

PASSENGER MANIFEST

(COMPLETE THIS FORM IN QUADRUPLICATE)

COMNAVRESFQRINST 4630.1C

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC, 301, Departmental Regulations. The principal purpose is to compile a complete list of passengers embarked on each government operated flight. Completion of this form is mandatory. Failure to provide the required information may result in denial of boarding privileges.

ACTIVITY:	A/C MODEL:	BUNO:	DEPARTURE POINT:	ETA:	FLIGHT NO.:
DESTINATION:	VIA:	SIGNATURE OF FLIGHT ATTENDANT:		SIGNATURE OF COORDINATOR	
DATE:					

NO.	PRIORITY (FROM FLT ADVISORY)	NAME (LAST, FIRST, MIDDLE INITIAL)	RANK/ RATE	SOCIAL SECURITY NUMBER	BRANCH	UNIT ASSIGNED	FINAL DESTINATION	INFLT MEALS	PCS. BAGGAGE	BAGGAGE WEIGHT	PASSEN- GER WEIGHT
1.											
2.											
3.											
4.											
5.											
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17.											
18.											