



Navy Air Logistics Office



Check-in / Check-out Form

Privacy Act Statement. SENSITIVE-UNCLASSIFIED. Data punishable by law, Privacy Act of 1974 as amended. The authority to request this information is contained in 5 U.S.C. 301, Departmental Regulations. The principal purpose is to obtain necessary information for recall and retention in the United States Navy. Completion of this form is mandatory and must be returned to the Admin Department within one week of issue.

Check-in Date: _____ Date of Birth: _____ Marital Status: _____
 Name: _____ Military Spouse..... Single Parent.....
 Rank/Rate: _____ Desig NEC: _____ DOR: _____ Spouse's Name: _____
 Address: _____ EFM Program..... Aircrew.....
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 PEBD: _____ PRD: _____
 Department Assigned: _____ Duty Section: _____
 Home of Record (City, State): _____

	Check-in	Check-out
Commanding Officer		
Executive Officer		
Command Master Chief		
Department Head / Department Leading Chief Petty Officer		
Admin Department Chief / Admin LPO (check-in/out, records review)		
Defense Travel System Program Manager / TAD Funds		
Government Travel Charge Card (GTCC) APC		
Drug and Alcohol Program Advisor (DAPA)		
Public Affairs Officer		
Command Career Counselor / Sponsor		
Security Manager / Security Clerk		
Physical Security Mgr. / Key Custodian / ISSM (NMCI Accounts / Access Cards) SAAR		
Legal Officer		
Training Department		
Safety Coordinator / Operational Risk Management Coordinator		
Urinalysis Coordinator		
PFA Coordinator		
Command Managed Equal Opportunity Program Manager		
Enlisted Watchbill Coordinator / Senior Watch Officer		
Command Financial Specialist (CFS)		
MWR Representative		
PSD/Pg 2 update (bring copy of updated Pg 2 back to NALO Admin)/Detaching Information		
DEERS update		
Base Medical Clinic		
Base Dental Clinic		
Base Housing Office/BOQ/BEQ		
TRICARE		
Household Goods		

DETACHING INFORMATION

New Command: _____ New Address: _____
 Address: _____ City: _____ State: _____
 City: _____ State: _____ Zip Code: _____
 Zip Code: _____

UPON COMPLETION RETURN THIS FORM TO THE ADMIN DEPARTMENT