

DD FORM 884 INSTRUCTION (Authorized Departure)

1. Enter your DoD Component i.e. Navy, USMC, Army, etc
2.
 - a. Enter your name in Last, First, Middle Initial format
 - b. Enter Rank i.e. PO1, CPO, SCPO, etc
 - c. Enter Grade i.e. E6, E7, E8, etc
3. Enter your Duty Station i.e. COMUSNAVCENT, COMFIFTHLFT
4. a through d. Enter dependents for whom transportation is requested (format on the form)
5. Enter Present Physical Address of Dependents
6. Enter current Permanent Duty Station i.e. COMUSNAVCENT, COMFIFTHFLT, etc
7. Enter N/A
8. Enter Date of Orders in YYYYMMDD format, i.e. 20231030. If not known, leave blank
9.
 - a. Enter Transportation requested from... Enter Manama, Bahrain
 - b. Enter Transportation requested to... Enter "Safe Haven Location" i.e. Norfolk, VA
 - c. Enter "N/A"
10. Enter Date of Departure in format YYYYMMDD, i.e. 20231030
11. Enter "Air"
12. Enter "N/A"
13. Enter "N/A", if applicable enter i.e. Son, Daughter, etc
14. Enter "Spouse"
15. Enter Name (if applicable)
16. Enter Signature (Print and Sign)

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS		1. DOD COMPONENT USN	
PRIVACY ACT STATEMENT			
AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.			
PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.			
ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.			
DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.			
2.a. NAME OF APPLICANT (Last, First, Middle Initial) SAILOR, NAVY A		b. RANK LT	c. GRADE O-3
3. SHIP OR STATION COMUSNAVCENT/COMFIFTHFLT			
4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED (Continue on blank page if necessary)			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP* (Adopted son, stepdaughter, etc.)	c. DATE OF BIRTH (Children) (YYYYMMDD)	d. LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State)
DEPENDENT, NAVY A	SPOUSE		MANAMA, SAUDI ARABIA
CHILD, NAVY A	SON	20151023	MANAMA, SAUDI ARABIA
*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below. **If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.			
5. PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code) BLDG 123 BLOCK 456 RD 789 MANAMA, SAUDI ARABIA			
6. OLD PERMANENT STATION COMNAVCENT/COMFIFTHFLT		7. NEW PERMANENT STATION N/A	
8. DATE OF ORDERS (YYYYMMDD)			
9. TRANSPORTATION REQUESTED a. FROM (City, State) MANAMA, SAUDI ARABIA	b. TO (City, State) NORFOLK, VA	c. VIA (Route) (City, State) N/A	
10. DATE OF DEPARTURE (YYYYMMDD) 20231031		11. BY (Air, Rail, etc.) AIR	
12. CERTIFICATION OF INTENT I certify that transportation for persons listed above, who were my dependents on the effective date of applicable orders, is being requested with the intent of establishing a bona fide residence. I further certify that I have not made application or submitted claim for transportation of my dependents on this change of station except as follows: N/A			
13. CERTIFICATE OF PROOF OF DEPENDENCY (Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.) I certify that my dependent(s) (Relationship) N/A, named above, is/are in fact dependent upon me and that a certificate of dependency was approved by the appropriate agency. I further certify that there has been no change in the conditions of dependency since the certificate was approved. (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)			
14. CERTIFICATE OF RESIDENCE OF PARENT (Required for a dependent parent in addition to block 13.) I certify that my dependent(s) (Relationship) SPOUSE is/are residing as a member of my household and will reside as a member of my household established incident to this change of station.			
15. CERTIFICATE FOR STEPCHILD (Required for a stepchild in addition to block 13.) I certify that (Name of child's other parent) N/A, the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.			
16.a. SIGNATURE OF APPLICANT PRINT AND SIGN			b. DATE (YYYYMMDD) 20231023