## NPPSC 4650/1 INSTRUCTION (Authorized Departure)

- 1. Select "New"
- 2. Today's date
- 3. Enter "PS1 Serna, Rabi"
- 4. Enter "DSN: 318-439-4676"
- 5. Enter "m-ba-cusnc-n1-addistro@us.navy.mil"
- 6. Enter your name as it appears on your passport
- 7. Enter your "DOD ID Number"
- 8. Select appropriate rate/rank on the drop down
- 9. Select Date of Birth on the drop down
- 10. Select your Gender
- 11. Enter your Passport number, Expiration, and VISA number (as applicable)
- 12. Enter valid traveler's phone number i.e. (901) 437-2358 / + 973-1234-5678
- 13. Enter traveler's email address
- 14. Enter Detaching Command i.e. COMUSNAVCENT or COMFIFTHFLT
- 15. Enter "N/A"
- 16. Enter "N/A"
- 17. Enter Travel Date i.e. "10 OCT 2023" and select time on the drop down
- 18. Enter "N/A?
- 19. Select "No"
- 20. Select Travel Type "Unaccompanied"
- 21. Enter "N/A"
- 22. Enter "N/A"
- 23. Enter "N/A"
- 24. Select "No"
- 25. Enter Family Member information "Cannot leave blank"
- 26. Enter valid CONUS address "Safe Haven Address"
- 27. Enter valid phone number i.e. (501) 123-456
- 28. Enter valid email address i.e. navydoe@yahoo.com
- 29. Enter valid Next of Kin information
- 30. Enter number of seats required i.e. 3 for 3 dependents
- 31. Select seat drop down seat preference
- 32. Enter "N/A"
- 33. Skip block 33
- 34. Enter Sponsor's DOD ID #, CAC Expiration date, any remarks
- 35. Select "Not Applicable"
- 36. Select one, Yes or No
- 37. a. Enter your name and rank i.e. Navy Doe / TMC
  - b. Sign with your CAC
  - c. Enter Today's date

38.a. through 38.d. (Skip)

## PASSENGER RESERVATION REQUEST NPPSC 4650/1 (02-2017)

Supporting Directive NPPSCINST 5213.1

							-			_			
Authority: 10 U.S.C. 5013, Secretary of the Navy Purpose: To complete request for Navy Passeng Routine Uses: Department of Defense employee Disclosure: Mandatory. Fallure to provide the recommendation of the Navy Purpose o	er Transpo s executing	ortation Office (I	NAVPT	O) to processing	ocess N	lual Navy trav	el requ	ests and			t call(s).		
1. Type Request:   New O Modification/Change O Cancellation 2. Date: 23-Oct-2023							NAVPTO USE ONLY						
Transfer Clerk/Command POC: PS1 SERNA, RABI							Ship Location:						
4. POC Work Phone: 5. POC Work E-mail:						Date:			15.				
DSN: 318-439-4676	JSNC-N1-ADDI	NC-N1-ADDISTRO@US NAVY MIL				AMC Flight Available: O Yes O No							
6. Name (Last, First, Middle - as shown on the photo ID used for travel				7. SSN/	DoD ID		Flight No: Dat						
present to the TSA Agent while going through airg	'y):	Number		ber			ler.		Date:				
SAILOR, NAVY A			1	12345678	891	Show:	ETD:	ET	A: Da	ite:			
8. Rate/Rank: O3 / LT	9. Date of	of Birth: 23-0	10. Gen	10. Gender:   Male   Female									
11. Passport Number / Expiration Date / Visa No. 12. Traveler's Phone XXXX 23-Oct-2023 XXXXXX (555) 555-1234				/Area Code:			13. Traveler's E-mail Address:						
14. Detaching Command (Current PDS City, State COMUSNAVCENT/COMFIFTHFLT	e, Country	):	15. G N/A	aining (	Comma	nd (New PDS	City, S	itate, Co	ountry):				
16. Detachment Date (Current PDS): N/A	17. Avail	tart Da		Mandato	18. Mandatory RNLT Date at NEW PDS.  Mandatory TPP is 10 days for OCONUS; 20 days for pets.  N/A								
19. Are there any Intermediate/Temporary Duty S	Stations En	route? If Yes,	please	list with	dales r	equired for ar	rival an	d depar	ture. O	Yes	No		
20. Travel Type: O Accompanied	companied		O PC	cs (	) сот	O Defen	ed COT	0	OTEIPO	0 1	RAT TVL		
21(a). EAOS: N/A 21(b). Extensions:	N/A	22. Overseas	Scree	ning Cor	mpleted	? O Yes	No	l	No. In Pr	ogress	, 0		
23. Prescribed Tour Length: N/A 24. Dept	endent Ent	try Required?	OYe	s (a)	No								
25. List of Family Member(s):		, , , , , , , , , , , , , , , , , , , ,											
Last, First, Middle Name		SSN Rela	ationsh	in Da	to of Ric	th Passp	ort#	Eve	Data	1.	lisa #		
		Relationship Date of Birth			<del></del>		1 '						
+ X DEPENDENT, NAVY A	-45-6789	Spouse				Y123456 23-Oct-2023 1325456  after Detachment (include Area Code):							
								ıncıuae	Area Coo	(6):			
SAFE HAVEN ADDRESS		Apt/Suite		7.			5) 555-1234						
City State	Zip	Type (55:			555) 555-5678	5) 555-5678							
28. E-mail Address After Detachment: ENTER V	ALID EM	AIL											
<ol><li>Next of Kin (Not Traveling) Contact Information</li></ol>	on:												
FAMILYMEMBER, NAVY A													
5555551234													
POC ADDRESS									Ap	t/Suite	-		
City					State			Zip					
30. Number of Seat(s) Required: 1	Preference: A	E Any			32. Exce	32. Excess Baggage Authorized (#): 0							
33. Alternate Route(s) for Personal Convenience Personal travel above and beyond entitlements w						comply with	U.S. fla	g carrie	r regulation	ons. Ir	ndirect/		
+ X 1 Time	BAHRAIN	<u>_</u>		tate To: 0					1		e of Travel		
34. Additional Information: DOD #: SPONSOR DOD ID REMARKS:	DATE:							2			4		
35. Shipping POV To/From Overseas After Detact	hment from	m Current PDS	? (	) Yes	ONo	or Not Permitt	ed (	Not A <sub>1</sub>	pplicable				
36. Pet Reservation (2 Pets Total, Cat or Dog On	ly, Allowed	d on AMC Fligh	ts)	Are you	shippin	g pets?	) Yes	No     No					
37(a). Member Name/Rank: SAILOR, NAVY A LT	37(b). M	37(b). Member Signature:						37(c) D	ate:	O SOF			
NOTE For Students Only: PSD obtaining	Travel/Tr	ansportation A	Author	ization	form w	ith signature	from s	tudent	check "S	OF" h	OX.		
38(a). Supervisor Name/Rank:	1	). Phone Num				or Signature:				_	l) Date:		