

PASSENGER RESERVATION REQUEST

1. Type Request: New <input checked="" type="checkbox"/> Mod/Change <input type="checkbox"/> Cancellation <input type="checkbox"/>			2. Date: _____ <small>DATE FORMAT: DD MMM YYYY</small>		NAVPTO USE ONLY	
3. Requestor (POC):			Ship Location: _____ Date: _____		AMC Flight Avail: Yes No	
4. Point of Contact Phone: _____		5. POC E-Mail Address: _____			Flt No: _____ Date: _____	
6. Name (as shown on the photo I.D. you will present to the TSA agent while going through airport security)			7. Social Security SSN		Show: ETD: _____ ETA: _____	
8. Rank/Rate		9. Date of Birth (DOB)		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
11. Traveler's Phone w/ Area Code ()			12. Traveler's E-Mail Address			
13. Detaching (Current Permanent Duty Station)			14. Gaining Command (New Permanent Duty Station)			
15. Detachment Date		16. Availability Date		17. Mandatory Departure Date		
18. List all Intermediates (Temporary Duty En-route) PCS only below with dates required for arrival and departure						
A. Command:		Mandatory Arrival Date:		Departure Date:		
B. Command:		Mandatory Arrival Date:		Departure Date:		
19. Type Travel: Accompanied <input type="checkbox"/> Unaccompanied <input type="checkbox"/> PCS <input checked="" type="checkbox"/> COT <input type="checkbox"/> DEFERRED COT <input type="checkbox"/> OTEIPO <input type="checkbox"/>						
Dependent travel: if delayed, enter approximate month of travel:						
20. EAOS: _____ Extensions:		21. Overseas Screening completed: Yes <input type="checkbox"/> If no, In progress: <input type="checkbox"/>				
22. Prescribed Tour length:		23. Dependent Entry Required: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter DTG of msg sent:				
24. List of Family Members:						
Last	First	MI	SSN	Relationship	Passport Number	Expiration Date
						Visa Number
						Expiration Date
25. Leave Address (include Zip code) after detachment:				26. Phone Number after detachment (include area code)		
				Home () Cell: ()		
27. Email address after detachment:				28. Next of Kin Name and Phone Number:		
				Name: () Phone: ()		
29. MAC CIC as listed on Orders:		30. Personnel detaching from deployed units ONLY, enter funding appropriation:				
31. Seats Required:		32. Type Seat: Window <input type="checkbox"/> Aisle <input type="checkbox"/>		33. Excess Baggage Auth / No. of pieces:		
34. Alternate Routings for personal convenience may be requested here. Any additional costs for indirect/personal travel above and beyond entitlements will the member's responsibility.						
Date of travel	Time	From: City, State		To: City, State		Mode of Travel
35. Additional Information: **Request flight from San Diego, CA to Everett, WA on _____						
36. Shipping POV to/from Overseas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Ship from: _____ Ship to: _____						
Storing POV (Shipping not permitted) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Storage Location: City: _____ State: _____						
Note: Must have storage authority letter from Authorized Storage Facility						
37. PET Reservation: 2 Pets (Cat or Dog only) allowed on AMC flights. Are you shipping pets? CANNOT BOOK PETS DUE TO EMBARGO						
Pet #1 Cat <input type="checkbox"/> Dog <input type="checkbox"/> Breed: _____ *Cage Width _____ *Length _____ *Height _____ *Total Weight Cage+Pet _____ Lbs						
Pet #2 Cat <input type="checkbox"/> Dog <input type="checkbox"/> Breed: _____ *Cage Width _____ *Length _____ *Height _____ *Total Weight Cage+Pet _____ Lbs						
NOTE: Use of Government Air/Government Procured Air is directed when available and meets mission requirements for transoceanic travel. Port call issued by NAVPTO is an official modification to orders. The following documents are required prior to the issuance of tickets: (1) PCS orders endorsed, (2) signed DD884, (3) passport/visa required by the FCG, (4) family entry approval (if required), (5) NATO travel orders (if required), and (6) requested supporting documents.						
38. Member's Signature and date: Date: _____		39. Supervisor Name /Phone P. GUTIERREZ, PS1(SW/AW) Phone: 619-545-3780		40. Supervisor's signature and date**: Date: _____		
**Item 38: SIGNATURE NOT REQUIRED IF RELEASED VIA TOPS BY THE SUPERVISOR.						
AUTHORITY: Authority to request is derived from 5 U.S. Code 301, Departmental Regulations. PRINCIPAL PURPOSE: To provide authority for issue of passenger reservations/port call requests. ROUTINE USES: Information is used in conjunction with application for passenger reservations/port calls. DISCLOSURE: Voluntary; however, if applicant fails to provide information, travel request will not be processed.						