PASSENGER RESERVATION REQUEST – PCS TRAVEL

NAVPTO USE ONLY

NO-AMC CERT (ATTACH PORT CALL IF BOOKED)

1. COMMAND	2. DATE	3. TYPE ☐ INITIAL ☐ CHANGE

4. PLR/TRAVEL COORDINATOR	5. PHONE	6. E-MAIL ADDRESS	TYPE TRAVEL	AMC NON-USE	MIP

7. MEMBER'S NAME (Last, First, MI)	8. RANK/RATE	9. SSN	SERVICE BRANCH	TVL ADVISE MSG DTG

10. PHONE	11. E-MAIL ADDRESS	12. DETACHMENT DATE	13. REPORT NLT DATE

14. MEMBER'S OFFICIAL ROUTING (INCLUDING TDY POINTS)
DATE FROM TO

15. TYPE OF TRAVEL
☐ PCS ☐ SEP ☐ RET ☐ COT

16. TRAVEL WINDOW
☐ +7 DAYS ☐ +14 DAYS

17. ALTERNATE ROUTING REQUESTED BY MEMBER
DATE FROM TO

18. FAMILY MEMBER(S) OFFICIAL ROUTING (IF DIFF FROM MEMBER)
D ATE FROM TO

NOTE: MEMBER MUST PAY ADDITIONAL COST, IF ANY.

19. SPECIAL CONSIDERATIONS
☐ INFANT ☐ MEDICAL (SPECIFY)

20. TYPE SEAT REQUESTED (COMMERCIAL AIRCRAFT ONLY)
☐ WINDOW ☐ AISLE ☐ NO SMOKING (IF APPLICABLE)

21. DEPENDENT INFORMATION:

NAME (Last, First, MI)	RELATIONSHIP	DOB (CHILDREN)	PASSPORT NUMBER OR SSN (AS REQUIRED)	EXPIRATION DATE (IF APPLICABLE)

22. PET SHIPMENT REQUEST (NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT OF 100 POUNDS EACH)

PET #1 ☐ CAT ☐ DOG CAGE W L H TOTAL WEIGHT LBS AGE SEX BREED
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23. LODGING
NAVY BASE/SCHOOL LOCATION FOR BQ
IF BQ NOT AVAILABLE PREFERRED HOTEL
GUARANTEE LATE ARRIVAL ☐ YES ☐ NO TIME
IF YES, C/C NAME/NO/EXP:

24. REMARKS

NOTES:
1. THE FOLLOWING ARE NECESSARY FOR THE COMPLETION OF THIS REQUEST:
   - ORIGINAL TRAVEL ORDERS
   - SIGNED PSAFE FORM 4650/9 OR DD FORM 884 (APPLICATION FOR TRANSPORTATION OF DEPENDENTS) IF APPLICABLE
   - CERTIFICATION FOR TRAVEL VIA HOMEPORT, DESIGNATED PLACE, POV PICK UP/GOVT OR COML STORAGE FACILITY, COT/HOR
2. PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS AND MUST BE APPROVED BY THE 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) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF 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 TRAVEL REQUEST.

24. MEMBER'S SIGNATURE	25. DATE

PERSON VERIFYING PASSENGER RESERVATION REQUEST AND PSAFE FORM 4650/9 OR DD FORM 884

26. PRINTED NAME (Last, First, MI)	27. SIGNATURE	28. DATE

NAVPTO/PSD USE ONLY

29. ORIGIN	30. INTERMEDIATE	31. ULTIMATE ☐ CHECK BOX IF AFLOAT OR DEPLOYABLE UNIT

32. NUMBER OF SEATS	33. DETACHMENT DATE	34. APOD	35. ALTERNATE APOD

36. DESIGNATED PLACE OF DEPENDENTS	37. POV SHIPMENT PICK UP/GOVT-COML STORAGE SITE	38. TRAVEL VIA HOMEPORT

39. HOME OF RECORD FOR COT TRAVEL	40. DEFERRED COT ☐ YES ☐ NO	41. TRAVEL ADVANCE FROM TO

PSAPAC Form 4650/5 (Rev 6/01)