



## NCTC GULFPORT PRE-DEPLOYMENT CHECKLIST

	<input type="checkbox"/> Check-In <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual
9. Is your AT/FP Level I training current? (Less than one year old) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
10. Do you have dog tags? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Are they correct? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
11. What are your current NECs?		
12. What is your present security clearance? (Verify with N1A if unsure.) _____ <span style="float: right;"><input type="checkbox"/> N/A – no current clearance</span>		
13. Are you on legal hold or have pending legal actions, military or civilian? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
14. Personal Affairs		
Are installment loan payments, lease/mortgage, etc. current? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Is your Dependent Care Certificate current? <input type="checkbox"/> N/A for non-dual military or non-single parent <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Is your Page 2 current? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Is your SGLI beneficiary election current? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Are your will and/or POA current? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Desired		
If you have a will/POA where are they located?		
Location:		
15. Are there any other issues that may impact your deployment? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, explain in the remarks section.		
REMARKS		

**Supervisors will ensure all outstanding issues adversely affecting deployability are resolved.**

<input type="checkbox"/> <b>Check-In Review</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Annual Review</b></span>			
MEMBER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE
<input type="checkbox"/> <b>Semi - Annual Review</b>			
MEMBER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE