



**PERSONAL DATA SHEET FOR PERMANENT CHANGE OF STATION (PCS)
ORDERS
(OVERSEAS)**

(01-01)

It is imperative that this Data Sheet be returned by the due date to allow this Headquarters (PCAO) time to request a portcall and area clearance if applicable). If this Data Sheet cannot be returned by the due date (_____) contact PCAO asap.

TYPE OR PRINT CLEARLY

NAME: _____ RANK: _____

SSN: _____

COMPLETE UNIT ADDRESS: _____

DAYTIME PHONE #: _____

EAS: _____ PEBD: _____

TRAVEL INFORMATION:

LEAVE ADDRESS: _____

10-DAY FLIGHT WINDOW: _____

FLIGHT WINDOW CANNOT EXCEED NET OR NLT DATE OF ORDERS ISSUED

ACCOMPANIED TOURS (ONLY): MEMBERS GOING ACCOMPANIED TOUR MUST ALSO FILL OUT REVERSE SIDE:

DATE OF MARRIAGE: _____ SPOUSE ACTIVE DUTY: YES OR NO EAS: _____

BRANCH OF SVC (SPOUSE): _____

DEPENDENTS:	NAME	SSN
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

PETS: _____ DOG CAT BIRD SMALL MEDIUM LARGE _____
_____ LBS.

DO YOU HAVE A KENNEL: YES NO (CIRCLE ONE)

** IF YOU DO NOT HAVE THE OBLIGATED SERVICE TO COMPLEATE AN OVERSEAS TOUR A COPY OF THE EXT OR REENL MUST BE PROVIDED. AN AREA CLEARANCE WILL NOT BE RELEASED UNTIL YOU ARE COMPLETELY QUAL (TO INCLUDE MEDICAL/DENTAL). NO EXCEPTIONS!

MEMBER CERTIFICATION

I CERTIFY THAT THE INFORMATION ON THIS DATA SHEET AND ACCOMPANYING CHECKLIST/FORMS IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF I HAVE ANY QUESTIONS CONCERNING MY ORDERS I AM TO CONTACT THE ORDERS CLERK AT MY ADMIN CENTER.

SIGNATURE DATE

UNIT CERTIFICATION

I CERTIFY THAT ALL ACTIONS, REQUIERED BY CURRENT DIRECTIVES AND AS CONTAINED IN THE ATTACHED CHECKLIST(S) FORMS HAVE BEEN COMPLETED AND THAT THE INFORMATION CONTAINED HEREIN HAVE BEEN VERIFIED AGAINST THE MARINES SERVICE RECORDS.

PERSO SIGNATURE DATE

THIS SIDE IS FOR ACCOMPANIED TOUR ONLY
AREA CLEARANCE PERSONNEL

INFORMATION REQUIRED:

A. SPONSOR'S GRADE : _____ DOR: _____

B. NAME/SSN: _____

C. DATE OF MARRIAGE: _____

NAMES OF FAMILY MEMBERS: _____ RELATIONSHIP: _____ DOB: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. NATIONALITY OF SPONSOR AND DEPENDENTS: SPONSOR: _____ DEPENDENTS: _____
(CURRENT CITIZENSHIP OF SPONSOR AND DEPENDENTS)

E. ORIGINAL DUTY STATION: _____ (UNIT)

F. ADDRESS OF DEPENDENTS: _____
(COMPLETE MAILING ADDRESS)

G. N/A

H. N/A

J. DETACHMENT DATE: _____
(ESTIMATED DATE OF DEPARTURE OF PARENT COMMAND)

L. ESTIMATED DATE OF ARRIVAL AT NEW DUTY STATION: _____

M-HOUSING PREFERENCE: CIVILIAN OR GOVERNMENT

N. PASSPORTS #'s: _____

O. STATEMENT OF ELIGIBILITY:

(A) NUMBER OF MONTH TOUR: _____

(B) PROJECTED ROTATION DATE: _____

(C) EXPIRATION OF ACTIVE SERVICE: _____

(IF YOUR EXTENSION OR REENLISTMENT HAS NOT BEEN RAN ON THE DIARY ATTACH A COPY)

P. CERTIFICATION OF SUITABILITY: QUALIFIED/SUITABLE FOR OVERSEAS TOUR (YES NO)

Q. REMARKS

LIST KNOW MEDICAL AILMENTS OR PHYSICAL DISABILITIES OR DEPENDENTS AND ANY DEPENDENTS WHO DISPLAY PHYSICAL, EMOTIONAL OR INTELLECTUAL HANDICAP REQUIRING MEDICALLY RELATED SERVICES OR SPECIAL EDUCATION IN DOD DEPENDENT SCHOOLS OUTSIDE THE UNITED STATES. PREGNANCY SHOULD BE LISTED. FAMILY MEMBERS ENROLLED IN EXCEPTIONAL FAMILY MEMBER PROGRAM ETC.....

MARINE CORPS PERSONNEL ASSIGNMENT POLICY

APPENDIX B

SAMPLE CHECKLIST FOR PERSONNEL TRANSFERRED OVERSEAS VIA
PERMANENT CHANGE OF STATION ORDERS

The following checklist will be prepared. One signed copy will be placed in the SRB, and one signed copy will be retained-by the preparing unit.

(GRADE)	(LAST NAME)	(FIRST NAME)	(M.I.)	(SSN)	(MOS)		
(MARINE'S EAS)			(MARINE'S OCD)			CHECK YES	N/A
1.. Marine meets all requirements for assignment to sea, Foreign, and/or combat duty.						_____	_____
2. Assignment criteria-for corporals and below has been observed..						_____	_____
3. Marine has been counseled concerning family member travel, transportation of HHG's, POV, and mobile home allowance. (JFTR,"Vol 1, Chap 7 through 9, and the Marine Corps Personal Property and Marine Corps Passenger Transportation Manuals.)						_____	_____
4. Marine has received required inoculations and has been issued a current immunization certificate (PHS Form 731) which has been compared against his/her health record. (BUMEDINST 6230.1.).						_____	_____
5. Record Emergency Data (RED) and the SGLI form are completed, verified, and signed by the Marine. (MCO P1080.35 and MCO P1741.B.).						_____	_____
6. Marine has valid identification card (MCO P5512.11) and tags (MCO P3040.4 and MCO P1070.I2) in good condition. Appropriate Uniformed Services Identification and Privilege Cards (DD Form 1173) have been issued to appropriate family members (MCO P5512.11) and family member data contained in the Defense Enrollment Eligibility Reporting System (DEERS) verified to be correct. (MCO P5512.11).						_____	_____
7. Marine has been furnished with change of address cards and instructed in their proper use. (OPNAVINST 5112.1)						_____	_____
8. Transfer orders have been fully explained to the Marine, including the proper procedures for requesting an emergency extension of leave and consequences of failure to report, as directed in orders.						_____	_____
9. Sergeant and above fitness report on transfer has been submitted. (MCO P1610.7)						_____	_____
10. The SRB, health, and dental records have been checked for completeness and closing entries signed prior to transmittal or delivery.						_____	_____

11. Required clothing and equipment are in the possession of the Marine. Marines are required to possess the minimum uniform requirements as contained in MCBul 10120 published annually by HQMC. _____
12. If move causes second dislocation allowance within the same fiscal year, has approval by CMC (MMOS) been received? _____
13. If transfer orders state a passport requirement, the individual/family member(s) have made application. (MCO 5512.4) _____
- 14- If the Marine requires lenses, duplicate spectacles have been issued. A Marine who meets the defective vision criteria and who is scheduled for assignment to an FMF organization outside CONUS has been issued optical inserts for the field protective mask. If, these inserts are not in the Marine's possession, they will be requisitioned and forwarded to the Marine's new FMF duty station. Include a statement to this effect in the Marine's orders. _____
15. A copy of the orders has been provided to the Marine's new duty station, complete with receiving endorsement containing name, address, and relationship of next of kin. _____
16. Marine has been interviewed and, if appropriate, afforded an opportunity to:
- a. apply for BAQ _____
 - b. register allotments _____
 - c. prepare a will _____
 - d. subscribe to or change beneficiaries of commercial/government insurance (verify names/addresses with the RED) _____
 - e. prepare a power of attorney _____
17. Marine is medically qualified for duty overseas. _____
18. Marine has the required obligated active service remaining to complete the prescribed tour of duty. _____
19. Has the Marine waived his/her right not to be involuntarily assigned to a dependents-restricted tour of duty until 24 months have passed since establishment of an OCD? _____
20. Involuntary Dependents-Restricted Assignment.
- a. If the Marine is a careerist, has he/she: waived his/her right not to be involuntarily assigned to a PCS dependents-restricted tour of duty until at least 12 months have elapsed following his/her return from a 5 month or more FMF TAD deployment? _____
 - b. If the Marine is a first-termer, has he/she waived his/her right not to be involuntarily assigned to a PCS dependents-restricted tour of duty until at least 6 months have elapsed following his/her return from a 5 month or more FMP TAD deployment? _____
21. Marine possesses a primary MOS above basic level. _____
22. Request for overseas area clearance (entry approval) for family members has been made. when appropriate, and PCS orders have been endorsed per MCO P1000.6 to reflect entry approval/denial. _____
23. Port call requested per MCO 4650.30. _____

24. The PCS orders have been endorsed to describe the overseas transportation arrangement (port call), reporting requirements, and transportation document for the carrier. _____

25. Ensure personnel authorized transportation of family members to the overseas duty station at Government expense have necessary obligated active service remaining to complete accompanied by dependents tour unless they elect an unaccompanied tour; PCS orders endorsed accordingly. _____

26. Family members traveling to overseas station have received necessary immunization/possess immunization record. Family members have been medically screened and physically qualified for overseas residence. (Family members accompanying Marines to HI and AK are exempt from this screening requirement.) _____

27- Corporals and below ordered to an accompanied overseas tour will be screened using the financial statement contained in this checklist to determine whether or not the Marine can meet the financial rigors of the new duty station. Family Service Centers can provide up-to-date information on the facilities, services, and costs available at most overseas locations. _____

28. Marine has completed Level I Anti-terrorism - Force Protection (AT-FP) training. _____

CERTIFICATION

To my knowledge I certify that as of _____ I have no problems which would preclude my assignment to a restricted area.

28. Marine has completed Level I Anti-terrorism - Force Protection (AT-FP) training. _____

Signature

COMMANDING OFFICER CERTIFICATION

To my knowledge I certify that he/she is qualified/unqualified for overseas assignment.
If unqualified, list reasons (be specific):

Signature

Printed Name

Billet

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APPENDIX B

FINANCIAL STATEMENT FOR CORPORALS AND BELOW ORDERED
TO AN ACCOMPANIED OVERSEAS TOUR

1. It is the intent of this screening to preclude the assignment to accompanied overseas tours of junior Marines who are unable to meet the financial demands of that duty station. Although it would be convenient to provide a fixed, minimum net available funds to qualify for all assignments, the variety of circumstances found at different overseas locations (to include spousal employment opportunity), compounded by the changing exchange rates, make this impractical. Commanding officers must therefore use their judgment as to the ability of the Marine in question to successfully complete the prescribed tour length. If, in the commanding officer's opinion, this is not the case; notify CMC (MMEA) by message of that fact and request modification of the existing orders.

2. Disclosure of information on this form is mandatory. Possible adverse effects of nondisclosure would be the assignment of the Marine on an accompanied overseas tour without consideration of information which, if known, might preclude that assignment. The information solicited by this form is not to be included in any official system of records. After processing, it shall be destroyed by the commanding officer or returned to the Marine. Nondisclosure may result in disciplinary action.

(GRADE) (LAST NAME) (FIRST) (MI) (SSN/MOS)

MONTHLY INCOME MONTHLY DEDUCTIONS

BASE PAY \$ _____ FED TAX \$ _____

BAQ \$ _____ STATE TAX \$ _____

COMRATS \$ _____ PICA \$ _____

OTHER INCOME (itemized) ALLOTMENTS 1/ (itemized)

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

TOTAL MONTHLY INCOME TOTAL MONTHLY DEDUCTIONS

\$ _____ \$ _____

B-6

MARINE CORPS PERSONNEL ASSIGNMENT POLICY

MONTHLY CREDIT PAYMENTS

(Name of creditors) 2/	Monthly Payment	Balance
_____	\$ _____	\$ _____

_____	\$ _____	\$ _____
-------	----------	----------

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

TOTAL \$ _____ TOTAL \$ _____

TOTALS

TOTAL MONTHLY INCOME \$ _____

MINUS

TOTAL MONTHLY DEDUCTIONS \$ _____

NET INCOME \$ _____

MINUS

TOTAL MONTHLY CREDIT PAYMENTS \$ _____

NET AVAILABLE FUNDS

(to cover housing, food, & other living expenses) 3/ \$ _____

1/ Do not include allotments to family members residing with the Marine or allotments for personal savings accounts or savings bonds.

2/ Include mortgage payments if home is to be retained upon transfer and include estimated rental income under "Monthly Income". Do not include those creditors who are paid by allotment and listed under "Monthly Deductions".

3/ Special consideration may be necessary in cases of exceptional family circumstances (e.g., parental support or unique family medical requirement) as to the actual and available funds that can be applied to living expenses.

MARINE CORPS PERSONNEL ASSIGNMENT POLICY
APPENDIX C

DOCUMENTS REQUIRED FOR PRELIMINARY OVERSEAS SCREENING

The service member must make sure the following documents, if applicable, are available to the overseas screening coordinator when the member reports for preliminary medical screening for overseas or isolated duty stations. Member should bring a copy of orders if available. The member's compliance will speed up completion of screening with a minimum of inconvenience. Family members are not required to be present for this preliminary screening. For service members being assigned to unaccompanied tours of 24 months or less, documents for family members are not required.

1. The service member and each family member should bring the following:
 - a. Health record (military).
 - b. Civilian medical records (copies from civilian health care providers, including mental health care providers)
 - c. Medical history (Standard Form 93)
 - d. Latest immunizations
 - e. Identifying information and address of family member if not collocated with service member

2. Each female's record should include results of:
 - a. Pelvic exam (including PAP test), if over age 18
 - b. Baseline and latest mammogram, if over age 40

3. Each service member's record should include results of last:
 - a. Physical exam
 - b. Asbestos screen
 - c. Hearing exam
 - d. Vision exam
 - e. HIV test results
 - f. Blood type
 - g. G6PD (tuberculosis test)
 - h. Sickle Cell

4. For individuals enrolled in the Exceptional Family Member Program (EFMP), include the following:
 - a. Copy of enrollment application
 - b. Copy of correspondence with EFMP.

5. For a child receiving special education, medically related or early intervention services, include the following:
 - a. Copy of Individualized Family Support Plan (IFSP) for 0 to 3 year-old receiving early intervention services
 - b. Copy of Individual Education Plan (IEP) for child receiving special education 20 percent or more of the time in school or medically related services for an educational disability

6. Once completed, the screening is valid for 12 months from the date of completion provided there has not been significant changes to the family members' health status.

7. The service member must notify his/her commanding officer of any significant changes to the family members' health status.

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Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
			21. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener only)
Military Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ MTF or Duty Station _____ Telephone Number (include area/country code) _____ DSN Number _____ Telefax Number (include area/country code) _____ E-mail Address _____		Civilian Medical Screener (Signature) _____ Date _____ Printed Name _____ Address _____ City, State, and Zip Code _____ Telephone Number (include area/country code) _____ Telefax Number (include area/country code) _____ E-mail Address _____

PART II

Dental Screening. Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Other concerns? (specify)
			<p>Dental Classifications: Class 1 - Patients who do not require dental treatment. Class 2 - Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months. Class 3 - Patients who have dental conditions that are likely to cause a dental emergency in the next 12 months. Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) examination by a dental officer within the past 12 months or, (2) A patient's dental record does not exist, or the dental record is not held by the responsible dental treatment facility or Medical Department activity.</p>

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL ASSIGNMENT? <i>(completed by a DTF designated military dental screener only)</i>																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Military Dental Screener (Signature)</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> <td style="width: 50%; border-bottom: 1px solid black;">Civilian Dental Screener (Signature)</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Printed Name, Rank or Grade</td> <td colspan="2" style="border-bottom: 1px solid black;">Printed Name</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">DTF or Duty Station</td> <td colspan="2" style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telephone Number (include area/country code)</td> <td colspan="2" style="border-bottom: 1px solid black;">City, State, and Zip Code</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">DSN Number</td> <td colspan="2" style="border-bottom: 1px solid black;">Telephone Number (include area/country code)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telefax Number (include area/country code)</td> <td colspan="2" style="border-bottom: 1px solid black;">Telefax Number (include area/country code)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">E-mail Address</td> <td colspan="2" style="border-bottom: 1px solid black;">E-mail Address</td> </tr> </table>			Military Dental Screener (Signature)	Date	Civilian Dental Screener (Signature)	Date	Printed Name, Rank or Grade		Printed Name		DTF or Duty Station		Address		Telephone Number (include area/country code)		City, State, and Zip Code		DSN Number		Telephone Number (include area/country code)		Telefax Number (include area/country code)		Telefax Number (include area/country code)		E-mail Address		E-mail Address	
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E-mail Address		E-mail Address																												

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GUIDELINES FOR PET MOVEMENT ON AMC

When requesting for an overseas port call, passengers with pets must provide their unit S-1 with number of pets, type, and weight with kennel. Pet space is very limited and reservations will be made on a first come first serve basis. If pet space on AMC is not available, the member will have to arrange own transportation of pet via civilian airlines. Pet shipment will be limited to permanent change of station (PCS) passengers only. Members are limited to a maximum of two pets per family. Pets are defined by AMC as only dogs and cats. Requests to ship more than two pets will not be accepted.

Pets traveling in a single container with a combined weight up to 70 lbs will be charged as 1 piece, 71 to 140 charged as two pieces, and 141 to, 150 charged as three pieces of excess baggage. A combined weight of 151 or more pounds will not be accepted on AMC flights. Two small pets of the same species weighing less than 30.8 lbs each, and used to cohabitation, may be shipped in the same container.

Your pet's container must be an approved International Air Transport Association (IATA) container that allows your; pet to stand up, turn around, and lie down with normal posture and body movements. Several layers of newspaper, shredded paper, or absorbent material should be placed in the bottom of the container. Do not use straw, hay, grass, sawdust, sand, or soil. You should feed your pet very lightly and provide water before turning in for shipment. Also, ;exercise the pet before coming to the terminal.

You must report to the AMC passenger counter two hours prior to flight departure. Upon check-in you will present either DD Form 2208 (Rabies Vaccination Certificate or civilian equivalent), or DD Form 2209 (Veterinary Health Certificate) . Note: The certificates must be dated within 10 days of departure date. You will also be required to pay the pet movement fee at this time. The current AMC rates are \$90.00 up to 70 lbs, \$180.00 71-140 lbs, \$270.00 141-150 lbs. Please check with the Transportation Office for any information not contained in this pamphlet.

I have reviewed the information provided above and have been provided a copy.

Print Name _____ Date _____

Pet #1: DOG/CAT weight w/cage_____

Sign Name _____ Date _____

PET #2: DOG/CAT weight w/cage_____