# INBOUND PERSONNEL

INBOUND PERSONNELS NAME: _____

ARRIVAL DATE: _____

RANK/GRADE: _____

| SERVICE: | AIRFORCE | STATE DEPARTMENT |
|---|---|---|
| (CIRCLE/UNDERLINE ONE) | ARMY | DOD CIVILIAN |
| | NAVY | OTHER GOVERNMENT |
| | MARINES | OTHER: _____ |

STATUS IN SERVICE:  ACTIVE DUTY          RETIRED          CIVILIAN

ORGANIZATION/UNIT/WORKPLACE:

DAY/WORK PHONE NUMBER:

EMAIL ADDRESS:

DEPENDENTS NAMES (include different last name if applicable)

1. _____          5. _____

2. _____          6. _____

3. _____

4. _____

SEND TO: PEP MAIL PROGRAM MANAGER

      EMAIL: det4pacafairps@outlook.com