

Patrick AFB Passenger Terminal Space Available Remote Sign-Up Request

E-mail to PatrickAirTerminal@us.af.mil or fax to 321-494-7991

Sponsor Information

(Yellow highlight indicates required fields)

Department of Defense (DoD) ID or SSN Number: _____

Last name _____ First name _____ Middle Name _____

Date of Birth _____ Branch of Service: (check one) ___AF ___ARMY ___MARINES ___NAVY ___OTHER

Rank _____ Grade _____ Gender (M/F) _____

Travel status: (check one)

_____ Category I	Civ or Mil Dependent on Emergency Leave
_____ Category II	Environmental Morale Leave (EML)
_____ Category III	Active Duty on Ordinary Leave / House Hunting
_____ Category IV	(EML) Unaccompanied Dependents
_____ Category V	Permissive TDY or TAD / Student Travel
_____ Category VI	Retired Military / Reserves



Seats Required: _____ (Fill out reverse for accompanying dependents)

Emergency Point of Contact Information (while traveling)

Last name _____ First name _____ Middle Name _____ Phone # _____

DOB _____ Country of Residence _____ Nationality _____

Passport # _____ Country of Issuance _____ Exp Date _____

Destination Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

E-mail address _____ Phone Number _____

Country choices (list up to 5; "ALL" is no longer a valid choice):

1. _____ 2. _____ 3. _____
4. _____ 5. _____

Date Leave Begins (Active Duty only): _____ Date Leave Ends: _____

I certify that I am on leave or pass status at the time I register for space available travel and will remain in such status when awaiting and/or have been accepted for space available travel. If accompanied by dependents, I further certify that my travel is not in conjunction with TDY/TAD and that I am not using space available travel to transport my dependents to or from my restricted duty station or all others (unaccompanied) tour location station. I certify that my request for, and acceptance of, transportation via DOD-owned or controlled aircraft is not for personal gain, nor for, or in connection with business of any nature and that this trip will not result in any form of remuneration to myself or my family. I understand violation of any of the above could result in billing and/or punitive action. I also certify that if traveling to Antigua and/or Ascension Island, I have been briefed on border clearance requirements. Prior to departure I will have in my possession a valid passport.

Signature _____ Date _____ Time _____

Privacy Act Statement

Authority: 10 U.S.C. 8013, EO 9397, 22 November 1943

Principal Purpose: to verify border clearance. SSN is needed for positive ID.

Routine Use(s): Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force.

Discloser is Voluntary: Failure to provide the information may result in member not being accepted for travel on aircraft.

List names of dependents traveling and type of passports (US or Foreign):

(Yellow highlight indicates required fields)

Dependent #1

Name (Last, First, Mi): _____

DoD ID/SSN #: _____ DOB: _____ BDY WT: _____ M/F: _____

Passport #: _____ Exp Date: _____ Country: _____

Dependent #2

Name (Last, First, Mi): _____

DoD ID/SSN #: _____ DOB: _____ BDY WT: _____ M/F: _____

Passport #: _____ Exp Date: _____ Country: _____

Dependent #3

Name (Last, First, Mi): _____

DoD ID/SSN #: _____ DOB: _____ BDY WT: _____ M/F: _____

Passport #: _____ Exp Date: _____ Country: _____

Dependent #4

Name (Last, First, Mi): _____

DoD ID/SSN #: _____ DOB: _____ BDY WT: _____ M/F: _____

Passport #: _____ Exp Date: _____ Country: _____

Privacy Act Statement

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To: Passengers Traveling in the Defense Transportation System (DTS)

Purposes: Collection and disclosure of the personal information of passengers traveling in the DTS is necessary in order to comply with Federal laws and regulations relating to manifesting passengers as well as those relating to screening for customs, immigration, and security purposes. Disclosure of personal information is voluntary. However, failure to disclose such information may result in a delay or a denial of transportation.

Description of personal information which may be collected and disclosed: Name, rank, Social Security Account Number, other identifying number (such as a military identification card number, passport number or drivers' license number), citizenship, gender, date of birth, address, e-mail address, telephone number, emergency point of contact information, blood type, and weight.

Recipient(s) of the disclosed information: Department of Defense, Department of Homeland Security, Department of State, and Department of Transportation.