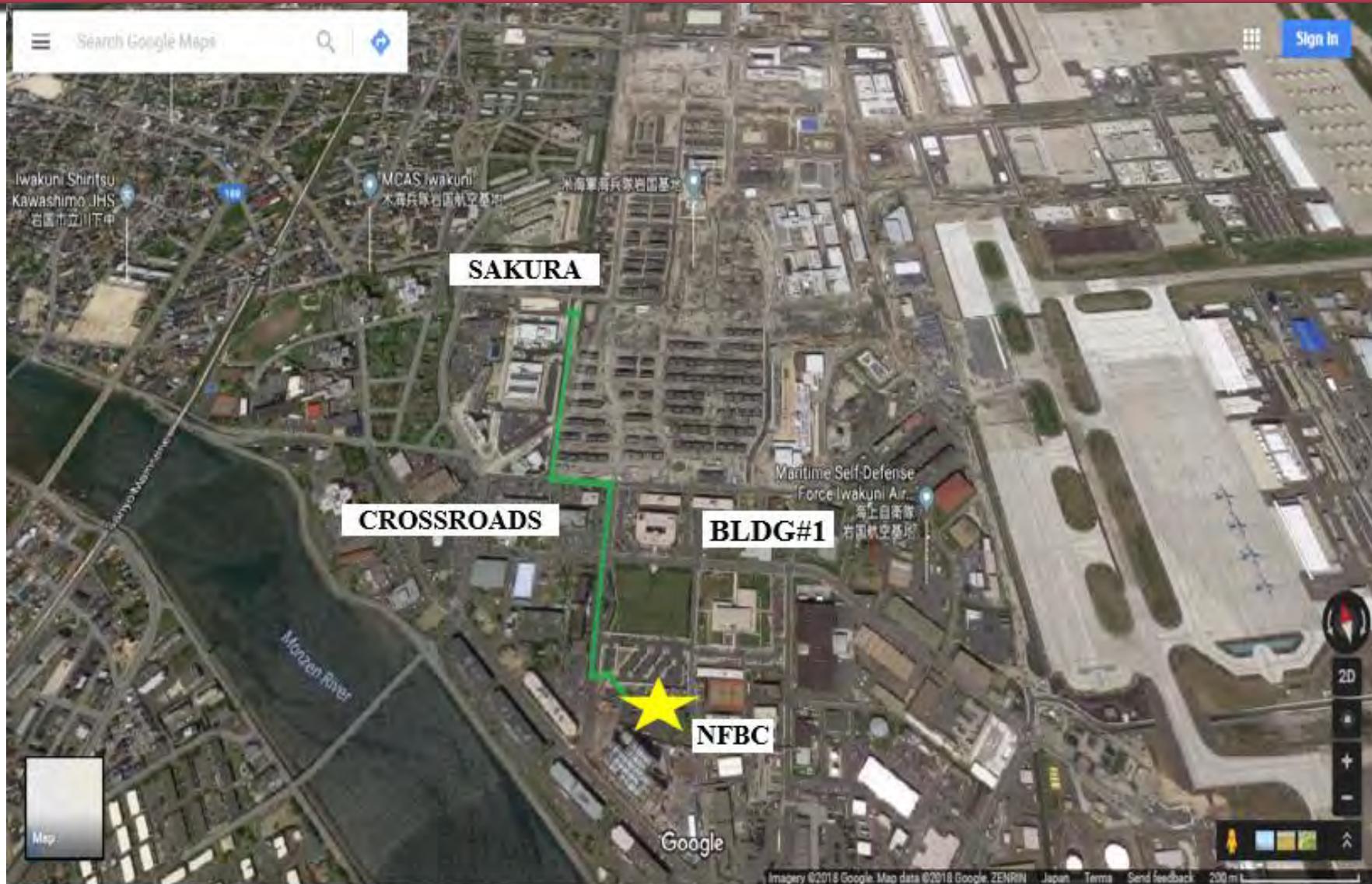
Naval Family Branch Clinic US Navy Medicine Readiness and Training Unit Iwakuni



OFFICER IN CHARGE – CDR Jacqueline Lopez, NC, USN
SENIOR ENLISTED LEADER– HMCS Ben Deza, USN



Naval Family Branch Clinic Iwakuni



Patient Registration

Outpatient Records: 1st Floor lobby / DSN 255-8302 or 827-94-8302

Active Duty

- New UIC/Orders
- Dependent/Family Entry
Approval(DEA/FEA) if accompanied
- Address and Phone Number
(new command address/number acceptable)
- Shore personnel medical records need to be turned into the clinic
- Operational personnel will turn in medical records to MCMH

DoD Civilian/ DoDEA/ Contactor

- ID card
- Address
- Phone Number
- Copy Letter of Employment
- Retiree: Need to provide proof of retirement ID
- TRICARE enrollment packet not required



TRICARE ENROLLMENT

4th Deck Building 110, Room MA401, 0800-1200, 1300-1600

DSN: 315-255-8307, Comm: 0467-63-8307

<https://tricare.mil/ContactUs/CallUs/OverseasResources>



Transfer/Enroll in NEW LOCATION/REGION or enroll NEWBORN

MUST be completed within 90 days

- If not completed on day 91, Active-Duty Family Member (ADFM) will be **DISENROLLED** from TRICARE
- ADFM will only receive care on **Space Available** basis (**NO TRANSLATION, REFERRAL, or MEDVAC SERVICES**)
- Eligible to re-enroll **only** during open season (mid November– mid Dec. 20XX, will take effect 1 January 20XX) or have a Qualifying Life Event (QLE)

WAYS TO ENROLL

1. Active-duty Service member can enroll family online via **Milconnect**
2. Call Pacific International SOS (Tricare Overseas) : 1-877-678-1208
3. Tricare Office in Branch Health Clinic Iwakuni, make an appointment via:
usn.iwakuni.brmedcliniwakunija.list.health-benefit-advisory@health.mil



MHS GENESIS Patient Portal

- Request medication renewals, lab and test results or exchange secure messages with your provider.

Website: <https://myaccess.dmdc.osd.mil>



To access the portal, use your Common Access Card (CAC) or create a DS Logon.



Host Nation Partners



Iwakuni Clinical Center



Hiroshima Pref. Hospital



Hiroshima Citizen's Hospital



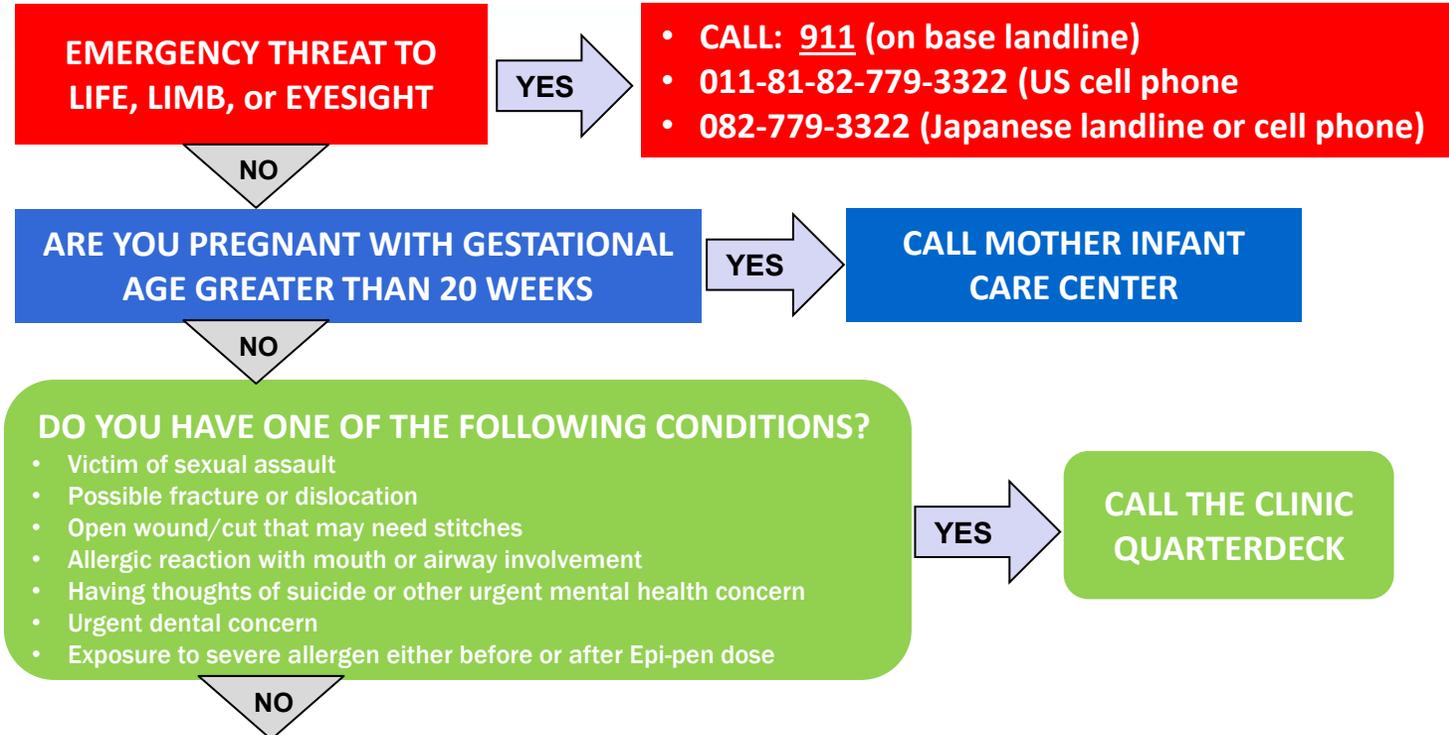
Hiroshima Univ. Hospital



*Do not walk into host nation ER without contacting NFBC first.

*For off-base emergencies, call base emergency dispatch (082-779-3322), who will arrange Japanese EMS response.

*Direct transport by NFBC EMTs to host nation ER can be arranged by NFBC if medically necessary.



****The National Suicide Prevention Hotline can now be reached directly by dialing 988 from a DSN.**

Alternatively, individuals can dial 0827-79-9880 or 1-800-273-8255 (cell phone)

PHONE DIRECTORY

From landline:
 Mother-Infant Care Center: 255-8251
 Clinic Quarterdeck: 255-8100
 Clinic Appointment Line: 255-8000

From Japanese Cell: 082-794-xxxx (last 4 digits)
From US Cell: 011-81-82-794-xxxx (last 4 digits)

DAY/TIME	WHO DO I CALL?	WHERE DO I GO?
0740-1600 M-F (Excluding Federal Holidays)	Clinic Appt Line	Medical Home Port: 2nd deck front desk *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged
1600-2200 M-F (Excluding Federal Holidays)	Clinic Quarterdeck	Medical Home Port Extended: 1st deck through the ambulance bay. *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged
All OTHER TIMES	Clinic Quarterdeck	CALL FIRST. If instructed by Clinic to report to ACC, go through the ambulance bay.



Primary Care

- ❑ Active Duty, TRICARE PRIME Family Members, Retiree TRICARE PLUS:
 - Enrolled to a Primary Care Manager

- ❑ TRICARE SELECT, GS Civilian, and Contractor:
 - DEERS Eligible receive services on space available basis

- **2nd Deck:**
 - ❖ Family Centered Medical Home Port: Mon-Fri 0730-1600 (Except Holidays)
 - Active-Duty other than CAG/MAG, AD Family Members, Space Available (after 1000 hrs)

 - ❖ Military Centered Medical Home Port: Mon-Fri 0730-1600 (Except Holidays)
 - Active-Duty CAG/MAG

- **1st Deck:**
 - ❖ Med Home Port Extended: Mon-Fri 1600-2200 (Except Holidays)
 - 1st Deck (enter through ambulance bay)
 - By appointment with exception of Urgent and Emergent care needs



Ancillary and Specialty Services

Services provided at NFBC Monday – Friday 0800-1600

- 1st Floor:
 - Lab
 - Pharmacy
 - Radiology
 - Optometry
- 2nd Floor:
 - Physical Therapy
 - Mental Health
- 3rd Floor:
 - Occupational Health
 - Preventive Medicine
 - Industrial Hygiene
 - Audiology

“Circuit Rider” Program from Naval Hospital Yokosuka

- Quarterly travel to NFBC Iwakuni
- Monthly Virtual Health Appointments
- Specialties provided:
 - Orthopedics
 - Dermatology
 - ENT
 - Urology
 - Podiatry
 - Psychiatry (Adult and Child)
 - Dietician/Health Promotions Team
 - Neurology



Mother-Infant Care Center

- 6 labor and delivery rooms with newborn stabilization capabilities
- Women with low-risk, single gestation pregnancies
- Provides:
 - C-sections
 - Epidurals
 - Lactation support
 - Classes and trainings
 - Newborn follow-up appointments for the first two weeks
- For any pregnancy related concerns if >20 weeks, Please call:
 - 255-8251
 - US Cell: 011-81-827-94-8251
 - Japan Cell: 0827-94-8251



Obtaining Specialty Care

- ❑ When needed, the **Primary Care Manager/Provider** will place a referral for specialty care to one of the following:
 - **Host Nation facility (Iwakuni, Hiroshima):** NFBC Iwakuni utilizes a network of host nation facilities to meet the demand for specialty care not offered at the MTF.
 - » Referral Management processes the request for specialty services
 - » Tracks for TRICARE authorization
 - » Obtains appointment availability with specialty provider
 - » Coordinates with patient to schedule appointment
 - » Provide interpreter and transportation as needed
 - **Directly to the Military Treatment Facility (MTF), if the service is available.**
 - **Patient Movement/Medical Evacuation (MEDEVAC) to the nearest MTF that can manage the case; Yokosuka, Okinawa, Tripler (Hawaii), NMCSO (San Diego), etc.**

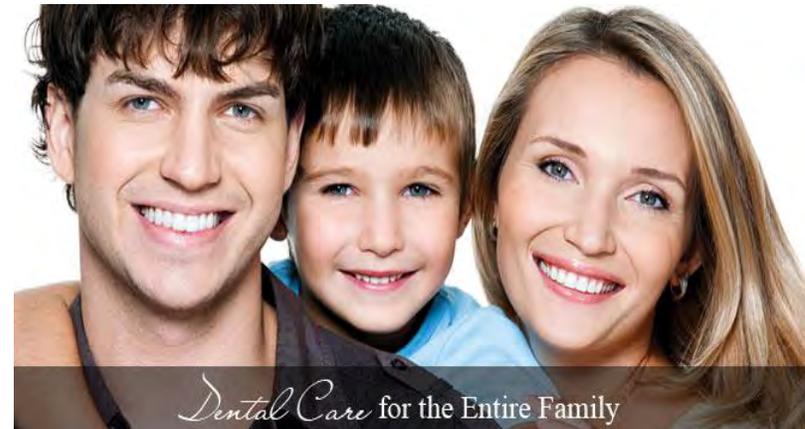
Referral Management: DSN 255-8034/8309 or 0827-94-8034/8309



Dental Department

4th Deck of Bldg. 110

- ❑ General Dentistry and Dental Hygienists:
 - Routine dental exams, fillings, crowns, cleanings.
- ❑ Specialty care available as personnel/manpower allows:
 - *Orthodontics*
 - *Endodontics*
 - *Pediatric dentistry*
 - *Periodontist*
 - *Prosthodontist*
 - *Exodontist*
- ❑ Who is eligible for services?
 - Active-Duty Marines and Sailors
 - Command sponsored dependents
 - Flight and combat operational readiness prioritized
- ❑ Hours of Operation: Mon-Friday 0730-1600



Contact: 11th Dental Appointment Line: 255-8500/0827-94-8500 After Hours Emergency Line: 255-8100/0827-94-8100



Tricare Dental Program Overseas

- ❑ AD Family Members have option to seek dental care from host nation dental providers due to limited availability at MTF
 - Ensure you and your family have active dental insurance:
 - Calling United Concordia at 844-653-4060
 - AD sponsor can check their LES
 - To find available local dental providers:
 - Use QR code (*flyers available at dental clinic front desk*)
 - Visit <https://www.uccitdp.com/tp2opd>
 - No referral needed. Make an appointment directly with practice.
 - Forms and more information, including orthodontics can be found on United Concordia website: <https://www.uccitdp.com/dtwdws/member/landing.xhtml>





Legal Services

Building 608

Phone: 253-5591/5592

Iwakuni_Legal_Assistance@usmc.mil



Legal Services Support Team

- 1. Victim Legal Counsel**
 - Individual representation of victim clients
- 2. Legal Assistance**
 - Individual legal matters (i.e. wills, powers of attorney, family law issues, passports, immigration services, etc.)
- 3. Defense Services Counsel (DSO)**
 - Pending legal action (i.e. pending investigation, NJP, alleged criminal charges, adsep, etc.)
- 4. Office of Station Judge Advocate – Bldg. 1**
 - Command services (i.e. advice to COs and staff on military justice, ethics, etc.)



Victims' League Counsel (VLC) Services

- The Marine Corps Victims' Legal Counsel Organization is fully committed to provide legal advice, counseling, and representation to victims of sexual assault, domestic violence, and other crimes, and to protect victims' rights at all stages of the military justice process.
- Marine Corps VLC are judge advocates, who are highly qualified attorneys with extensive military justice backgrounds, have completed a certified victims' advocacy course, and are required to be selected through a "sensitive screening process."
- The VLCO chain-of-command is functionally independent of convening authorities, staff judge advocates, LSSS OICs, trial counsel, and defense counsel. VLC are under the supervision of, and report to, the OIC, VLCO, who reports directly to the Staff Judge Advocate to the Commandant of the Marine Corps.
- SAPR, FAP representative, etc. will reach out to VLC if circumstances require it. You may, but do not need to reach out to VLC directly if you are working with another organization.

- **ATTORNEY-CLIENT PRIVILEGE.**

Contact: Pacific Region Victims' Legal Counsel

Phone: 315-253-4398 (from DSN)

0827-79-4398 (from cell)

Emergency Line 24-hour Line: 0827-79-3322



Legal Assistance Services

- ✓ Family Law Counseling (adoption, divorce, etc.)
- ✓ Notaries, Powers of Attorney, Affidavits
- ✓ Credit Counseling
- ✓ Contracts and Leases
- ✓ Wills, Trusts, Estate Planning
- ✓ Marriage Packages
- ✓ **ATTORNEY-CLIENT PRIVILEGE**

No services for criminal matters, claims against the government, business matters, or advice to 3rd parties. Refer to Defense Services.*



Legal Assistance Services – OVERSEAS specific

- ✓ Naturalizations
- ✓ Consular Reports of Birth Abroad
- ✓ Social Security Number
- ✓ Passports: Personal and Official (Re-entry stamps at customs)
- ✓ Immigration Visa Information and assistance
- ✓ Adoption



Defense Services Office (DSO)

- Located in building 608 – Follow sidewalk around the right side of the building to the REAR entrance, take the stairs to the 2nd floor, check in with defense clerk, Room #219
- **Walk-in basis ONLY** – Tuesday and Thursday 1300-1600.

If you have been accused of a crime, you have the right to speak to the DSO for confidential and privileged counseling. They will explain the processes, your rights, and potential impacts of your decisions.



Staff Judge Advocate (SJA) Office



Photo Credit: MilitaryOneSource

Building One
Room 216
DSN: 253-5593



Claims Against The Government

- Common Types of Claims:
 1. **Military Claim Act (MCA)** (e.g. POV damaged by GOV)
 2. **Personnel Claim Act (PCA)** (e.g. A/C leaking issue, clothing damages by mold, etc.)
- Your claim must be filed within 2 years after it accrues.
(Date of incident is excluded and date the claim is filed/submitted is included.)



SOFA (Status of Forces Agreement)

- **SOFA** status protects your *rights* in Japan.
- **SOFA** personnel are still subject to Japanese laws.
- Japanese police have primary jurisdiction of certain crimes (drugs, firearms) even on-base and cases against Japanese nationals and property.
- Actions of **ALL SOFA** personnel impact the base and detract from our mission.
- *FAQ for SOFA are at www.mcasiwakuni.marines.mil > Organizations > Station > SJA*



Jurisdiction and Detention

- You are subject to laws of Japan while stationed here
- Japanese Police may detain you for **72 hours** after an arrest.
- Usually extended for **10 days** by magistrate for investigation.
- Prosecutor can request **additional 10 days** from magistrate.

Up to 23 days of being detained



Common Issues



- Knives longer than 5.5cm ON base– registered and kept with MCAS Armory
- Knives longer than 5.5cm OFF base- arrest is very likely
- Up to \$3,000 fine or 2 years confinement
- Can also be charged if found in your vehicle or luggage

**ZERO
TOLERANCE**



- Spice is prohibited by
 - MCBJO 5355.1 dtd 10 Sep 08
 - MARFORPACO 5355.2 dtd 1 Dec 09
 - As well as by Japanese law as of 20 Nov 09



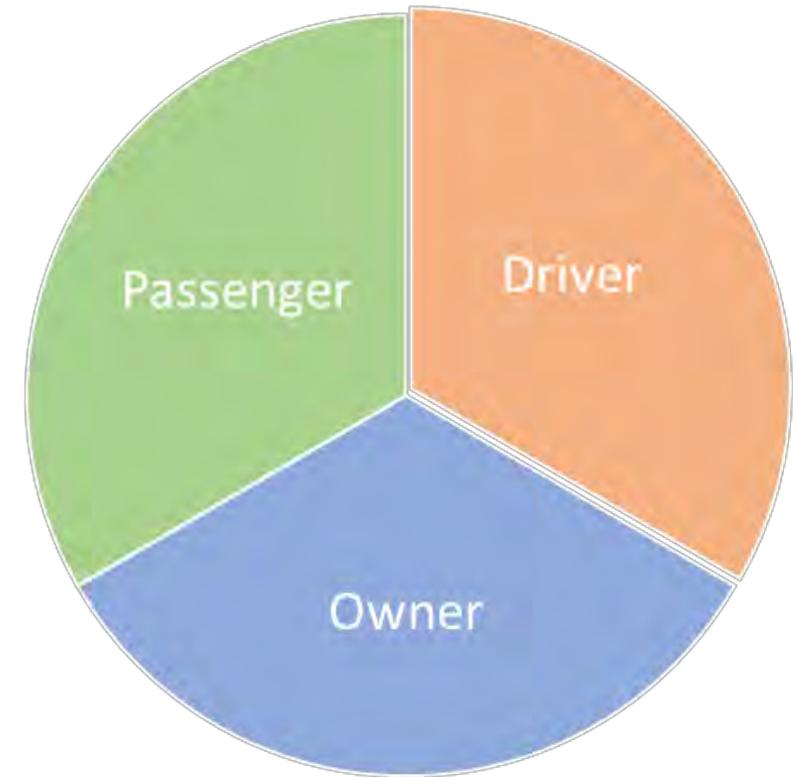
DUI – You Cannot Afford It

- Legal Drinking Age in Japan: 20 years old
- ANY alcohol in your system can increase fines and penalties if you get in an accident.
- Refusal to submit to a breath test is treated the same as a failed breath test.



DUI Liability

- You can be charged with DUI as a **PASSENGER**.
 - **Up to \$3,000 fine or 2 years confinement** for riding with a person who has consumed alcohol.
- You can be charged with DUI as a CAR **OWNER**.
 - If you provide a DUI driver your car, you can also be liable for their actions even if you are not in the car with them. **Up to \$5,000 or 3 years confinement.**





DUI Penalties

- Japanese Court → Up to \$5,000 fine or 3 years confinement
- Traffic Court → SOFA license revoked for 1-3 yrs (**MANDATORY** with 1st offense)
- Base Magistrate: → Community service or debarment
- Command: →
 - 1) NJP: If violating Liberty Policy (No public alcohol consumption after midnight)
 - 2) Legal Hold (No PCS, EAS, travel)



Welcome to Iwakuni



You Are in Japan!



You are Here
岩国
Iwakuni
山口 Yamaguchi

Honshu



Shikoku

Kyushu



About Japan

1. Current emperor: Naruhito
2. Current era: Reiwa (R7)
3. Government: Parliamentary with constitutional monarchy
4. Prime Minister: Shigeru Ishiba
5. Capital: Tokyo
6. Population: 127 million people
7. Religions
 - Buddhism, Shintoism, other



You Are in Iwakuni!



Ice Cream Stand



Cormorant Fishing



Sanzoku



Fireworks Festival



You are in Iwakuni!



**Iwakuni
Castle**



Momijidani Park

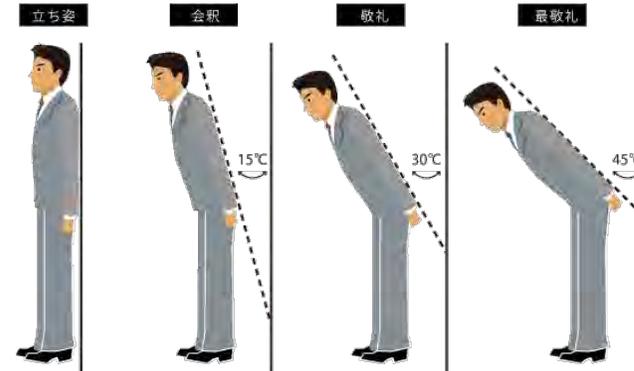
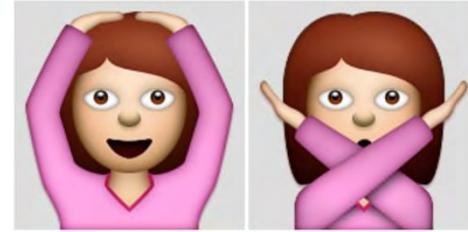


White Snake



Cultural Differences

- Gestures
 - Bowing
 - Yes / No
- Eye Contact
- Sorting Garbage
- Tattoo
- Masks
- Clothing - kimono
- Footwear
 - No shoes in homes, temples or shrines



Let's Be Courteous

- Spitting in Public
 - Please use bottle if you chew tobacco
- Smoking
 - Designated smoking areas
- Graveyards and Temples
 - Respect privacy – no pictures
- Cell phone use on public transportation



ON SILENT MODE PLEASE



Transportation

- Airport
- Train
- Bus
- Taxi
- Bicycle
- Feet



Welcome to ... Hiroshima!



Itsukushima Shrine



Mazda Stadium



Hiroshima Castle



Atomic Bomb Dome



Battleship Yamato Museum

Local Specialties

**Oysters
Lemons
Momiji Manju
Brushes**



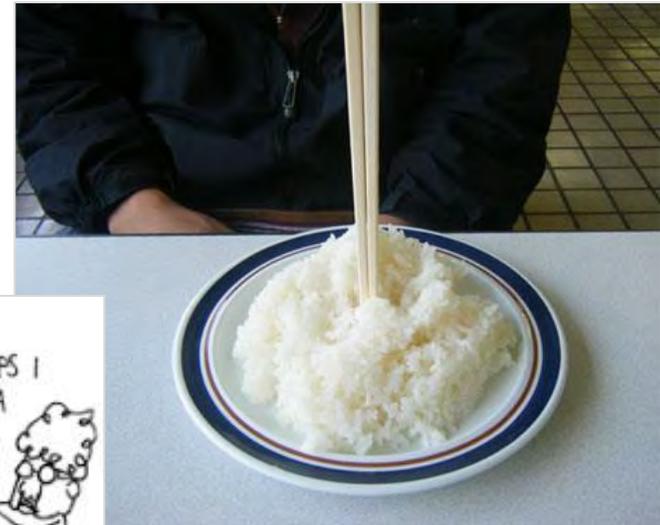
Currency / Shopping

- No Personal Checks
- Always carry enough Yen
- Credit Cards
- Consumption Tax = 8-10%
- Exchange Yen
 - Community Bank
 - Cash Cages: MCX, Club Iwakuni, Northside Marine Mart
 - Convenience Store ATM
- Eco bag at Grocery Stores
- Japanese Holidays



Dining – レストラン

- Reservations
- No tipping
 - Service fee included
- Oshibori – wet cloth
- Hashi – chopsticks
- Slurping noodles



Restrooms – トイレ

Look for the Signs



男 女



Learning Japanese

- Library
- Education Office
(253-3855)
- Survival Japanese Class
- JAS (253-4744)
- Information & Referral
(253-3357)

日本語

Do you speak English?

KO N NI CHI WA
こんにちは
HELLO





Cultural Adaptation Program

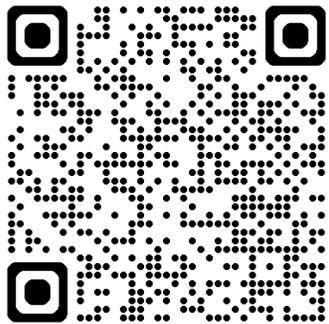
- Bldg. 411 Rm 101, [253-6165](tel:253-6165)
- Cultural Tours
- Japanese Cooking Class
- Cultural Activity Classes
- Survival Japanese Class



Cultural Awareness

QUESTIONS?

Mikie Watanabe
Cultural Adaptation Specialist
253-6165



Bus Tour



Welcome Aboard Brief PowerPoints



MCCS Iwakuni Information & Referral



Evaluation Forms

NAVMC 11791 (11-11) (EF)
FOUO - Privacy sensitive when filled in.

Print Form

SPONSORSHIP PROGRAM QUESTIONNAIRE

Your help is requested in evaluating the effectiveness of our Command Personnel Sponsorship Program. Please help evaluate the Program by completing this questionnaire based on your experience with your recent PCS transfer. Leave name spaces blank if you desire to remain anonymous. The information you provide will be combined with the responses of others and will be confidential. Completion of this questionnaire is entirely voluntary. There is no penalty for not providing the requested information except the lack of representation of your views in the final results and outcomes. Once completed, please return to your Unit Sponsorship Coordinator. This reporting requirement is exempt from reports control.

Grade: Branch of Service: UNIT:

1. Did your former command, prior to transfer, inform you of the sponsor program and its benefits? YES NO

2. Did you request/ elect to have a sponsor? YES NO

3. Were you assigned a sponsor? YES NO

4. Who is your sponsor? (May omit name if desired.)

5. Did your sponsor contact you prior to your departure from your previous command? YES NO

6. Did your sponsor meet you upon your arrival? YES NO

7. Did you receive information and communication from the gaining command in advance of your arrival?

a. If yes, was the information an adequate representation of this command? YES NO

b. If yes, was the information adequate to inform you about this geographical area? YES NO

c. If yes, was the information received in time to permit adequate advance planning? YES NO

d. If no, what additional information would have made your transfer and relocation easier?

8. Was your sponsor knowledgeable about this command and the local community able to answer your questions? YES NO

9. When did you receive your orders?

10. When did you transfer from your last command?

11. Did you attend school(s) or take leave in transit to this command? YES NO List Dates: _____

12. Did your previous command inform you of the resources available to you at your nearest MCCS? YES NO

13. Overall, were you satisfied with this Command Sponsorship Program? YES NO

14. Please list any suggestions you have for improving the Command Sponsorship Program.

FOR OFFICIAL USE ONLY

Adobe LiveCycle Designer 8

WELCOME ABOARD
IWAKUNI

Marine & Family Programs wants your advice! Help us make these workshops better in the future by completing this form.

1. Workshop features

	Excellent	Good	Fair	Poor
Quality of the content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the materials / handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery by presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Presentation expectations
Please rate from 1-5

	Exceeded	4	3	2	Not Met
	5				1
Did it meet your expectations?	<input type="checkbox"/>				

3. For each objective, please check how much you knew before and how much you know now.

	Before Workshop				Now			
	A Lot	Some Knowledge	Very Little	None	A Lot	Some Knowledge	Very Little	None
Legal Matters: Gain an understanding of SOFA and its impact on those who violate US and/or Japanese law, including the Liberty Campaign Order.	<input type="checkbox"/>							
Personal Growth & Development: Highlight programs and community events/MCAS & MCCS resources that encourage personal development, including behavioral health and responsible drinking.	<input type="checkbox"/>							
Sponsorship: Receive appropriate information, including child care services, education, health services, safety, and housing to prepare new arrivals for their tours.	<input type="checkbox"/>							
Cultural Awareness: Gain understanding and mutual respect for Japanese Culture and the local Iwakuni community.	<input type="checkbox"/>							

4. Additional comments:

MCCS
MCAS IWAKUNI

Please fill out the evaluation and sponsorship questionnaires forms completely.



Reminders!!!

- Please turn completed forms to the front desk.
- Please acquire childcare voucher before you leave.
- Collect your personal belongings and trash.

