AUGMENTEE LOCATOR CARD

RANK	GRADE	NAME: LAST, FIRST MI	SSN	GENDER	BLOOD TYPE	JRC RPT DT
1.	2.	3.	4.	5.	6.	7

BRANCH 8	
ARMY	
AIRFORCE	
COAST GUARD	
MARINE CORPS	
NAVY	

STATUS 9	
ACTIVE DUTY	
RESERVE	
NAT GUARD	

SPONSOR NAME 10	SPONSOR UNIT 11	PHONE 12

SEQUENCE # 13.	ULN # 14

DEPARTURE INFO 15.			
COM AIR		TRAIN	
AMC		BUS	

PARENT ASSIGNED UNIT 16.	PHONE 17.	POINT OF CONTACT 18	FLIGHT INFO 19

EMERGENCY CONTACT INFORMATION

INFORMATION BELOW MUST MATCH DATE LOCATED ON YOUR DD93/NAVPERS 1070/602 AND SGLI ON RECORD

PRIMARY NEXT OF KIN: (LAST, FIRST MI) 20.	PHONE 21.	ADDRESS: 22.
SECONDARY NEXT OF KIN: (LAST, FIRST MI) 23.	PHONE 24.	ADDRESS: 25.
SGLI BENEFICIARY: (LAST, FIRST MI) 26.	SGLI AMOUNT 27.	ADDRESS: 28.

I HAVE BEEN BRIEFED ON THE FOLLOWING: (1) ALCOHOL POLICIES, (2) OFF LIMITS FACILITIES AND (3) CURFEW HOURS DURING THE EXERCISE.

Signature: 29. _____ Date: 30. _____

KAP SHI KAP SI DA

Instructions Augmentee Locator Card

Block 1: Your Rank i.e MSG , LTC, GS
Block 2: Your Grade i.e. E-8, 0-5, 11
Block 3: Self Explanatory
Block 4: Social security number
Block 5: Self Explanatory
Block 6: Self Explanatory
Block 7: 18 March 2005
Block 8: Check Army
Block 9: Check appropriate status. If a DA Civilian add the word Civilian below
Nat Guard
Block10: Col. Dombi
Block 11: USAEDFE
Block 12: 721-7300
Block 13: TDY Order Number
Block 14: Leave Blank
Block 15: Leave Blank
Block 16: USAEDFE
Block 17: 721-7300
Block 18: Col. Dombi
Block 19: Leave Blank
Block 20: Self Explanatory
Block 21: Self Explanatory
Block 22: Self Explanatory
Block 23: Self Explanatory
Block 24: Self Explanatory
Block 25: Self Explanatory
Block 26: Leave Blank
Block 27: Leave Blank
Block 28: Leave Blank
Block 29: Self Explanatory
Block 30: Self Explanatory