



# PROPER CIVILIAN ATTIRE

Headgear may **NOT**  
be worn indoors

Exposed midriff is  
**NOT** authorized for  
men nor women.



Ripped and soiled  
clothing is **NOT** allowed.  
Designer jeans are allowed if  
conservative and neat in appearance.

Shower shoes are  
**NOT** authorized.  
except for in the shower.



Male Marines may  
**NOT** wear earrings.

Male Sailors are authorized to  
wear earrings in a leave or liberty  
status, unless prohibited by proper  
authority.

No clothing with  
offensive or obscene  
designs.

Pants with belt loops  
require a belt.

Sleepwear does **NOT**  
represent a professional  
military appearance  
and is **NOT** authorized.



**ALL** headgear  
must be taken off  
before entering a  
facility.



Plain white T-shirts  
are **NOT** authorized  
for civilian attire.

Designer white T-shirts  
(e.g. with a logo) are  
authorized.



Marine Corps  
uniform footwear  
may be worn in  
the appropriate  
setting.



Athletic attire is authorized  
during exercise outside or in  
physical training facilities.  
It is **NOT** authorized for any  
other facility on base.



Per MCBJ/III MEFO 1050.7A, all service members on the installation are subject to this policy.  
SOFA/non-SOFA dependents and civilians are asked to also comply with these regulations.



# Welcome to MCAS Iwakuni!

## DAY 1- Monday

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

## DAY 2- Tuesday

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



# Reminders

- Sign Attendance Roster DAY 1 & 2
- Childcare Vouchers
- Breaks
  - DAY 1 – 1<sup>st</sup>: Resource Fair / Base Life Support Entities
  - DAY 2 – 1<sup>st</sup>: Resource Fair / MCCS Bus Tour Registration
  - 2<sup>nd</sup>: Resource Fair / Sponsors
- Family Housing Office, bldg. 200.  
0827-79-5542 or 253-5542



# 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, 2<sup>nd</sup> FL at 0800 Tuesday morning**

Wear Alphas for Marine

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




# Joint Onboarding Program



## Joint Onboarding Program

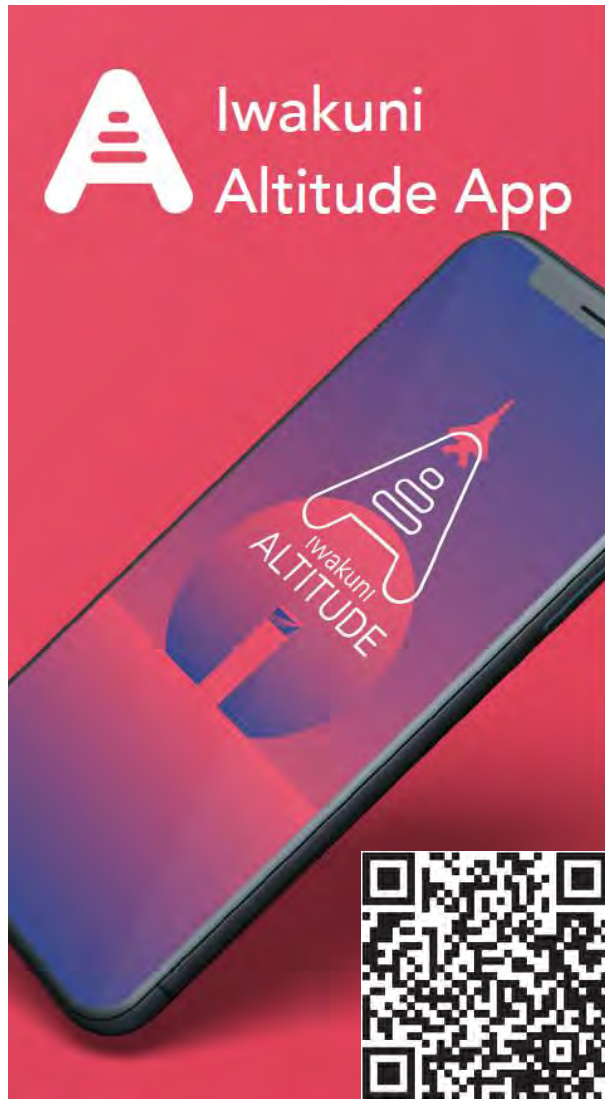


### Schedule of Events

	Monday	Tuesday	Wednesday	Thursday	Friday
	Station Welcome Aboard (WAB) Day1 0730-1200	Parent Command Briefs (AD only) 0800-0930 → *WAB Day2 1000-1230 SOFA Test 1400-1600	 "Outside the Wire" Bus Tour 0930-1600	Joint Onboarding Briefs 0800-1100	Joint Onboarding Briefs 0800-1100
<b>Who:</b>	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
<b>Location &amp; Attire</b>	Sakura Theater  Proper Civilian Attire	<b>For H&amp;HS:</b> Building 1 Uniform: Marines Alphas; Navy NSU (E1-E6) Service Khaki (E7-O5)  <b>For MAG 12:</b> MAG Auditorium Uniform: Cammies	•Sakura Theater Civilian Attire  •Please bring your Military ID, <del>yen</del> to buy lunch and soft drinks.	•Bldg 625 1st Floor •0800 BHC •0815 Spiritual Fitness & Suicide Awareness •1000 ARC •1015 Human Performance •1030 Responsible Drinking	•Bldg 625 1st Floor •0800 PAC •0900 Counterintelligence Awareness •0930 UMAPIT  Complete ✓ Check-In

**All MAG-12 HQ Marines/Sailors and their families Bus Tour on Wednesday.**

# Iwakuni Altitude App



Never miss out on the latest news and updates!



Events & Trips



News & Information



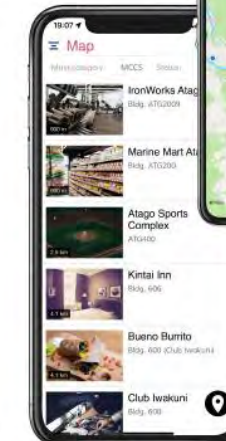
Travel Guides



Download on the App Store



Get it on Google Play



# 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

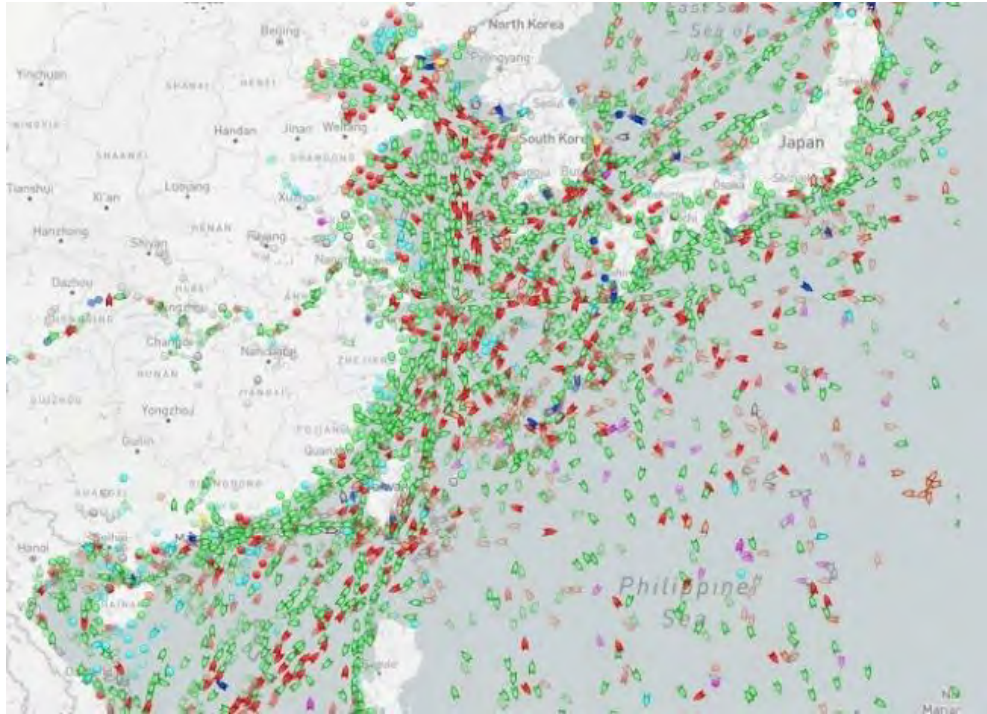
**Philippine troops kill 2 Abu Sanyaf suspects ahead of Ramadan**

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

North Korea Launches Strategic Cruise Missiles from Submarine



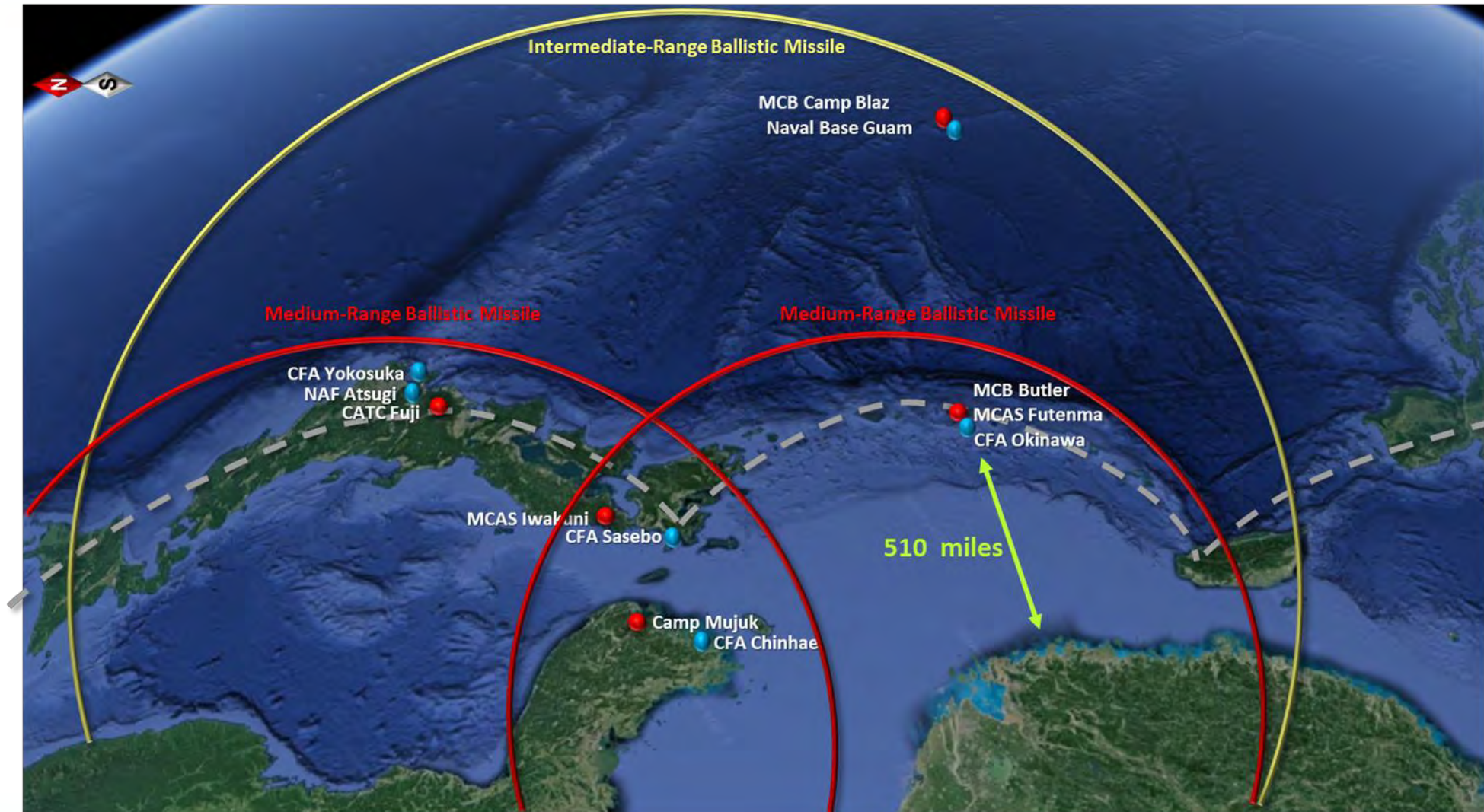
# Air and Sea Traffic in East Asia



# 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**



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

**Runway**



**Ammunition Storage**



# MCAS Iwakuni U.S. Tenant Commands

MAG-12



MCIPAC



Other III MEF



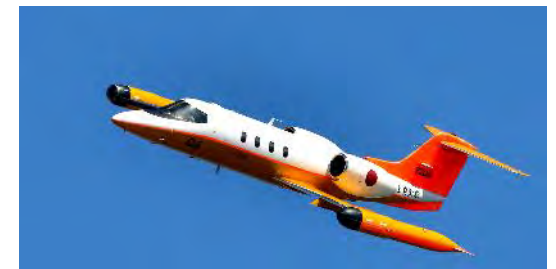
CVW-5



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**  
**R** **ESILIENCY**  
**R** **ELATIONSHIPS**  
**CREDIBLE COMBAT POWER**

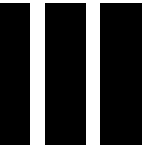


# ACTIVE SHIELD





**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





# Lotus Cultural Center/ Owl Park

# Single Marine/ Sailors



# UP AND COMING !!



SAKURA THEATER  
**SUMMER**  
*Matinee*  
FREE ADMISSION  
JUN 6 - AUG 15 | Wednesdays & Thursdays | 3-5 PM  
Sakura Theater | 253-5462 | www.usmo-mccs.org



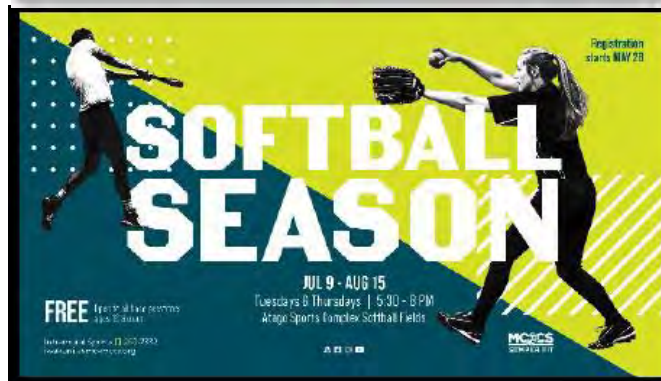
**USJN**  
**BASKETBALL**  
**TOURNAMENT**  
AUG 10 - 11  
10 AM - 4 PM  
ATAGO SPORTS COMPLEX  
SPORTS COURTS  
FREE REGISTRATION  
STARTS MAY 20



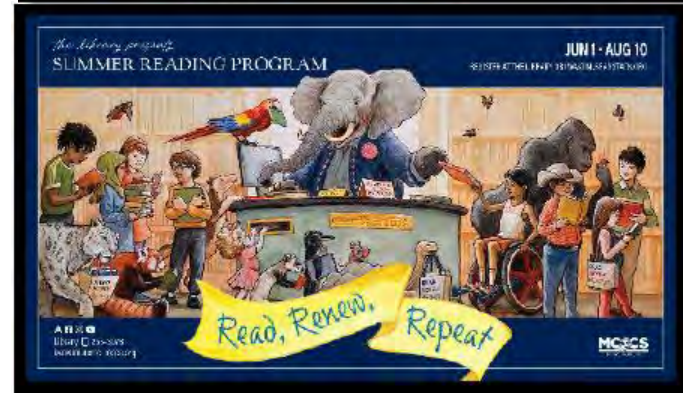
**ACES UP SETS DOWN**  
Volleyball Tournament  
JUL 26 | 5:30-9 PM  
IronWorks South Sports Courts  
MCCCS CENTER 111



FREE TO ALL ACTIVE DUTY  
NO RESERVATIONS NEEDED  
BRIEFING ROOM  
ALL AGES WELCOME  
**ACTIVE DUTY**  
**SWIM CLINIC**  
TUESDAYS 5-8 AM | WEDNESDAYS 5-8 PM  
IRONWORKS SOUTH INDOOR POOL  
MCCCS CENTER 111



**SOFTBALL**  
**SEASON**  
JUL 9 - AUG 15  
Tuesdays & Thursdays | 5:30 - 8 PM  
Atago Sports Complex Softball Fields  
FREE REGISTRATION  
STARTS MAY 20  
MCCCS CENTER 111



The Library presents  
**SUMMER READING PROGRAM**  
JUN 1 - AUG 10  
REGISTER AT THE FRONT DESK OR ONLINE  
*Read, Renew, Repeat*  
MCCCS CENTER 111



**Wellness**  
**WEDNESDAY**  
1st Wednesday of the Month  
4-6 PM  
Barnes & Noble  
MCCCS CENTER 111



**SUMMER**  
**SPORTS CAMPS**



**ADVENTURE**  
**AWAITS**  
JUN 10 - AUG 16  
School Age Care  
MCCCS CENTER 111





Friendship  
Day MAY 5th





# Flea Market

# 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](mailto: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, 3<sup>rd</sup> floor
  - [iwakuni@nmcrs.org](mailto: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, 2<sup>nd</sup> Floor
  - [USOIwakuni@uso.org](mailto: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](mailto:OMSCJAPANIW.VBAVACO@VA.GOV)



Building 1 – Room 127



DSN (315) 253-7599



Monday – Friday 0800-1600





# School Liaison Program

## Educational and Enrollment Assistance

- Serves as the communication link between the CO, DoDEA Schools, military families, and MCCS Family Care Programs
- DoDEA Schools, Home School, Japanese (Yochien) Schools
- Child Development Center, School Age Care, Youth Center & Teen Center
- Free & Reduced School Lunch Program
- School MFLC and Student Sponsorship Program
- School August 19, 2024

Carr, Keith G.

253-3691

Building 9540

[Ombiwaschoolliaison@usmc-mccs.org](mailto:Ombiwaschoolliaison@usmc-mccs.org)



# 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**



# Emergency Services



ADD OUR NUMBERS BY  
FOLLOWING THE QR CODE:



## MCAS IWAKUNI EMERGENCY DISPATCH CENTER

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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

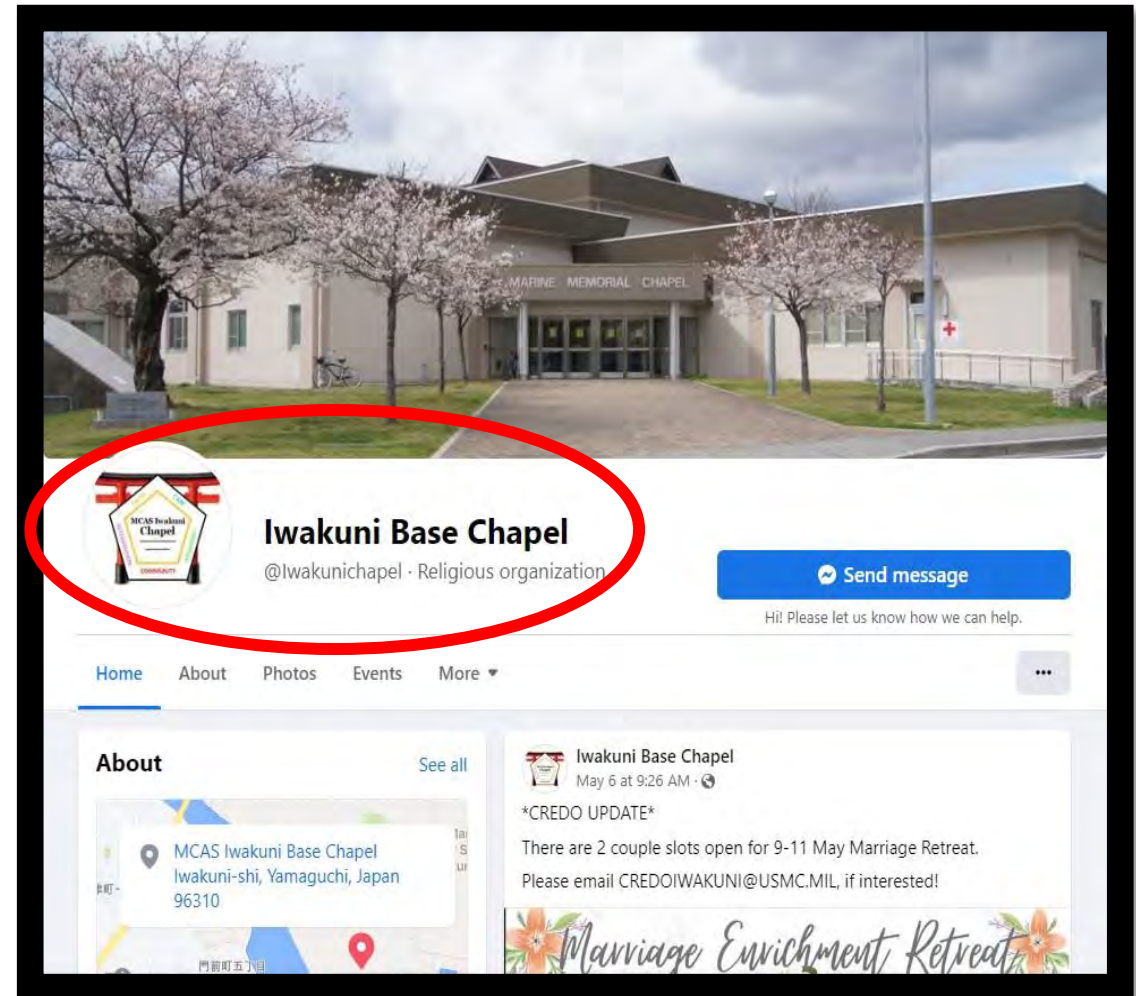


**Chaplain John Pollnow**  
Deputy



# 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

<b>Sunday Mass</b>	0900/1700
<b>Daily Mass (M-T)</b>	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 <sup>rd</sup> )	1730

**We also support Jewish and Muslim Faith Communities**

***All are welcome!***



# Chaplain – Ministry In Action



*Ladies Fellowship*



*Ladies Fellowship*

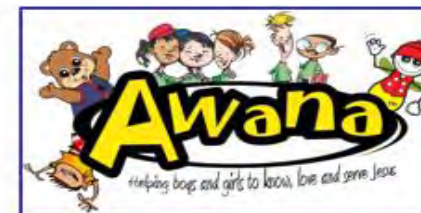
Get Plugged  
In To A  
Community  
Of Faith!

**BIBLE  
STUDY**  
for Men



*Men's Fellowship*

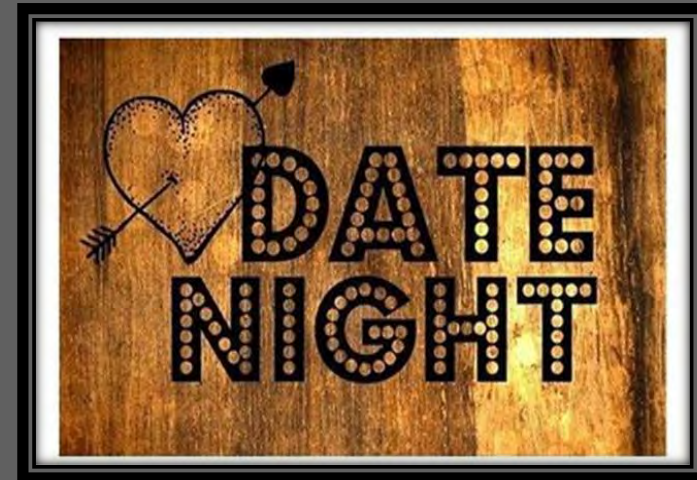
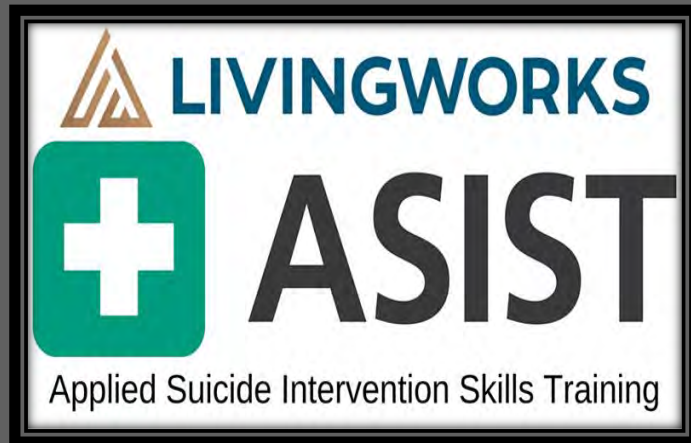
**Faith Programs for  
all ages!**



*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 - Community Pantry



Open to the Community!

Bldg. 625, 2<sup>nd</sup> Deck



# Chaplain – Contact Us

## Station Chapel

### LT Eric Pittman

*Command Chaplain*

james.pittman@usmc.mil  
253-3371

### LT John Pollnow

*Deputy*

john.w.pollnow.mil@usmc.mil  
253-3371

## 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 Grant Eubanks

*Deputy*

grant.eubanks@usmc.mil  
253-5109

### LT JT Park

juntae.park@usmc.mil  
253-7556

### LT Jerry Roberts

jerry.l.roberts.mil@usmc.mil  
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



# 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

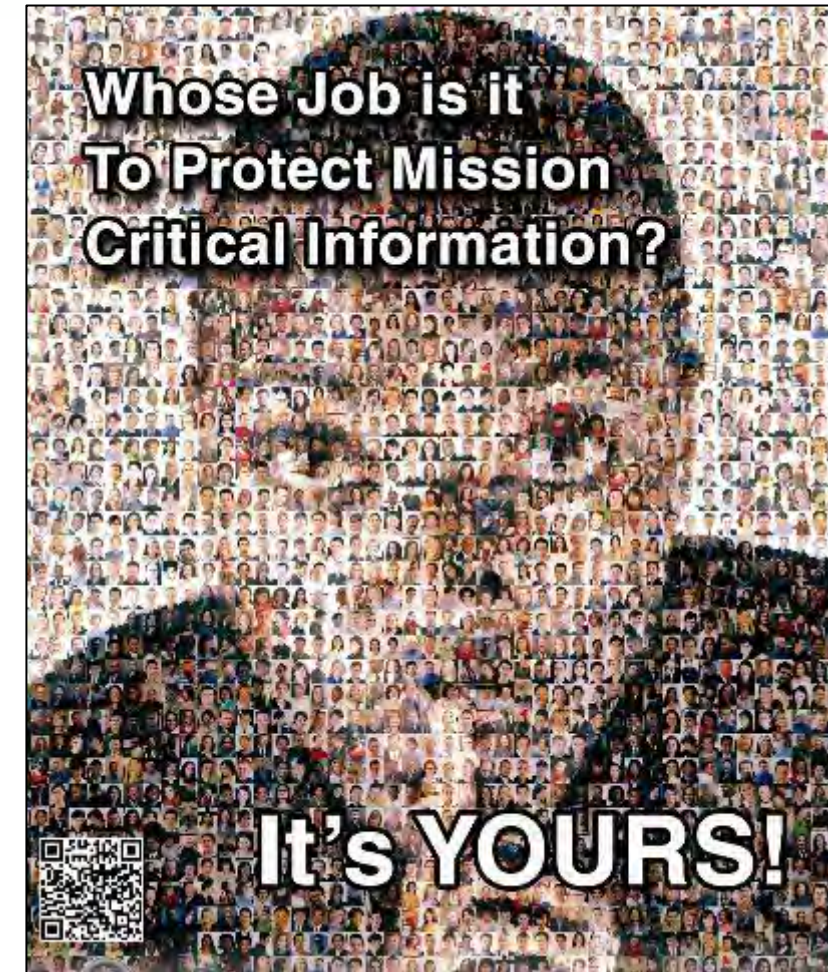
Operations Security is a systematic method used to identify, control, and protect critical information and subsequently analyze friendly actions associated with military operations and other activities. Ultimately, OPSEC is protecting your information and activities from your adversaries.

**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 2<sup>nd</sup> floor; trevor.moss@ncis.navy.mil**
- Anonymous tips – [www.ncis.navy.mil](http://www.ncis.navy.mil), select submit a tip
- Espionage hotline - [navyspy@ncis.navy.mil](mailto:navyspy@ncis.navy.mil)

## MAG-12 Force Protection Support Team

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

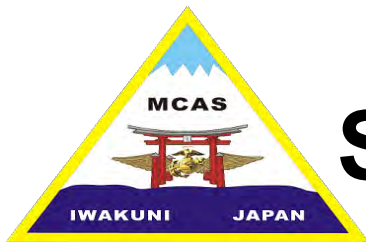
## Station OPSEC Program Managers

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

## MCAS Iwakuni Provost Marshal's Office

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





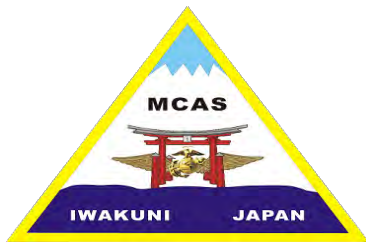
# Station Safety Center



Welcome to Iwakuni Japan!



Your Safety is everyone's  
Priority



# Link to MCAS Iwakuni webpage

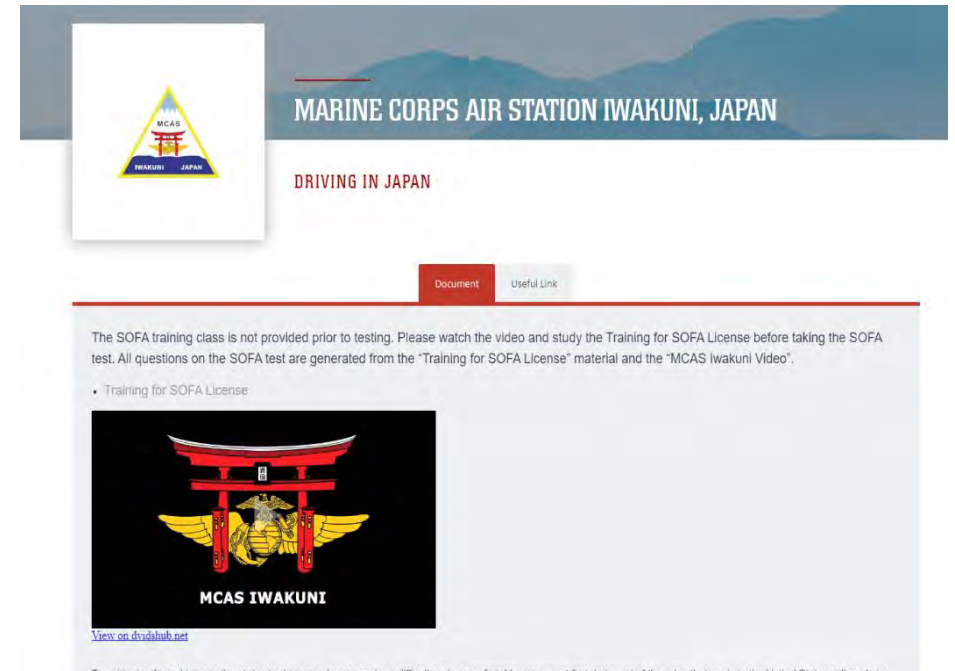


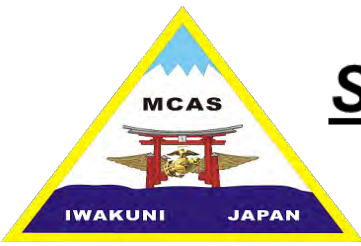
<https://www.mcasiwakuni.marines.mil/PCS-to-Iwakuni/Driving-in-Japan/>



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](mailto: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](mailto:jay.gates.civ@usmc.mil)



*MCAS Iwakuni*

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# ***Emergency Evacuation Program (EEP) Packet Preparation Training***



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**Updated: 23 Jul 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**





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## *EEP Packet Overview*



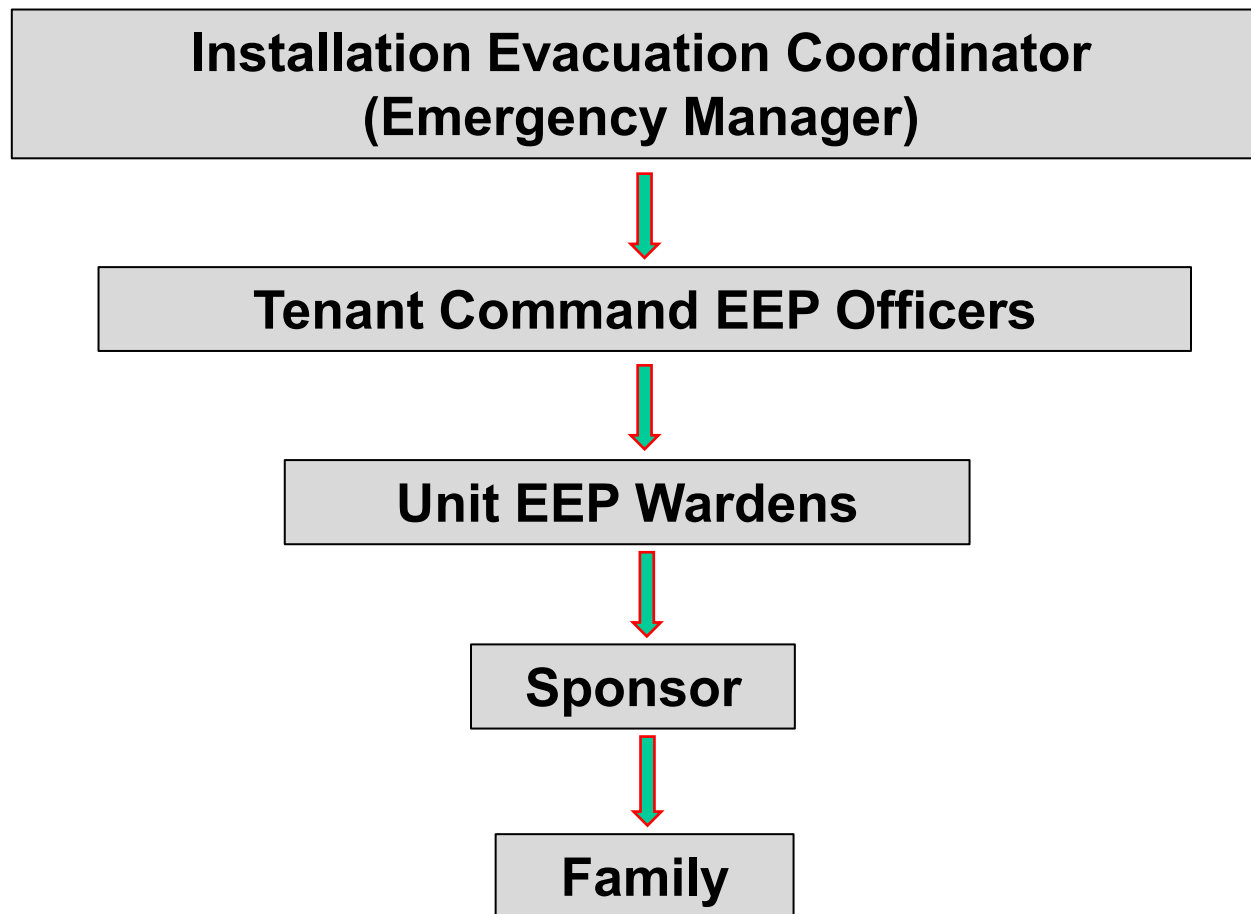
- **Standardized and required by US Forces Japan (USFJ).**
- **16 forms and a checklist.**
- **Some forms are not completed until you evacuate.**
- **Maintained by the family, not the unit or organization.**
- **Enable evacuating families to be compensated for items left behind and for expenses that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

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# Evacuation Information Flow





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**EOP 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. <b>AUTHORITY:</b> Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.						
2. <b>PRINCIPAL PURPOSE:</b> To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.						
3. <b>ROUTINE USES:</b> Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.						
4. <b>MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:</b> 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



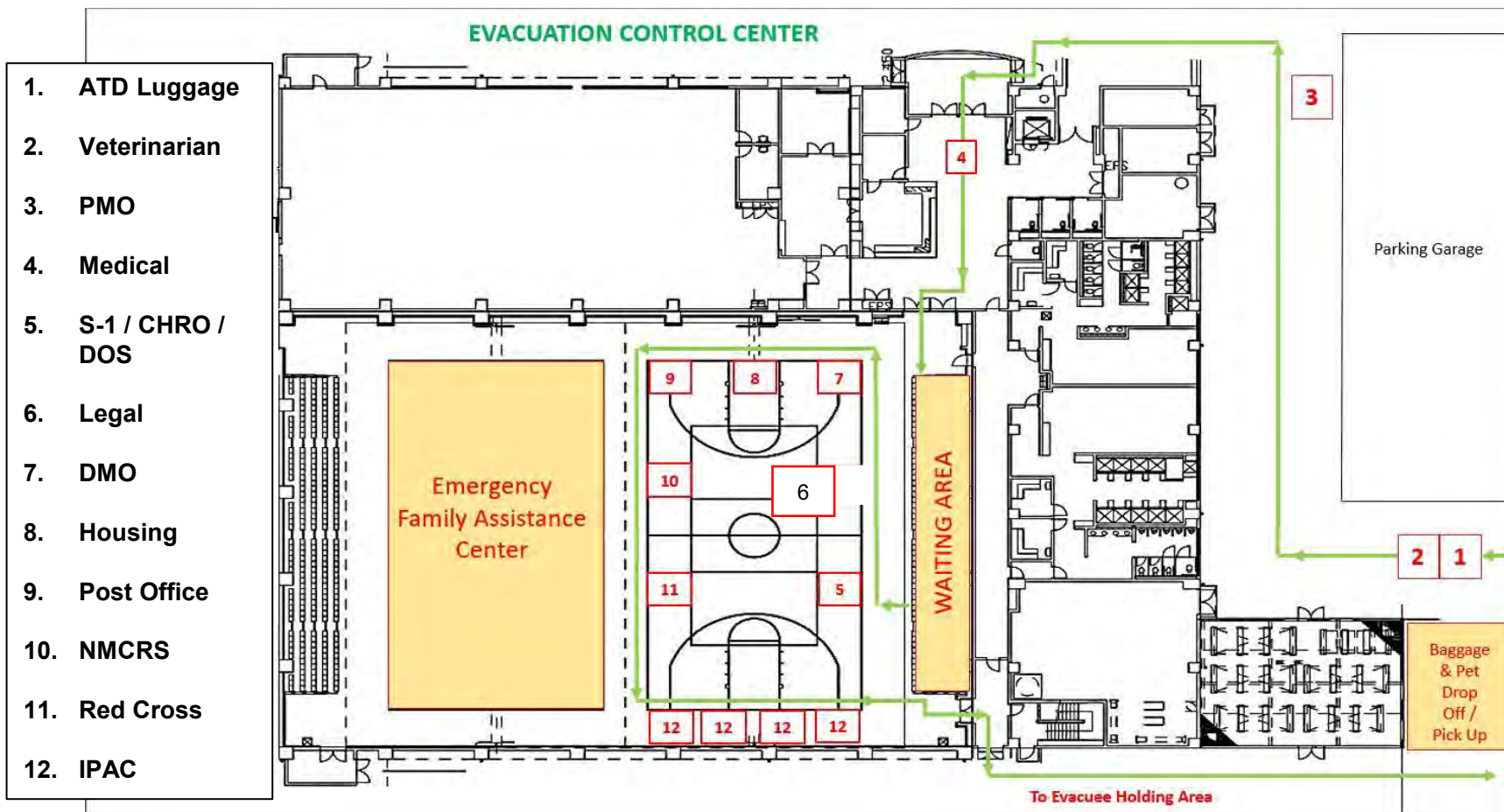
- Initial Entry
- Pet Lane
- No Pet Lane
- Merged Traffic
- Family Drop Off Lane
- Valet Lane
- HE Operations Area

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# Evacuation Control Center

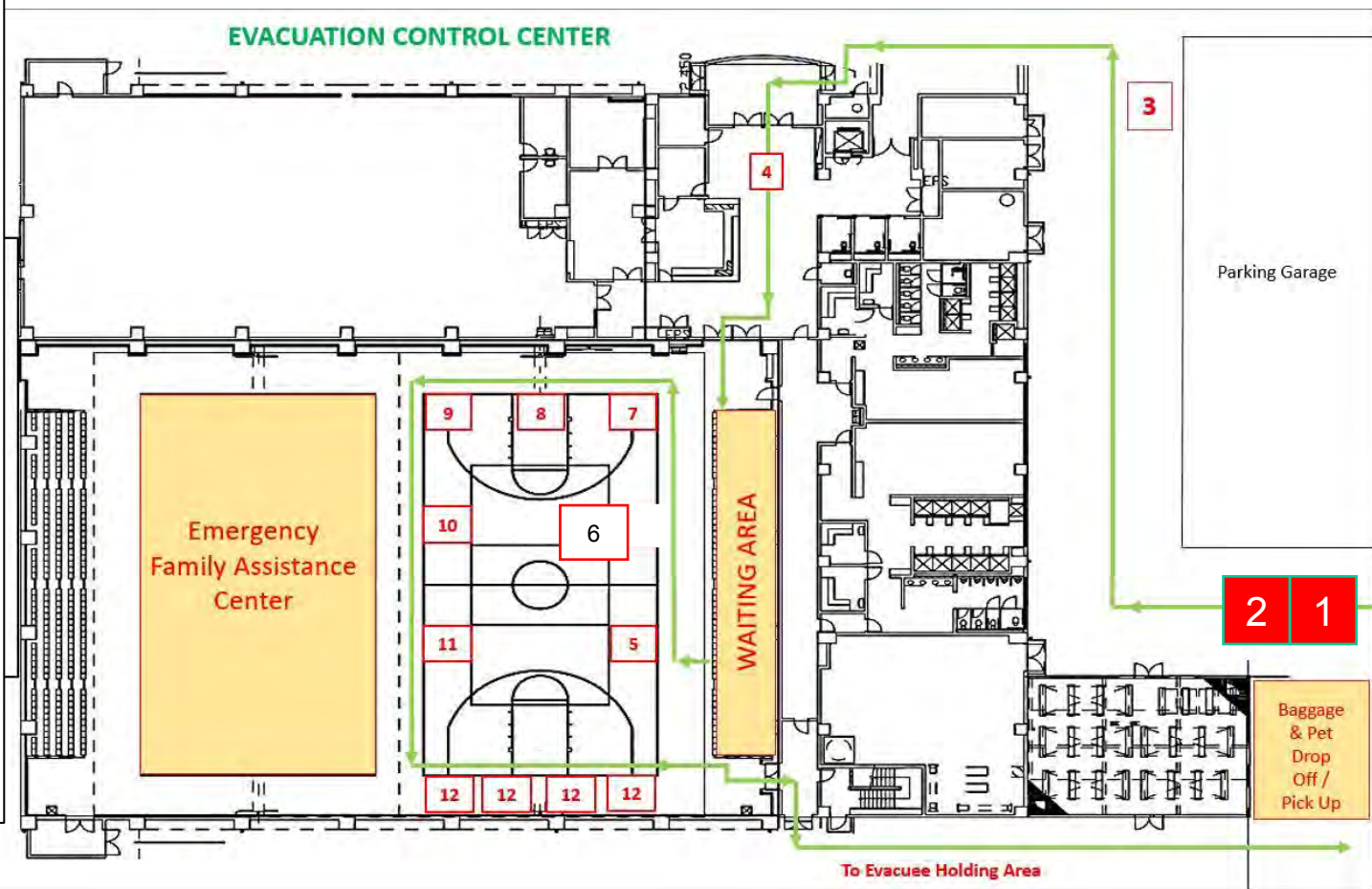


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# Stations 1 & 2



- 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 Animal Evacuation Card



### ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME Soprels 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><b>AUTHORITY:</b> 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><b>PRINCIPAL PURPOSE(S):</b> The personal information will facilitate and document your animal's rabies vaccination status.</p> <p><b>ROUTINE USE(S):</b> 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><b>DISCLOSURE:</b> 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>				
<b>1. OWNER'S NAME</b> <i>(Last, First, Middle Initial)</i> SORRELS, AUSTIN (DUSTIN SORRELS)			<b>2. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> H: 865-617-8474 W:	
<b>3. ADDRESS</b> <i>(Number, Street, City, State, ZIP Code)</i> PSC 561 BOX 2487 FPO AP 96310				
<b>4. ANIMAL</b>				
<b>a. NAME</b> WILLOW		<b>b. MICROCHIP NUMBER(S)</b> 991001003243980	<b>c. SPECIES</b> CANINE	<b>d. SEX</b> Female Spayed
<b>e. AGE</b> 10 Y	<b>f. WEIGHT</b> 54.3	<b>g. PREDOMINANT BREED</b> SHEPHERD MIX		<b>h. COLOR(S)</b> BLACK/TAN
<b>5. VACCINE</b>				
<b>a. PRODUCER</b> <i>(First 3 letters)</i> ZOE	<b>b. LOT NUMBER</b> 464480	<b>c. EXPIRATION DATE</b> 10 May 2022	<b>d. VIRUS TYPE</b> Nobivac 3-Rabies (killed)	<b>e. ADMINISTRATION SITE</b> Sub Q RHIP
<b>6. VACCINATION</b>			<b>7. VETERINARIAN</b>	
<b>a. RABIES TAG NUMBER</b>	<b>b. DATE VACCINATED</b> 14 Jul 2021	<b>a. NAME</b> PENDLEY, PAMELA BLAIR		<b>b. LICENSE NUMBER</b> NC 6046
<b>c. VACCINATION DURATION</b> 3 Y	<b>d. VACCINATION DUE</b> 14 Jul 2024	<b>c. SIGNATURE</b> <i>Pamela Blair vmb</i>		
<b>8. FACILITY ADDRESS</b> <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><b>AUTHORITY:</b> 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><b>PRINCIPAL PURPOSE(S):</b> The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.</p> <p><b>ROUTINE USE(S):</b> 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><b>DISCLOSURE:</b> Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.</p>				
<b>1. OWNER'S NAME</b> (Last, First, Middle Initial) SORRELS, AUSTIN (DUSTIN SORRELS)			<b>2. TELEPHONE NUMBER</b> (Include Area Code) H: 865-617-8474 W:	
<b>3. ADDRESS</b> (Number, Street, City, State, ZIP Code) BSC 561 BOX 2487 FPO AP 96310 UNITED STATES				
<b>4. ANIMAL</b>				
<b>a. NAME</b> WILLOW	<b>b. SPECIES</b> CANINE	<b>c. SEX</b> Female Spayed	<b>d. AGE</b> 10 Y	<b>e. WEIGHT</b> 54.3 lbs
<b>f. MICROCHIP NUMBER(S)</b> 991001003243980		<b>g. PREDOMINANT BREED</b> SHEPHERD MIX		<b>h. COLOR(S)</b> BLACK/TAN
<b>5. RABIES IMMUNIZATION DATA</b>				
<b>a. PRODUCER</b> (First 3 letters) ZOE	<b>b. LOT NUMBER</b> 464480	<b>c. VIRUS TYPE</b> Nobivac 3-Rabies (killed)	<b>d. DATE VACCINATED</b> 14 Jul 2021	<b>e. VACCINATION DURATION</b> 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>				
<b>6. FACILITY ADDRESS</b> (Street, City, State, ZIP Code) Marine Corps Air Station Iwakuni Veterinary Service Bldg 1052 Iwakuni 96310 JAP			<b>7. VETERINARIAN</b>	
			<b>a. NAME</b>	<b>b. LICENSE NUMBER</b>
			<b>c. SIGNATURE</b>	<b>d. DATE (YYYYMMDD)</b>

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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

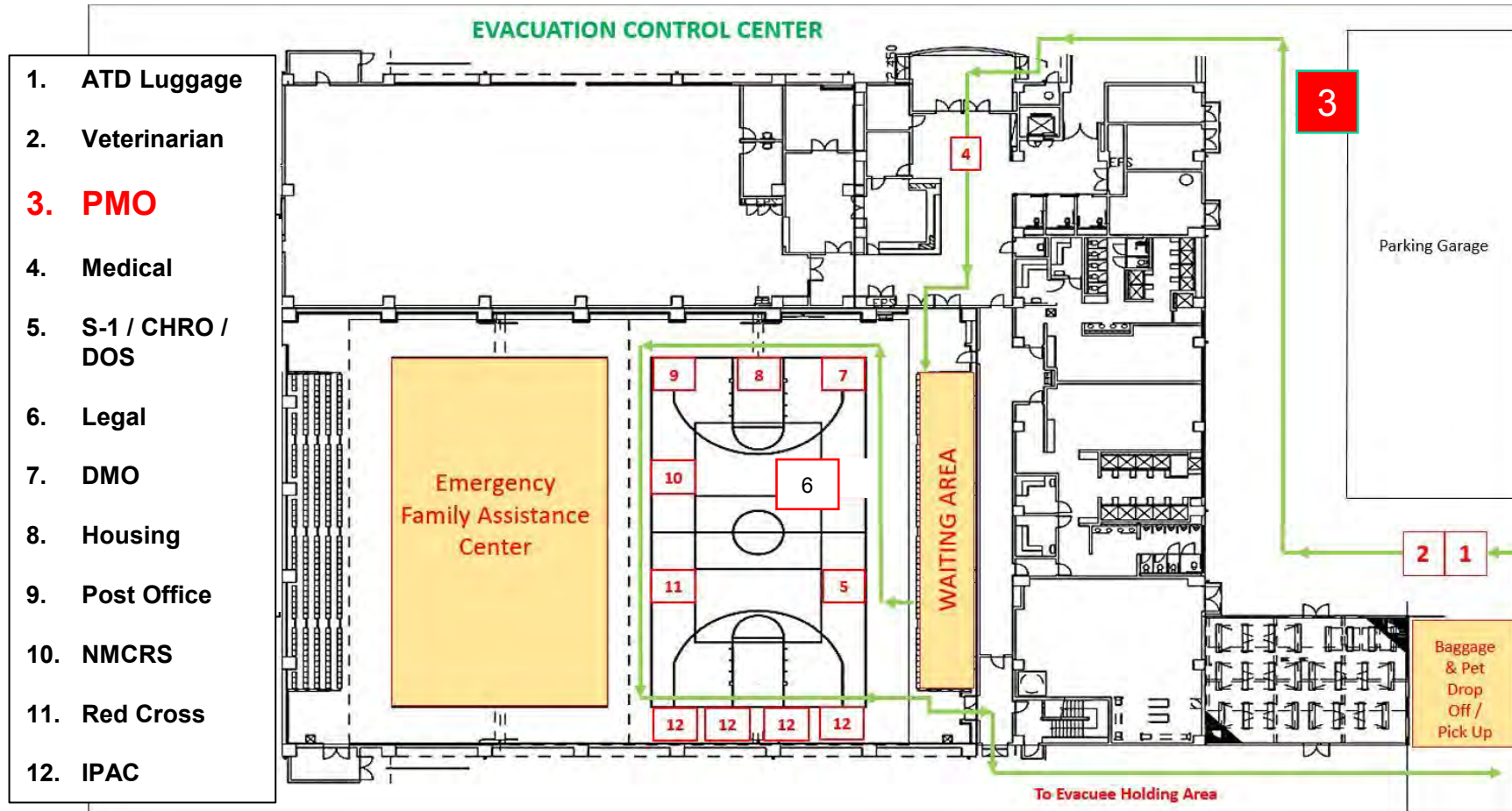
Marine Corps Air Station Iwakuni Veterinary Service  
 Bldg 1052  
 Iwakuni 96310 JAP  
 Phone: 81-8277-96471 Fax: 81-8277-96981

	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										





# Station 3 PMO



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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"/> RFWHEEL/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					
						a. NAME (Last, First, Middle Initial)			b. RANK	c. DATE	
14. TOWED AT						d. ORGANIZATION			e. SIGNATURE		
15. STORED AT											
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	
d. ORGANIZATION			e. SIGNATURE			d. ORGANIZATION			e. SIGNATURE		



UNCLASSIFIED  
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. POB (1-1)	6. PWR (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (1-1)	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. POB (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A.M. (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 POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

36. THE VEHICLE DESCRIBED ABOVE:

37. DDD POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

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. POB (1-1)	6. PWR (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (1-1)	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. POB (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A.M. (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 POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

36. THE VEHICLE DESCRIBED ABOVE:

37. DDD POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

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. POB (1-1)	6. PWR (1-1)	7. PACK (1-1)
8. TRANSPORTATION CONTROL NUMBER (1-1)	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. POB (1-1)	18. OWNER'S LAST NAME (1-1)	19. P.A.M. (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 POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

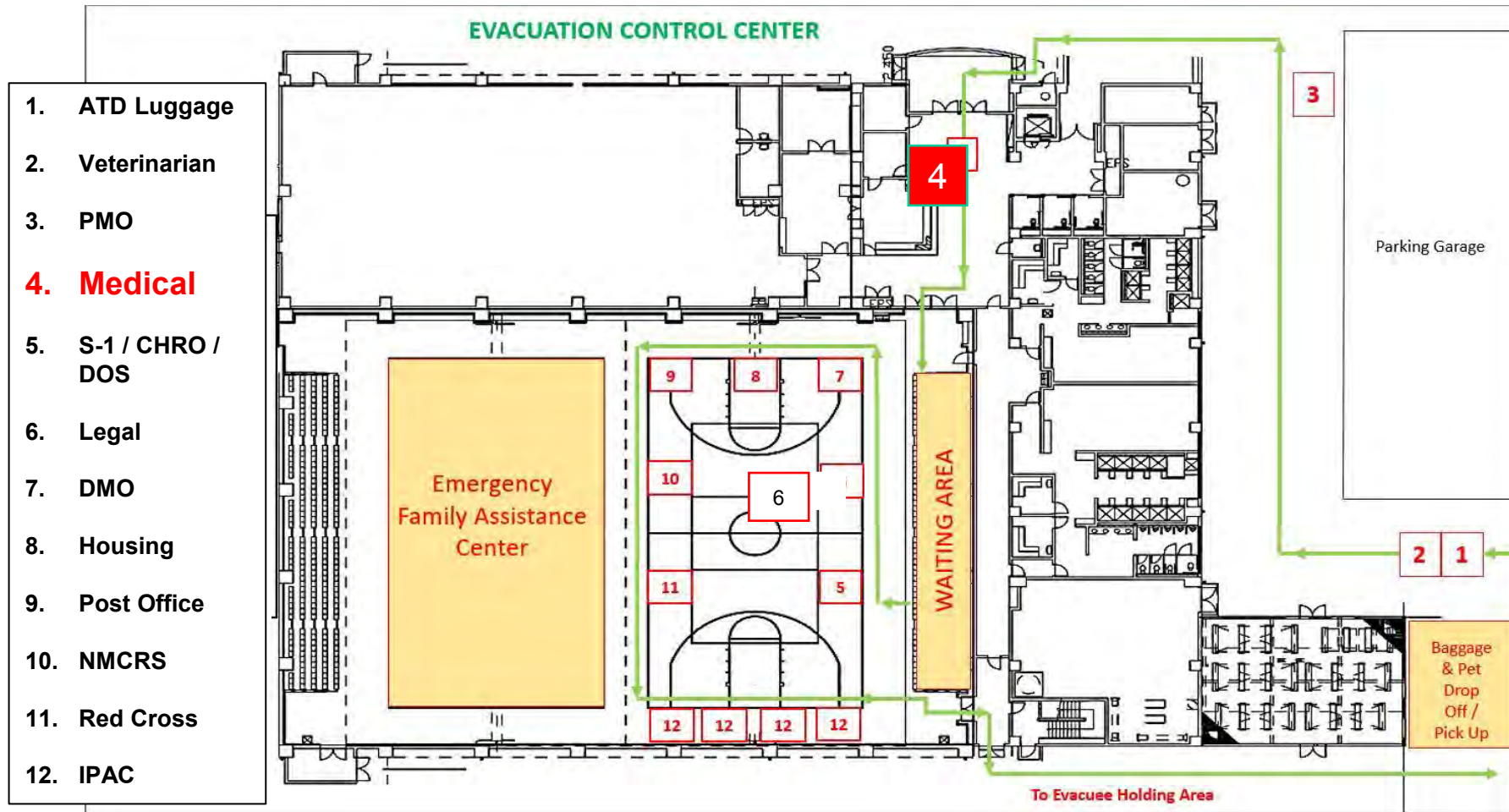
36. THE MOTORCYCLE DESCRIBED ABOVE:

37. DDD POV IMPORT CONTROL PROGRAM (If appropriate box for all vehicles)

DD FORM 788-2, SEP 1998



# Station 4 Medical



## ***Station 4 Medical***



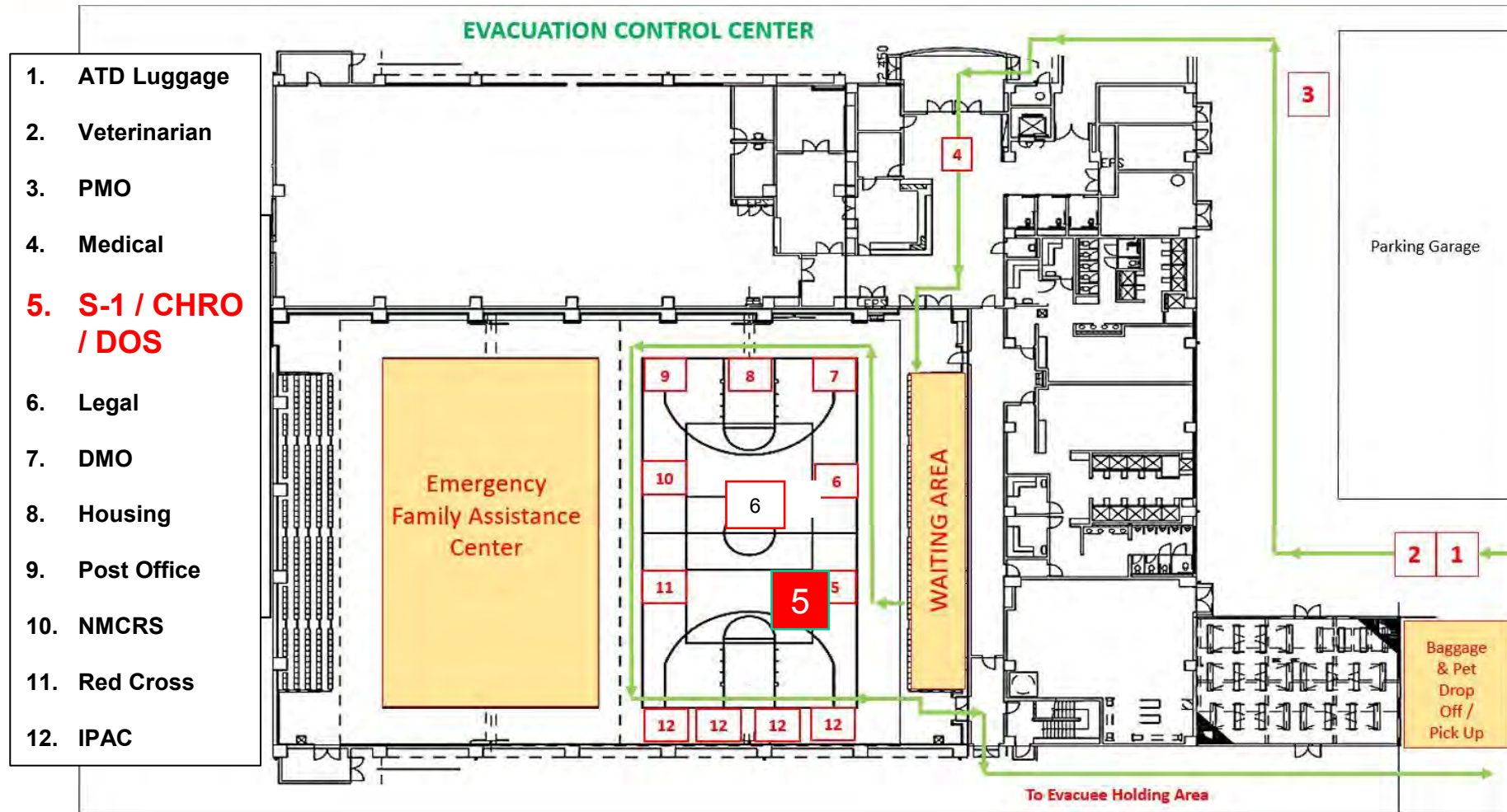
- **Medical triage for any injuries**
- **Refilling of prescriptions (if needed)**
- **Assess any urgent medical needs prior to evacuation from MCAS Iwakuni.**



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# Station 5

## S-1 / CHRO / DOS / Customs



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**Station 5**  
**Evacuation Orders**



## DD Form 1610

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

DD FORM 1610, MAY 2003

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 5.0

<b>PRIVACY ACT STATEMENT</b> <small>(5 U.S.C. 552a)</small>	
<b>AUTHORITY:</b> 5 U.S.C. §§5701, 5702, and E.O. 9397.	
<b>PRINCIPAL PURPOSE(S):</b> Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.	
<b>ROUTINE USE(S):</b> None.	
<b>DISCLOSURE:</b> Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.	
<b>16. REMARKS</b> (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	CLASSIFICATION NUMBER	AGENCY CODE	
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	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)	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.)			
a. CLASSIFICATION NUMBER	b. AGENCY CODE	17. NUMBER OF FAMILY MEMBERS WITH YOU	
c. CLASSIFICATION NUMBER	d. AGENCY CODE	ADULTS (include yourself) <input type="checkbox"/>	CHILDREN (include all children) <input type="checkbox"/>
e. CLASSIFICATION NUMBER	f. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (if applicable)	
		DOGS <input type="checkbox"/>	CATS <input type="checkbox"/>
		BIRDS <input type="checkbox"/>	OTHER <input type="checkbox"/>
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 AFON/FFOH)			
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)			
<b>23. ACCOMPANYING EVACUEES</b> <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		
<b>STOP HERE.</b>		





UNCLASSIFIED

# Station 5 Emergency Advance Pay



## DD Form 2461

AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES				
<b>PRIVACY ACT STATEMENT</b>				
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.				
<b>1. SPONSORING CIVILIAN EMPLOYEE</b>		<b>2. SOCIAL SECURITY NO.</b>	<b>3. GRADE OR LEVEL</b>	<b>4. STEP OR RATE</b>
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
<b>8. EVACUATED INSTALLATION</b>		<b>9. EVACUATION ORDER NO.</b>	<b>10. DATE OF ORDER (YYYYMMDD)</b>	<b>11. DATE EVACUATED (YYYYMMDD)</b>
<b>12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)</b>			<b>13. RELATIONSHIP</b>	
<b>14. OTHER DEPENDENTS (If additional space is needed, use back.)</b>				
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: \$ _____		
<b>17. EMPLOYEE</b>				
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)		
<b>18. DEPENDENT OR DESIGNATED REPRESENTATIVE</b>				
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)		
<b>19. AUTHORIZED OFFICIAL</b>				
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)		
<b>21. PAYMENT RECORD (If additional space is needed, use back.)</b>				
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 (Print Clearly)		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 (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)					
14. Address Line 1					
15. Address Line 2					
16. City		17. State/Province		18. Country	
19. Postal Code		20. Telephone Number (Include Country/City Codes)		21. Email Address	
22. Emergency Contact (Do not list someone traveling with you)					
23. Last Name (Print Clearly)			24. First Name		
25. Address Line 1					
26. Address Line 2					
27. City		28. State/Province		29. Country	
30. Postal Code		31. Telephone Number (Include Country/City Codes)		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 (Print Clearly)		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 (Print Clearly)		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:					

Identify Document Number from Line 7					
53. Last Name (Print Clearly)		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 (Print Clearly)		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 (Print Clearly)		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 (Print Clearly)		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.)					
<p>1. 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.</p> <p>2. 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.</p> <p>3. I understand that:</p> <p>(a) 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.</p> <p>(b) 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.</p> <p>(c) 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.</p> <p>(d) 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.</p> <p>(e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.</p> <p>(f) I will be liable to pay any costs for collection.</p> <p>4. 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 97000, 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 1605 Dyess Ave, Building 646-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2110 or internationally, call 843-746-0592. To make inquiries by email, contact: FMPARD@state.gov.)</p> <p>5. 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.</p>					
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		<b>SEAL</b>	
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			
<b>AUTHORITY:</b> 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.			
<b>PURPOSE:</b> 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.			
<b>ROUTINE USES:</b> 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.			
<b>DISCLOSURE:</b> 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

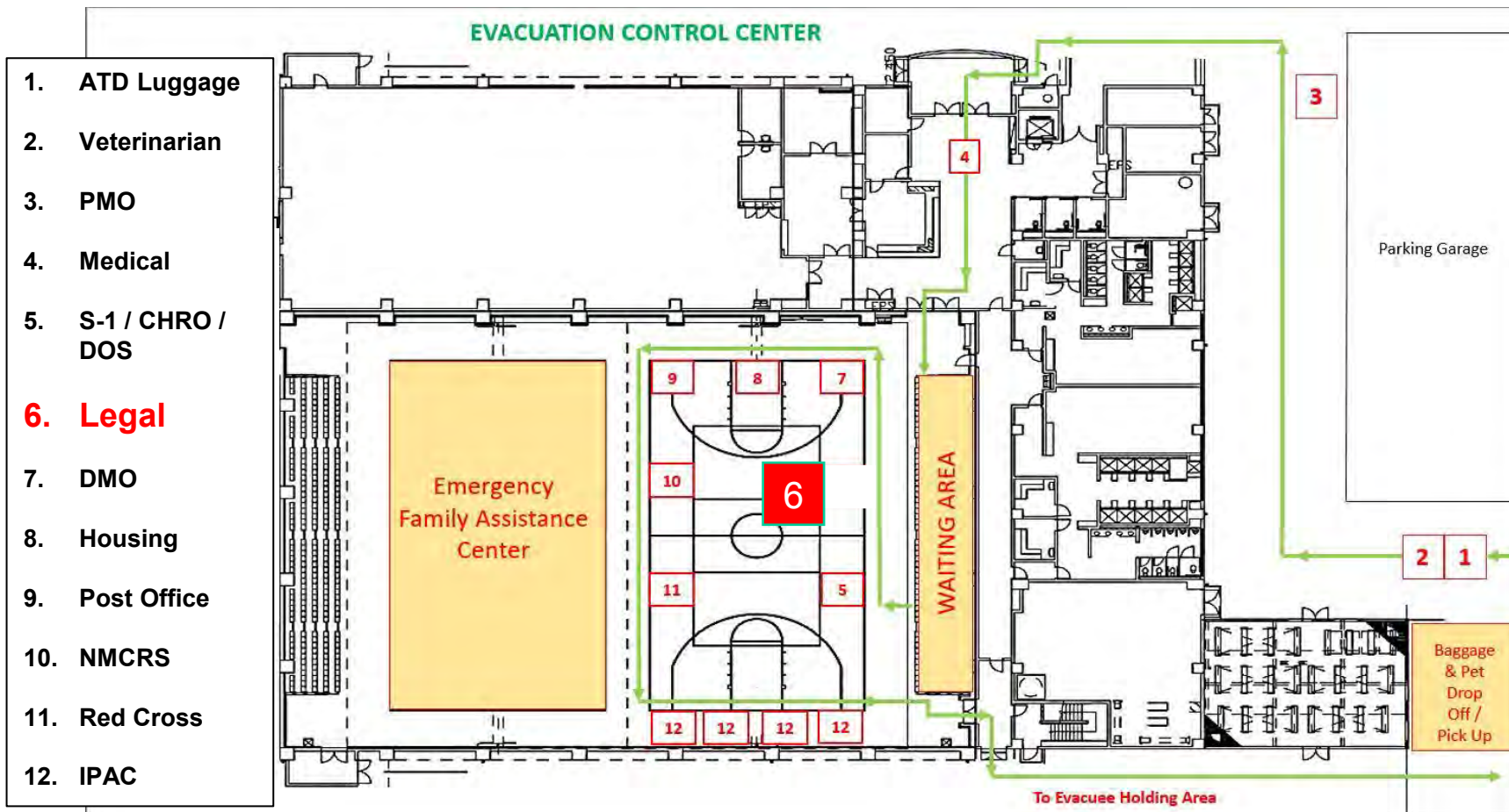


- Repatriation for \*private\* U.S. citizens is not free
  - Completing the required forms enables evacuating families to be compensated for items left behind and for expenses that incur during an evacuation
- DoD employees will most likely have their expenses covered, but that may not be the case for 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>

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# 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, 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 affect 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

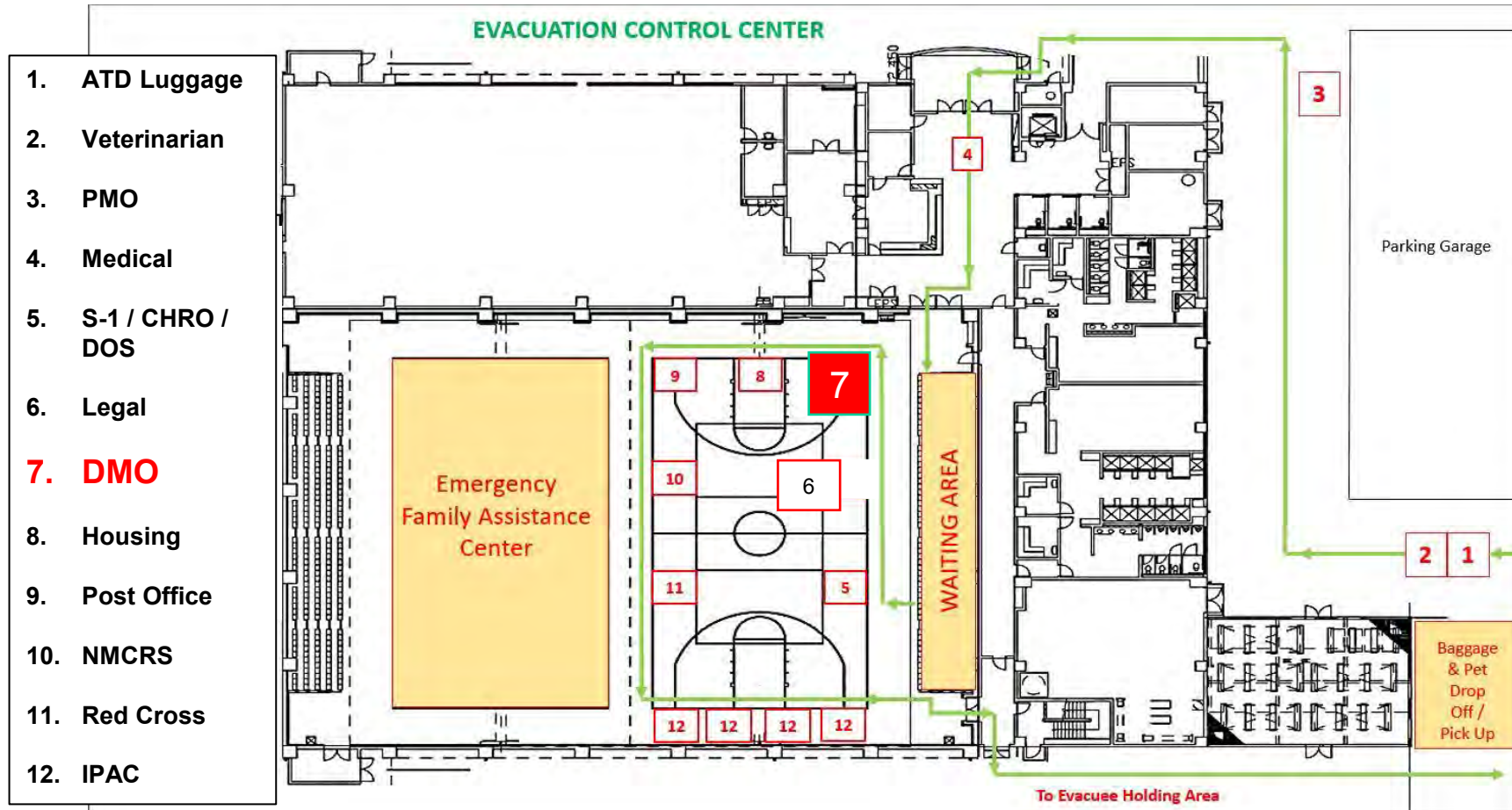
JLA Revised Aug 19



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# Station 7

## Distribution Management Office (DMO)



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**Station 7**  
**Inventory of Household Goods**



**DD Form 1701**

INVENTORY OF HOUSEHOLD GOODS												
PROPERTY OF				HOME PHONE NUMBER				DUTY PHONE NUMBER				DATE
FROM				TO (Destination)								
ARTICLE	CU FT	NO OF	CU	ARTICLE	CU FT	NO OF	CU	ARTICLE	CU FT	NO OF	CU	
	PCS	PCS	FT.			PCS	FT.			PCS	FT.	
<b>LIVING ROOM</b>				<b>CHILDREN'S ROOM (Cont)</b>				<b>PROFESSIONAL ITEMS (Cont)</b>				
Benz. range or piano	5			Chair	12			Reference material	0			
Bookcase	20			Chest Toy	5			Tools	0			
Bookshelves, sectional	15			Child table	10			Books	0			
Cabinet	10			Play pen	15			Papers	0			
Cardio. books	2			Table, child's	5			Equipment	0			
Chair, arm	10											
Chair, occasional	15			<b>KITCHEN</b>				<b>MISCELLANEOUS</b>				
Chair, overstuffed	25			Bone, pots pans	5			Air or train set	7			
Chair, rocker	12			Cabinet, kitchen	30			Auto toys	2			
Chair, straight	2			Cabinet, utility	10			Basket, sports	5			
Cook, grandfather/grandmother	20			Chair, breakfast	5			Bicycles	5			
Credenza	35			Cooking board	2			Bin case and stand	2			
Davenport, 2, 3, 4 cushions	35			Kolts/sets	5			Brooms and mops bundle	2			
Day bed	20			Stool	5			Cabinet, filing	20			
Desk, small or Vintrop	22			Table	5			Camera, still or folding	5			
Desk, secretary	35			Table, breakfast	10			Camera, video	2			
Footstool, hassock, ottoman	2			Vegtable bin	3			Clothes hamper	5			
Hogstool	50							Coat rack	3			
Lamp, floor, table	2			<b>APPLIANCES (Large)</b>				<b>OTHER ITEMS</b>				
Magazine rack	2			Air conditioner, window	30			Golf bag	2			
Ordn. electric	100			Dehumidifier	10			Golf cart/golf cart	1			
Piano, baby grand or upright	70			Dishwasher	20			Hamper, or plant stand	0			
Piano, grand	80			Dryer, electric or gas	25			Foot cooler	0			
Stereo	2			Freezer, cubic capacity	0			Fan	3			
Radio, table or phonograph	2			10 or less	30			Heater, gar or electric	5			
Radio, sectional, 2, 3, 4 piece	70			11 to 15	45			Ironer	10			
Stereo, hi fi	10			16 and over	80			Liners, cartons	5			
Radio couch	20			Range, electric	30			Mattress	0			
Tables, drop leaf or occasional	12			Refrigerator (cubic cap)	0			Power tools	20			
Tables, coffee and/or nest	5			4 cu. ft. or less	30			Rollaway bed	0			
Table, library	20			7 to 10 cu. ft.	45			Rug, large roll or pad	0			
Telephone stand and chair	5			11 cu. ft. and over	80			Rug, small roll or pad	2			
Television, combination/cord	15			Vacuum cleaner	0			Sewing cabinet	0			
Television, table model/cord	10			Vending machine	0			Sewing machine	10			
				Washer/dryer combination	0			Shop berth	0			
<b>DINING ROOM</b>				<b>PORCH, OUTDOOR FURNITURE &amp; EQUIPMENT</b>				<b>OTHER ITEMS</b>				
Bench, dining	15			Bar stools	15			Trunk, wardrobe	15			
Chair, arm	30			Bird bath	5			TV sets	2			
Chair, straight	5			Chair, porch	10			Typewriter	2			
Chair, coast	25			Chair, lawn	5							
Server	15			Franchise equipment	5							
Table, dining	15			Garden hose	5							
Table, extension	30			Grill	10							
				Grill, barbecue, portable	10							
<b>BEDROOM</b>				<b>FRONT YARD</b>				<b>CONTAINERS PREPACKED BY OWNER, e.g. Footlockers or Trunks</b>				
Bed, incl. spring and mattress	0			Drum, outdoor drums	20							
Double	50			Lawn mower, extension	15							
Single or highwood	20			Lawn mower (hand)	5							
Bunk (set of 2)	70			Mower, power	15							
King size/Queen size	10			Picnic table	25							
Carbons, clothes	10			Plastic bench	5							
Chair, lounge	10			Rack, outdoor dryer	5							
Chair, straight or rocker	5			Rocker, swing	15							
Chair, lounge	10			Shower	10							
Chest, cedar	15			Stake, outdoors, child's	20							
Dresser, bureau, chest of drawers, chest, or chest	25			Swings, outdoor porch	30							
Dresser bench	3			TV antenna	5							
Dresser, double, triple	30			TV antenna	15							
Lamp, floor table	3			Umbrella	5							
Matt. rug	10			Wheelbarrow	3							
Wardrobe, small	20											
Wardrobe, full	40											
Wardrobe, carbon	10											
<b>CHILDREN'S ROOM</b>				<b>PROFESSIONAL ITEMS</b>				<b>GRAND TOTAL</b>				
Batteries	5			Books, specialized	0			Summary 0 cu. ft. @ 7 lbs. per cu. ft.	2433		0	
Bed, youth	30			Instruments	0			Estimated Total Weight			0	
Carbons, clothes	10										0	
Chair, child's	5			<b>MARKS EQUIPMENT</b>								
Chair, high	5			Subtotal Column 1				TOTAL Column 1				
Chair, rocker	3			Subtotal Column 2				TOTAL Column 2				
Subtotal Column 1	1460			Subtotal Column 3				TOTAL Column 3				
				Subtotal Column 4				TOTAL Column 4				
				Subtotal Column 5				TOTAL Column 5				

APPLIANCES TO BE SERVICED		
TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
WASHING MACHINE AUTOMATIC <input type="checkbox"/> NON AUTOMATIC <input type="checkbox"/>		
IRONER		
MANGLE		
FREEZER CHEST <input type="checkbox"/> UPRIGHT <input type="checkbox"/>		
REFRIGERATOR GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
SINGLE DOOR <input type="checkbox"/> DOUBLE DOOR <input type="checkbox"/>		
TELEVISION TABLE CONSOLE <input type="checkbox"/> PORTABLE <input type="checkbox"/>		
STOVE GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
DISHWASHER		
AIR CONDITIONER		
STEREO		
HI-FI RADIO		
RECORD PLAYER		
OTHER (Specify)		
THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:		
1.		
2.		
3.		
4.		
5.		
6.		
Name	Grade	Service Number/SSAN
NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.		
<b>INTERVIEWER'S NOTES</b>		



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# Station 7

## Shipment & Storage of Property



### DD Form 1299

<b>APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY</b> <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)	
<b>6. MEMBER OR EMPLOYEE INFORMATION</b>			
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 BLOTTED <input type="checkbox"/> MOBILE HOME UNLOCKED <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	
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY		
4. 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)			
<b>9. PICKUP (ORIGIN) INFORMATION</b>		<b>10. DESTINATION INFORMATION</b>	
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

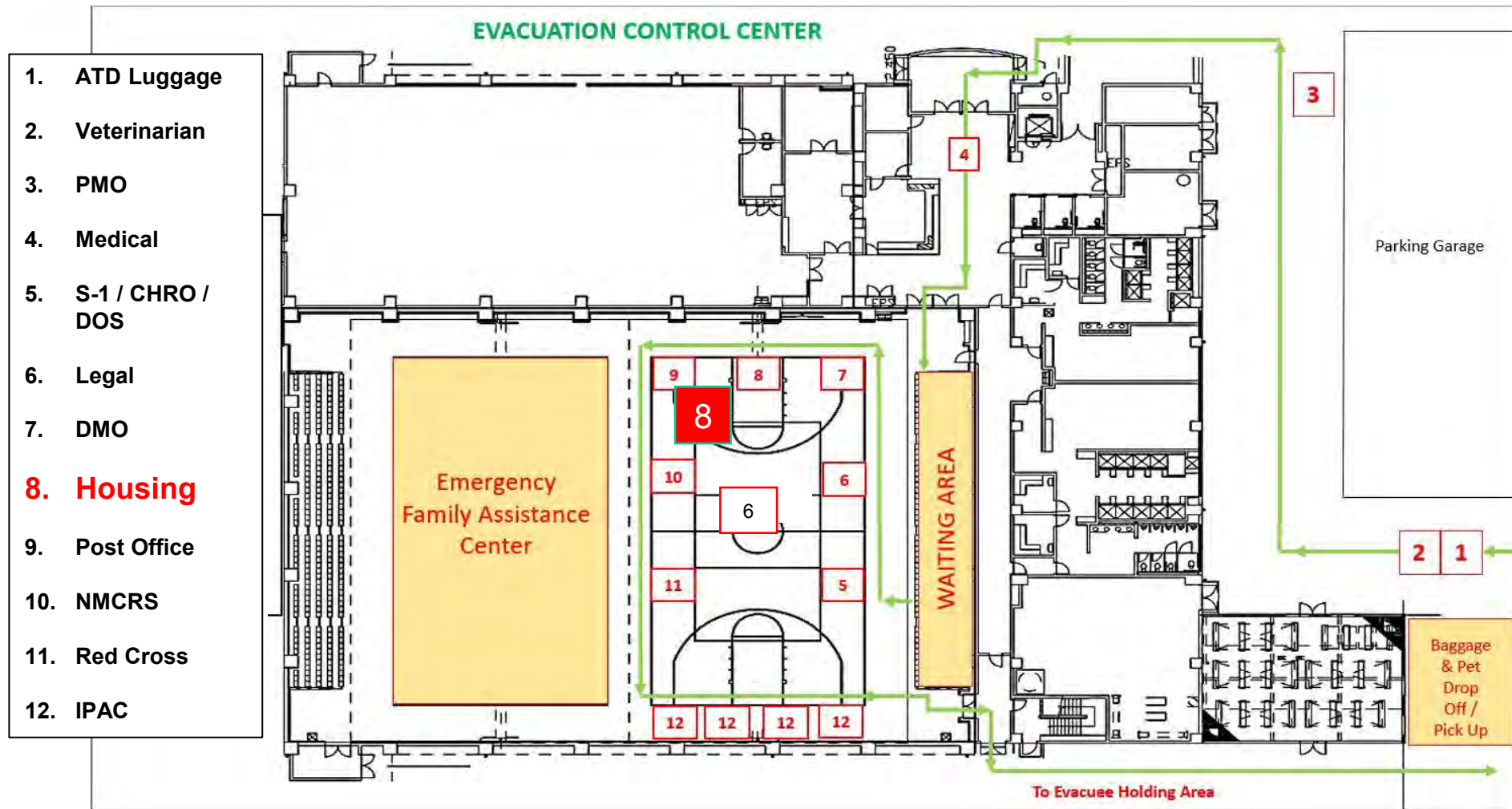
<b>PRIVACY ACT STATEMENT</b>	
AUTHORITY:	
PRINCIPAL PURPOSE(S):	
ROUTINE USE(S):	
DISCLOSURE:	
<b>CERTIFICATION OF SHIPMENT RESPONSIBILITIES</b>	
<b>CONDITION FOR STORAGE</b>	

DD FORM 1299 (BACK), SEP 1998

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**Station 8**  
**Housing Office**



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# 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: \_\_\_\_\_

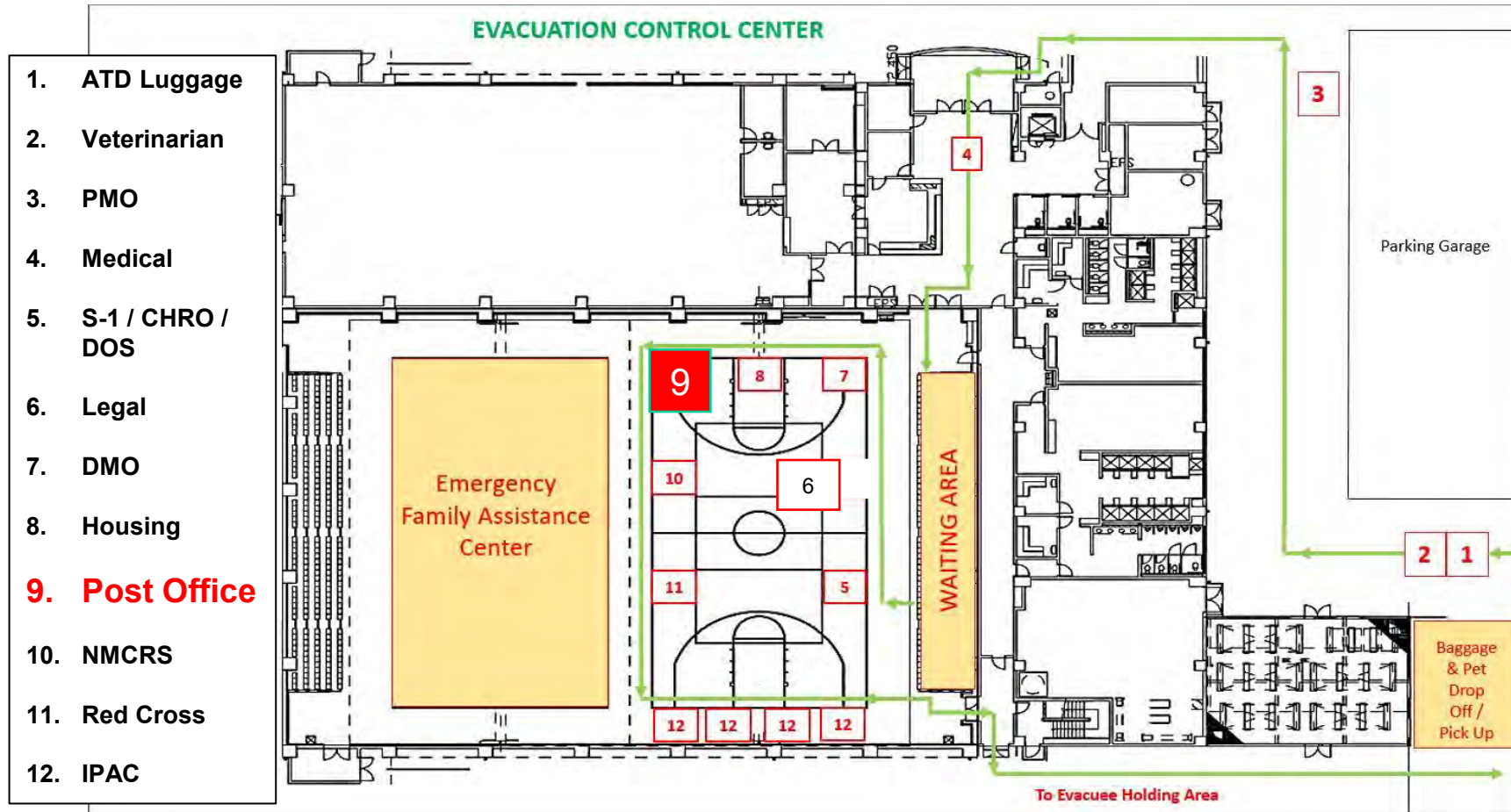
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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**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

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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.

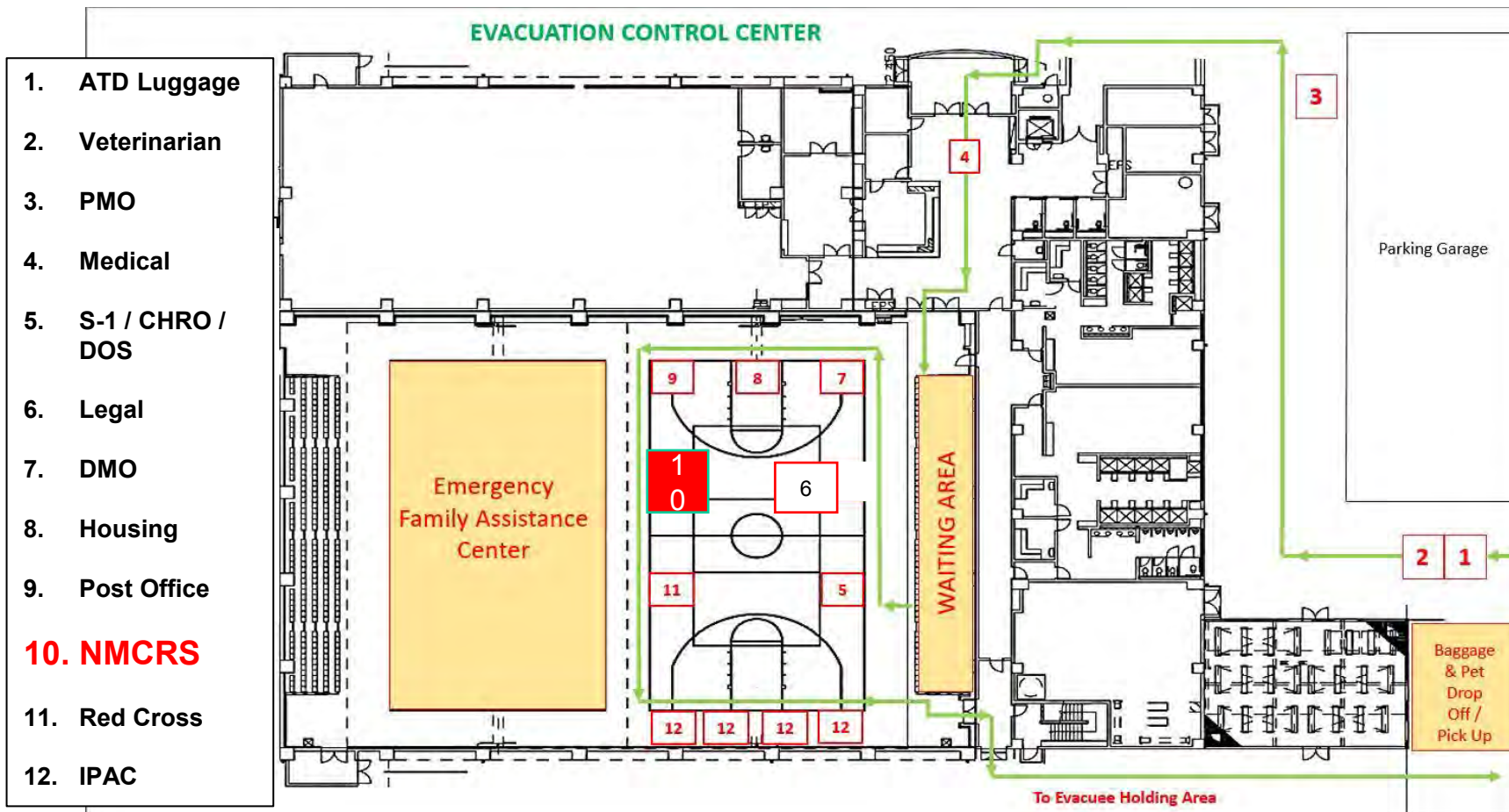
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# Station 10

## Navy Marine Corps Relief Society



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# ***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

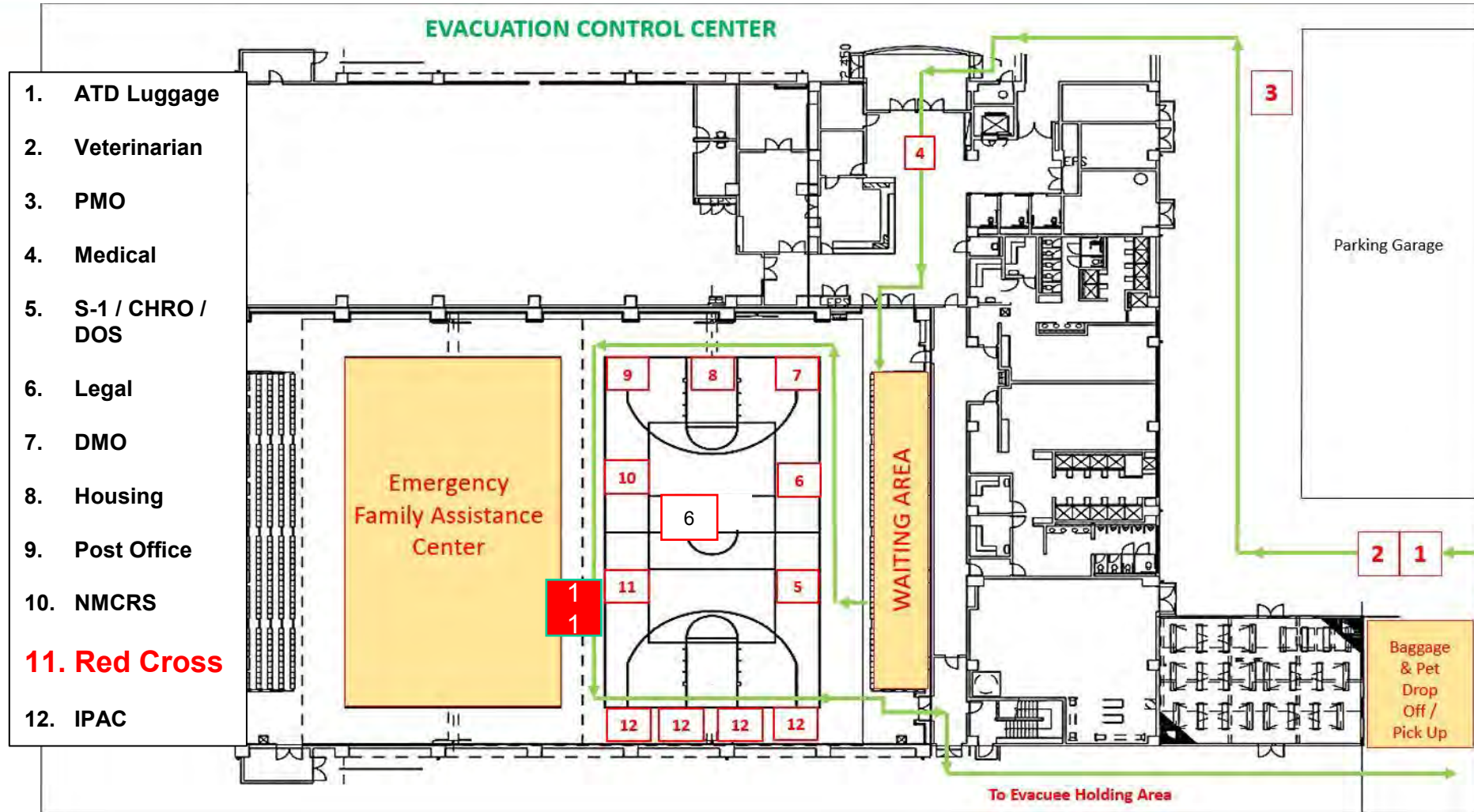
### Disaster Response Team

Director: Christina Grantham  
[christina.grantham@nmcrs.org](mailto: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



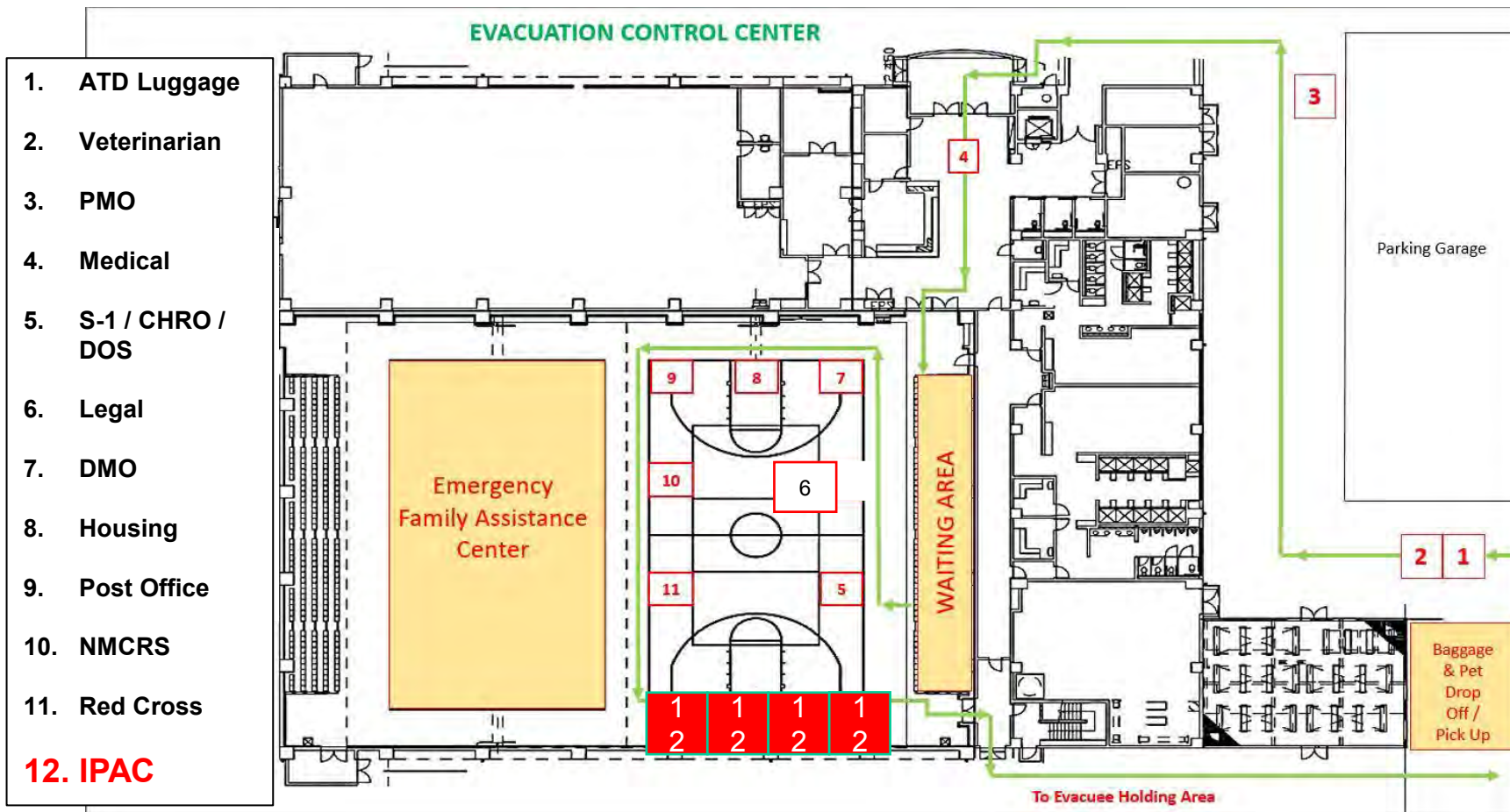
**American  
Red Cross**

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](mailto:iwakuni@redcross.org)
- Hero Care Network: 1-877-272-7337



# Station 12 IPAC



- 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**



# Station 12

## IPAC



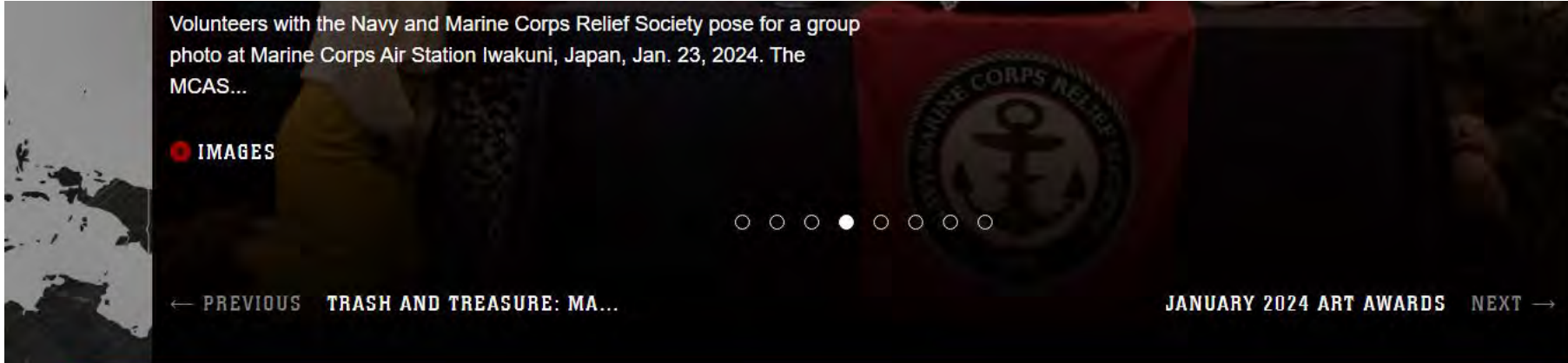
- IPAC will operate the NTS (Non-Combatant Evacuation Operation Tracking System)
- Will need Official Government Identification:
  - Passport
  - Driver's license
  - Dependent ID Card
- Each member will be issued a bar code band
- Must declare if you are traveling with a pet; each pet will be issued 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)



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



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# Website



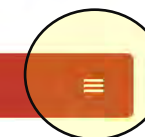
## MARINE CORPS AIR STATION IWAKUNI, JAPAN

### 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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# Website



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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
- 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/)

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## MARINE CORPS AIR STATION IWAKUNI, JAPAN

### EMERGENCY PREPAREDNESS

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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.

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/)



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# 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/)

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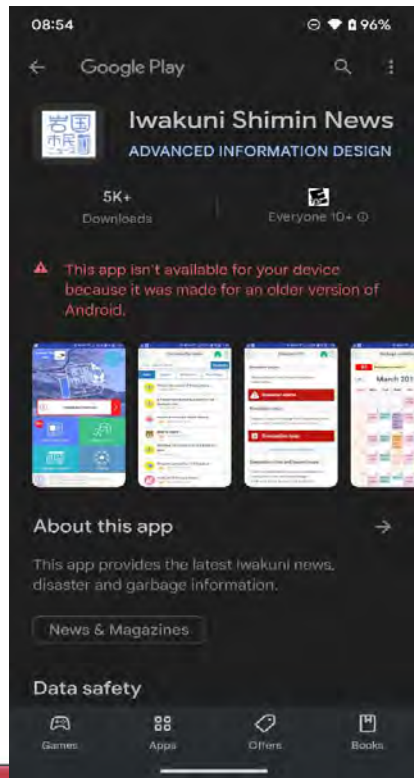


# Iwakuni Shimin News App

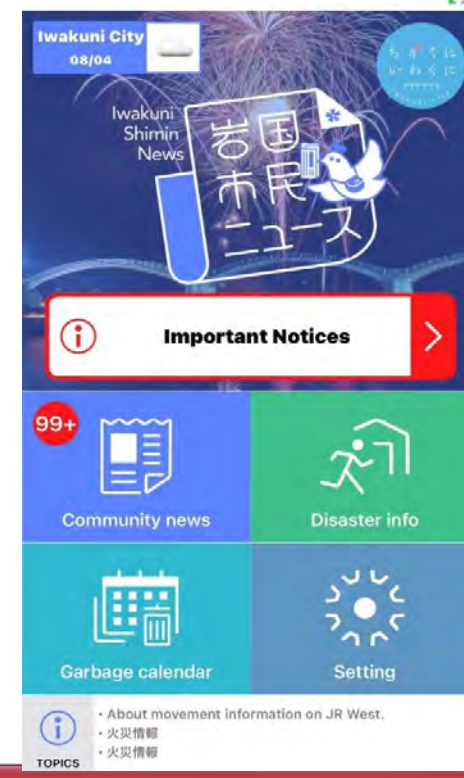
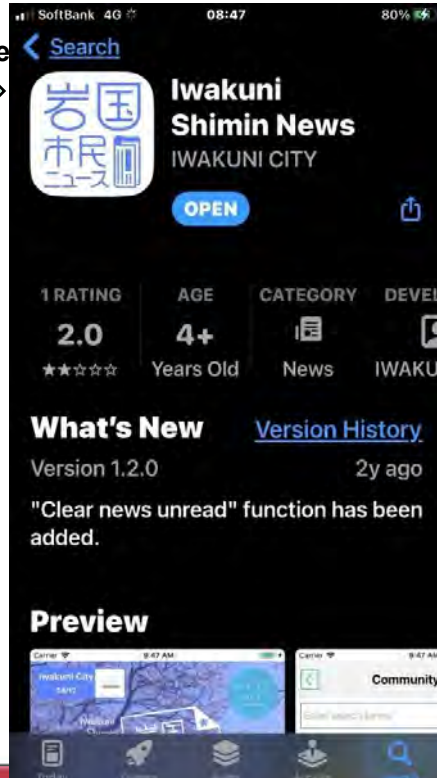


- Notify MCAS Iwakuni SOFA personnel on any off-post emergencies of public announcements.
- App is available in both the Google Play Store and Apple iOS App store for download.
- Iwakuni Shimin Homepage Link: [www.iwakuni-news.com](http://www.iwakuni-news.com))

Android  
Screen Shot  
→



iOS  
App Store  
→





# QUESTIONS?

Edgar P. Duffy Jr.

Emergency Manager

DSN: 315-253-7602

[edgar.duffy@usmc.mil](mailto:edgar.duffy@usmc.mil)



# Facilities Welcome Aboard Brief



Family Housing & Self Help Building 200





# Unaccompanied Housing

Unaccompanied Housing Office located in B1503★

Hours of operation: Monday - Friday 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

## **BEQs – 18 Buildings North Side & South Side**

- Rooms assigned by Unit Barracks Manager
- Unit manages assigned buildings

## **BOQ (Officers & SNCO) – 9 Buildings**

- Rooms assigned by Unaccompanied Housing Manager
- Unaccompanied Housing Office manages buildings



North Side and SNCO/Officers



South Side



# Unaccompanied Housing (UH)

- Residing in UH barracks is mandatory for unaccompanied service members in the ranks of E-1 to E-7.
- Each service member is provided with furnishings, bed linens and supplies required for comfortable living.
- 27 buildings equipped with laundry rooms and cooking facilities.
- Unaccompanied E6-E7; W1-W3; O1-O3 will be assigned on base quarters unless occupancy exceeds 95%.
- E8-E9, W4-W5 and O4 and above may elect to reside off-base.
- Unaccompanied USCS Civilians will default to off-base but may request on base quarters if they prefer it to off-base and can be housed at the BOQ or SNCOQ.
- UH is unable to accommodate the storage of excess furnishings. Residents must rent commercial storage space for extensive storage needs. On-site storage is limited and intended only for minimal items such as luggage.



# MCAS IWAKUNI UNACCOMPANIED HOUSING

1500 & 1600 E-5 & BELOW



1400 Series E5 & BELOW



300 Series E-5 & BELOW



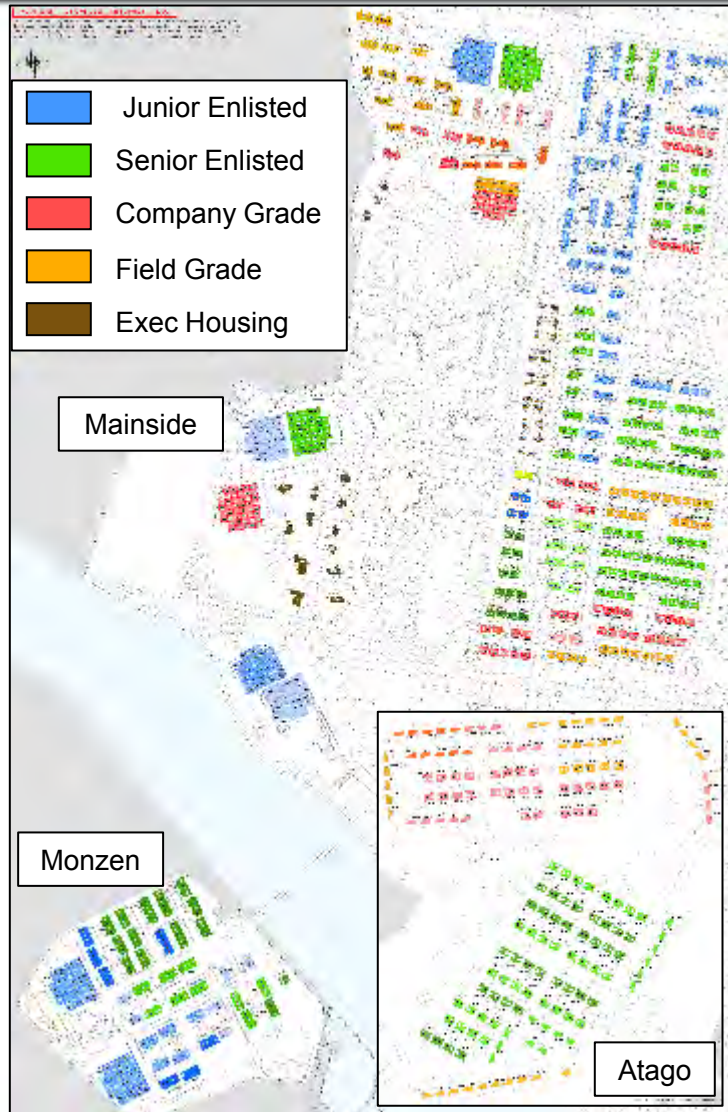
1190 Series SNCO & OFFICER



1100 Series OFFICER & SNCO



# 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.



# 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 Tuesday 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 MCCA 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](http://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  <b>FACILITIES DEPT,            BLDG 155</b> <a href="http://www.iwknfamilyhousing@usmc.mil">www.iwknfamilyhousing@usmc.mil</a>	Contact: 253-5541/5083 MON-FRI 0800-1630 / WED: 0800-1330  <b>FAMILY HOUSING            OFFICE</b> <a href="http://www.iwknfamilyhousing@usmc.mil">www.iwknfamilyhousing@usmc.mil</a>	<b>USMC UNIT            COMMANDS</b>  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. DSN 253-3131, 0827-79-3131 (Japan) or 011-81-82779-3131 (USA).

- ❖ Off-base housing call property manager.

- ❖ BEQ/BOQ contact Unit Barracks Manager or building manager.



# 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](mailto:iwknfamilyhousing@usmc.mil)

B200 Hours of Operation: M: 1300-1630; T- F: 0800-1200 / 1300-1630  
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/>



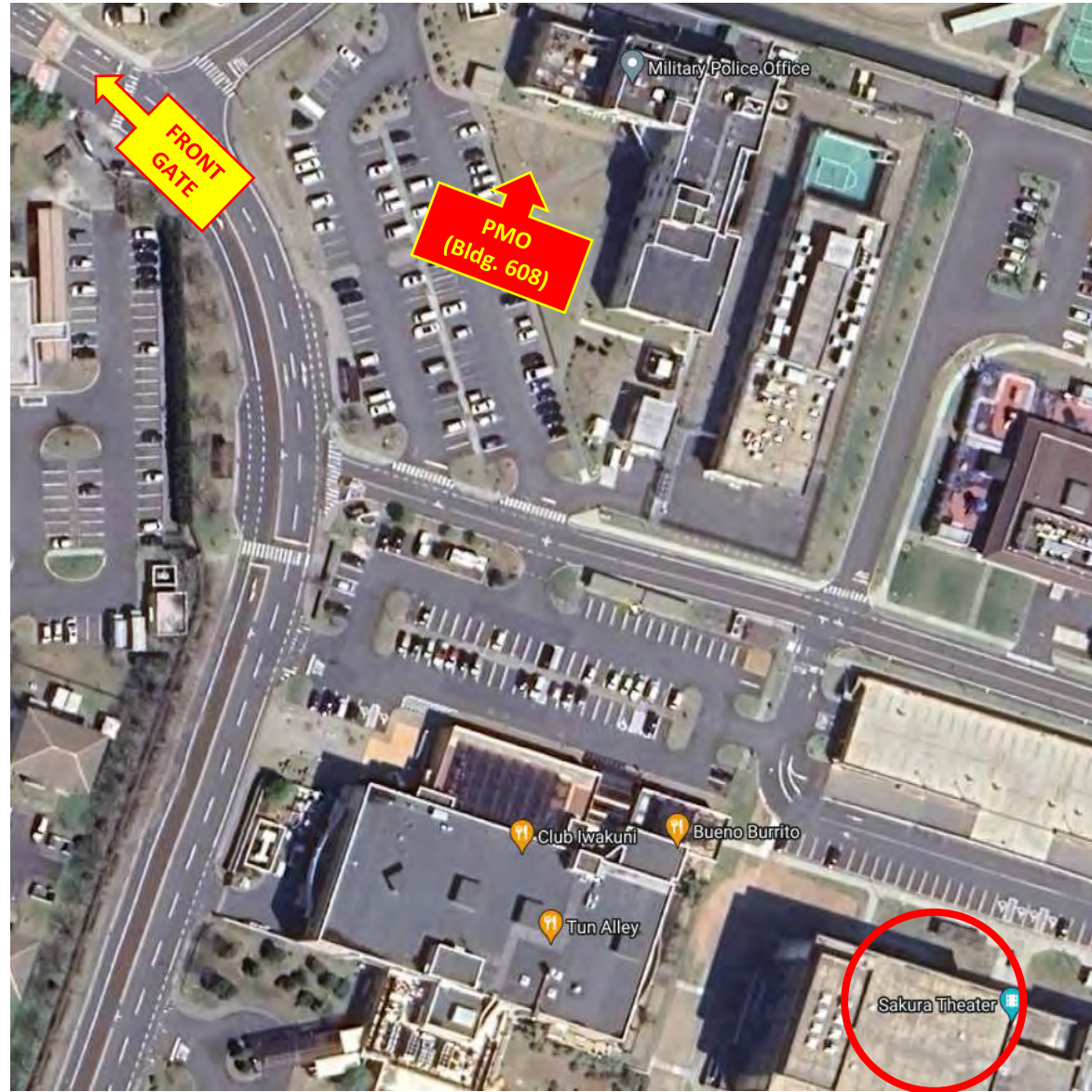


# Provost Marshals Office

## 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)





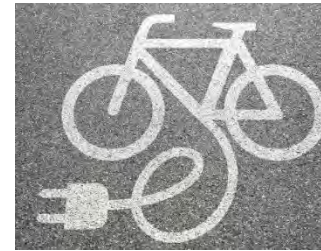
# Pass and Registration Office (Bldg. 608)



## 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**

### ➤ **Drone/UAV Registration**



### ➤ **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



# Pass and Registration Office (Bldg. 608)



## 1. Services Provided: (cont.)

- **Base access request** (Official or for employment purposes only)
  - **Family or non-official visitation request is processed at the PMO Admin Office (2<sup>nd</sup> floor, bldg. 608, Provost Marshals Office)**
  - Designated Third Country Nationals (DCTN) – requires a minimum of (40) business days to process.
  - All civilian or contract personnel (\*that do NOT possess a Common Access Card (CAC), or dependents who have not been issued a dependent identification card) the gaining agency must submit a base access request (appendix B) to have a background checked for base access authorization prior to the arrival to MCAS Iwakuni.
    - **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\*)**



# 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 only issued on **Thursday** for ALL 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/VEHICLE <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)



➤ 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)

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縱許可書					
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			<input type="checkbox"/> MOTOR SCOOTER	<input type="checkbox"/> OTHER (Specify)	
DATE OF BIRTH	HEIGHT	WEIGHT	EXPIRATION DATE		
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



# 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.

**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)**

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



# Vehicle Registration/De-Registration

(Sell/Buy or Junk)



## Power of Attorney (POA)

- Last processing time: 1545 – granting permission for a POA holder
- 1. POA holder must be **self sponsored SOFA status personnel**
  - (No dependents)
- 2. POA designee must possess a valid SOFA operators permit (4EJ)
- 3. **Ranks E6 and below must obtain authorization from the unit Commanding Officer in order to assigned responsibility of a vehicle to a POA holder**
- 4. Both the Buyer and Seller must be present at the Vehicle Registration Office.
- 5. Vehicle must be sold or transferred 7 days prior to flight departure date or POA expiration date.
- 6. **POA – Must be original or certified true copy (copies are not accepted).**
- 7. Expired POA, must request new and original POA from titled owner.
- 8. POA holder must have possess valid property damage insurance (PDI) on the responsible vehicle.

***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***



# Vehicle Registration/De-Registration

(Sell/Buy or Junk)



## De-Registration/Selling/Junking

1. Remove and return the Road Tax Decal to MCAS Iwakuni Pass and Registration office (these are serialized and property of MCAS Iwakuni)
  2. All documents on the vehicle must be valid (No copies).
    - Title
    - Road Tax (Receipt)
    - Recycling fee receipt
  3. Japanese Compulsory Insurance (JCI) must be valid
  4. All SOFA vehicles are registered under the SOFA sponsor name (Dependent spouses MUST have a Special Powers of Attorney (SPOA)).
  5. Allow 1 week (5 business days) – from start to finish
  6. Title transfers (last processing time: 1545) – selling
- 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)***





# 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)
2. All documents must be valid (No copies).
  - Title
  - Road Tax (Receipt)
  - Recycling fee receipt
3. Must be owner of the vehicle (named on the title) – not a POA holder
  - a. If you are a POA holder – ***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***
4. Must maintain valid PDI and valid JCI
6. Remove and return the Road Tax Decal (these are serialized and property of to each respective USFJ Installation)
  - Temp Pass will be provided (if requested)



# PCS'ng within Japan



## If PCS'ng within Japan: (Continued)

7. If reporting to new USFJ duty station on or after 1 April of current year, you must pay the originating Prefecture Road Tax prior to arrival at new USFJ duty station

- (If not paid – your new Prefectural change request will not be accepted or processed)



# 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 山口 県

(Date of Delivery) Yamaguchi Pref.



# Vehicle Documents



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

**3** **JCI**

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、自動車損害賠償保額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、車両番号又は即座の許可(車台番号)	山口 580 A 915 LG5DS-0030673	自動車の種別	軽(対)
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 96310-186J	保証金額	
異動事項		保険料収納年月日	令和 5年 2月 21日
書類名及び所在地	東京千代田区神田飯河台3-9 三井住友海上火災保険株式会社 お客さま自賠責サポートデスク 0120-281-554 (無料)	扱者	AUL94 株式会社 エージェントかす 0563

印刷済書類についての詳しい内容は、当社ホームページからご覧いただけます。  
ホームページアドレス(日本語)://www.sai-lin.com/  
取組のため、説明書の背面に文字を印字しています。

< 登録情報処理機関報告契約 >

**4** **PDI (CHUBBS / AIG)**

AUTOMOBILE INSURANCE POLICY & PREMIUM RECEIPT  
(U.S. Person Resident in the U.S.)

CHUBB

Name and Address of Insured: FPO AP DETO MCAS IWAKUNI

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

Coverage	Limit of Liability	Premium
A Physical Damage Comprehensive	\$ 0	\$ 0
B Physical Damage Collision	\$ 0	\$ 0
C Bodily Injury Liability	\$ 30,000,000	\$ 710
D Driver's Passenger	\$ 14,000,000	\$ 0
E Property Damage Liability	\$ 3,000,000	\$ 6,760
F Medical Payment	\$ 0	\$ 0
G Loss of Use by Inflation	\$ 0	\$ 0
<b>Total Premium</b>		<b>29,470</b>
<b>Non-Refundable Fraction</b>	<b>35 % of Annual</b>	<b>7,170</b>

Chubb Insurance Japan

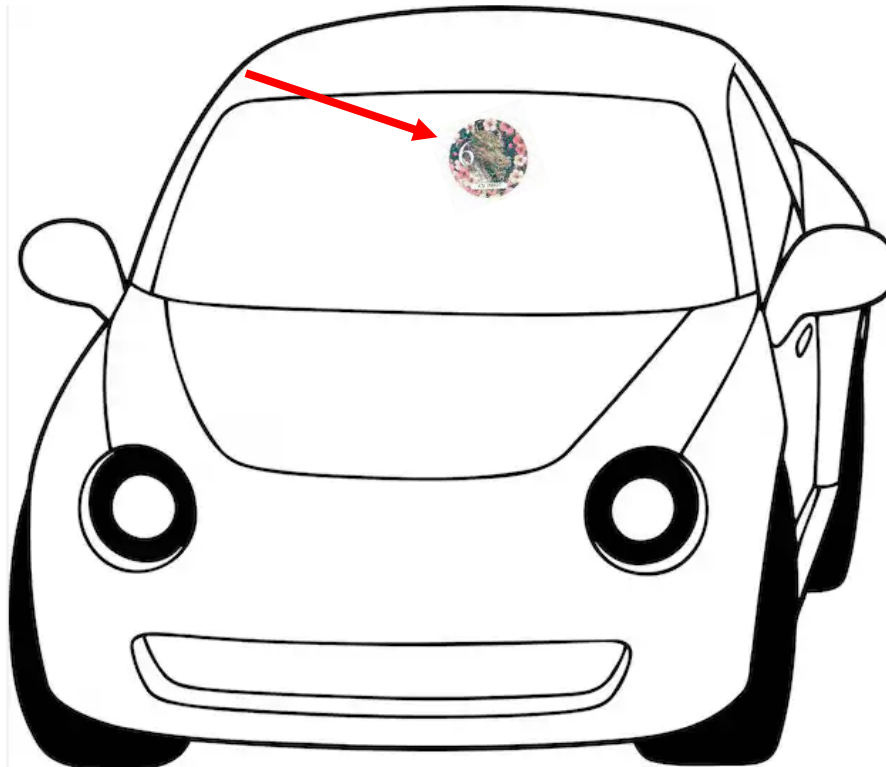


# Road Tax



## Road Tax

- 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 3<sup>rd</sup> week of April**



**Current Year (2024)**



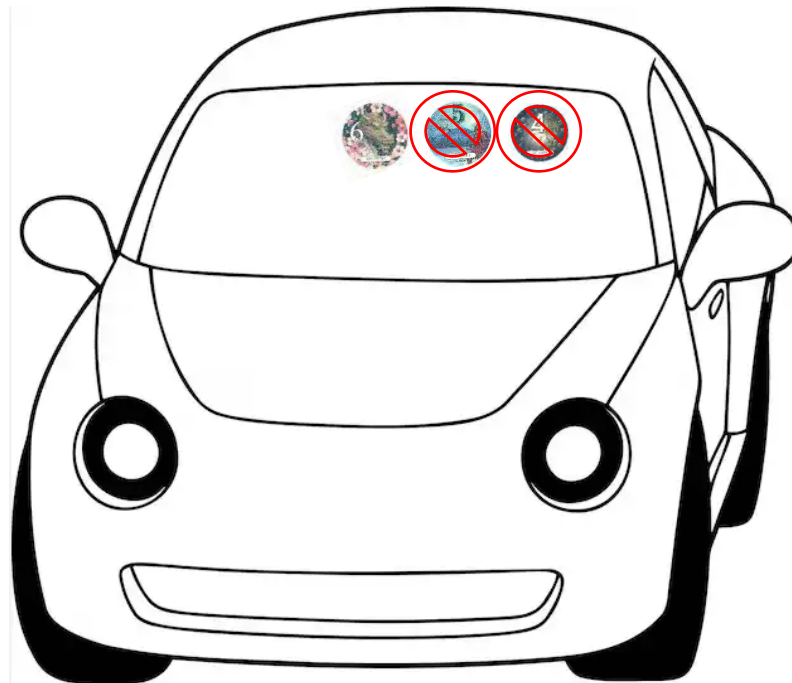


# Road Tax



## 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 on PCS, transfer or change in status)



**Current Year (2024)**



**Serialized to each USFJ base**



# Summary



1. You are required to de-register all SOFA plated vehicles/motorcycles prior to departing MCAS Iwakuni (unless PCS to another USFJ installation)
2. MCAS Iwakuni Pass and Registration is not the LTO – no official processing of GOJ vehicle related paperwork or documents is completed aboard MCAS Iwakuni
3. New/Initial SOFA permits are issued on Thursdays (**have all required supporting documentation of assignment to MCAS Iwakuni and valid driver's license**)
4. Road Tax decal are government property
5. Give yourself at least 1 week (5 business days) prior to fully complete any LTO required transactions.
6. Check your SOFA permit expiration date – if extension is required provide supporting documents and request to renew/extend prior to expiration date.
7. **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.**
8. Spouses must have a SPOA to register a vehicle
9. If PCS or transfer from MCAS Iwakuni with multiple vehicle, you are required to be in compliance with the gaining USFJ installation vehicle limit policy.
10. **JCI must be valid in order to process any GoJ documentation request with the LTO.**



# Questions?

MCAS Iwakuni

Pass and Registration Office

253-3161 / 253-4626





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**      **US#: 011-81-827-79-3322**
- PMO Desk Sgt DSN
  - **JP #: 0827-79-3303**      **US#: 011-81-827-79-3303**
- Accident Investigation Division Duty Phone
  - **JP #: 080-5973-2018**      **US#: +81-80-5973-2018**

# Welcome Aboard



# 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](mailto: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**



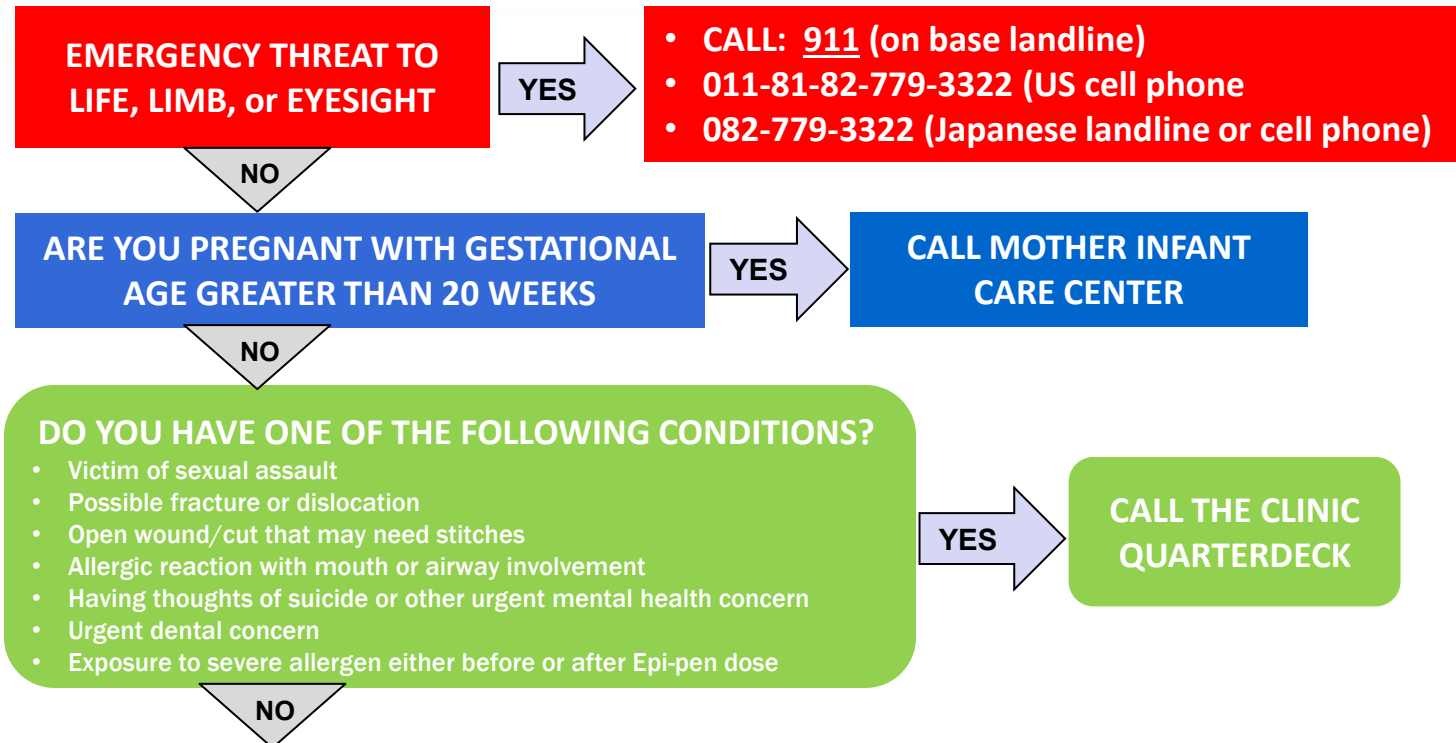
**Hiroshima Univ. Hospital**



**\*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?
<b>0740-1600 M-F</b> (Excluding Federal Holidays)	<b>Clinic Appt Line</b>	<b>Medical Home Port: 2<sup>nd</sup> deck front desk</b> *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged
<b>1600-2200 M-F</b> (Excluding Federal Holidays)	<b>Clinic Quarterdeck</b>	<b>Medical Home Port Extended: 1<sup>st</sup> deck through the ambulance bay.</b> *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged
<b>All OTHER TIMES</b>	<b>Clinic Quarterdeck</b>	<b>CALL FIRST.</b> 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)
    - 1<sup>st</sup> 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

- 1<sup>st</sup> Floor:
  - Lab
  - Pharmacy
  - Radiology
  - Optometry
- 2<sup>nd</sup> Floor:
  - Physical Therapy
  - Mental Health
- 3<sup>rd</sup> 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), NMCS D (San Diego), etc.**

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





# Dental Department

4<sup>th</sup> 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 3<sup>rd</sup> 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 2<sup>nd</sup> 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](http://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 1<sup>st</sup> 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 (R6)
3. Government: Parliamentary with constitutional monarchy
4. Prime Minister: Fumio Kishida
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**

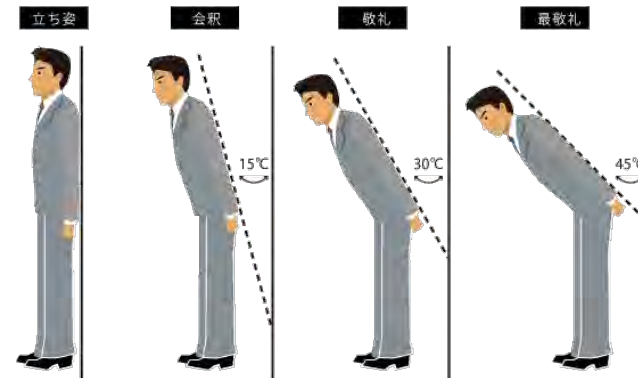
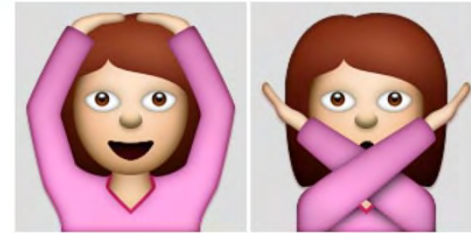


**White Snake**



# 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**



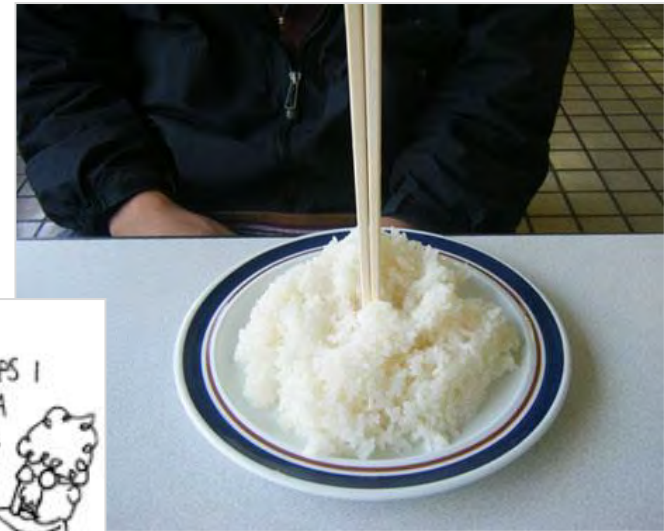
# Currency / Shopping

- 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

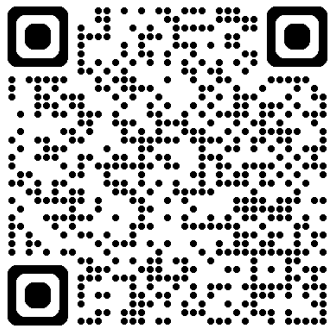
- Cultural Tours
- Japanese Cooking Class
- Cultural Activity Classes
- Survival Japanese Class



# 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**

Print Form

AS204 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
Did it meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
<b>Legal Matters:</b> 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Growth &amp; Development:</b> Highlight programs and community events/MCAS & MCCS resources that encourage personal development, including behavioral health and responsible drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sponsorship:</b> Receive appropriate information, including child care services, education, health services, safety, and housing to prepare new arrivals for their tours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural Awareness:</b> Gain understanding and mutual respect for Japanese Culture and the local Iwakuni community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.
- **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 at 0800 Tuesday morning** (Wear Alphas for Marine Navy NSU (E1-E6) Service Khaki (E7-O5)
- **DAY-2 Welcome Aboard 1000-1245**

