

## PASSENGER RESERVATION REQUEST – PCS FOR PSD DIEGO GARCIA USE ONLY

COMMAND				DATE	
PLR/TRAVEL COORDINATOR				PHONE	
MEMBER'S NAME (Last, First, MI)			RANK/RATE/GRADE		PHONE
SSN	TYPE OF TRAVEL <input type="checkbox"/> PCS <input type="checkbox"/> SEP <input type="checkbox"/> RET <input type="checkbox"/> COT		DETACHMENT DATE		REPORT NLT DATE
MEMBER'S OFFICIAL ROUTING (INCLUDING TDY POINTS) DATE FROM TO			ALTERNATE ROUTING REQUESTED BY MEMBER DATE FROM TO		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
NOTE: INCLUDE TRAVEL TO DESIGNATED PLACE AS TDY POINT.			NOTE: MEMBER MUST PAY ADDITIONAL COST, IF ANY.		
FAMILY MEMBER(S) OFFICIAL ROUTING (IF APPLICABLE) DATE FROM TO			SPECIAL CONSIDERATIONS		
_____			<input type="checkbox"/> INFANT <input type="checkbox"/> MEDICAL (SPECIFY)		
_____			TYPE SEAT REQUESTED (COMMERCIAL AIRCRAFT ONLY)		
_____			<input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE <input type="checkbox"/> NO SMOKING (IF APPLICABLE)		
DEPENDENT INFORMATION:					
NAME (Last, First, MI)	RELATIONSHIP	DOB (CHILDREN)	PASSPORT NUMBER OR SSN (AS REQUIRED)	PASSPORT EXPIRATION DATE (IF APPLICABLE)	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
PET SHIPMENT REQUEST (NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT OF 100 POUNDS)					
PET #1	<input type="checkbox"/> CAT <input type="checkbox"/> DOG	CAGE WIDTH _____	LENGTH _____	HEIGHT _____	TOTAL WEIGHT _____ LBS
PET #2	<input type="checkbox"/> CAT <input type="checkbox"/> DOG	CAGE WIDTH _____	LENGTH _____	HEIGHT _____	TOTAL WEIGHT _____ LBS
NOTES:					
1. THE FOLLOWING INFORMATION IS NECESSARY FOR THE COMPLETION OF THIS REQUEST:					
- COPY OF TRAVEL ORDERS					
- SIGNED PSAFE FORM 4650/9 OR DD FORM 884 (APPLICATION FOR TRANSPORTATION OF DEPENDENTS) IF APPLICABLE					
2. PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF MODIFICATION TO PORT CALL DUE TO OFFICIAL REQUIREMENTS AND MUST BE APPROVED BY THE MEMBER'S COMMANDING OFFICER.					
PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) FLIGHT ARRANGEMENTS. THIS FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY. IT REMAINS PART OF THE FILE FOR AUTHORIZED TRAVEL INVOLVED. DISCLOSURE OF THE REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF THE TRAVEL REQUEST.					
MEMBER'S SIGNATURE				DATE	
PERSON VERIFYING PASSENGER RESERVATION REQUEST AND PSAFE FORM 4650/9 OR DD FORM 884					
PRINTED NAME (Last, First, MI)			SIGNATURE		DATE
_____			_____		_____
<b>PSD USE ONLY</b>					
ORIGIN		INTERMEDIATE		ULTIMATE	
DETACHMENT DATE		REPORTING DATE		DESIGNATED PLACE OF DEPENDENTS	
_____		_____		_____	
ALTERNATE APOD		ADVANCE TRAVEL FROM _____ TO _____		DEFERRED COT	
POV SHIPMENT FROM _____ TO _____		NUMBER OF SEATS		TYPE TRAVEL	
_____		_____		_____	