

NTS Screenshots

DMDC

OMB CONTROL NUMBER: 0704-NCTS

OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-NCTS, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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First page where a bracelet is scanned which is used through the evacuation to track the evacuee

190910_NTS_SeasideTraining
Italy


Evacuees Manifests Reports

Register Evacuee 123456

ID Name NEO Optional Contact Sponsor Pets Summary

Evacuee ID

Select barcode button to scan barcodes

 Barcode

Registration Location* Italy

Travel Groups Add to Travel Group

Evacuee ID* 123456

US Citizen Non-US Citizen

DoD Non-DoD

Restart Next Summary



Page where evacuee ID is scanned – see list of IDs that can be scanned

Register Evacuee

ID Name NEO Optional Contact Sponsor Pets Summary

Name

Select barcode button to scan barcodes

 <ANNA<HARIJ<<<<<  **Barcode**

Person ID Type*

Select a person ID type

- Social Security Number
- Passport
- Foreign Identifier
- U.S. Drivers License
- Electronic Data Interchange (EDI)
- Not Available

Person ID*

First Name*


Middle Name

Middle Name

Last Name*

Last Name

Date of Birth*

yyyyMmdd 

Gender*

Male Female Unspecified

Complete all fields with an asterisk (*)

Back Next Summary



Information about evacuee which is collected

Register Evacuee

ID Name NEO Optional Contact Sponsor Pets Summary

Name

Select barcode button to scan barcodes

 <ANNA<MARIJA<<<<<  [Barcode](#)


Person ID Type* U.S. Drivers License

Person ID* Person ID

First Name* First Name

Middle Name Middle Name

Last Name* Last Name

Date of Birth* yyyyMmdd 

Gender*

Complete all fields with an asterisk (*)

[Back](#) [Next](#) [Summary](#)

Additional information about the evacuee

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Evacuees Manifests Reports

Register Evacuee Bunny, Bugs

ID Name **NEO** Optional Contact Sponsor Pets Summary

Nationality*

Eligibility*

DoD Affiliation*

Complete all fields with an asterisk (*)

Back Next Summary

Option 1 Adult – Optional medical information to help receiving site be prepared

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Evacuees Manifests Reports

Register Evacuee Bunny, Bugs

ID Name **Optional** Contact Sponsor Pets Summary

Optional

Medical patient **Not a patient**

Special Needs

Wheel chair Pregnant Infirm Oxygen Service animal Mentally challenged Severe food allergy Translator

Additional Special Needs

Back Next Summary

Option 2 Minor – Optional medical information to help receiving site be prepared & whether the minor is accompanied or not

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Evacuees Manifests Reports

Register Evacuee

Bunny, Bugs

ID Name **Optional** Contact Sponsor Pets Summary

Optional

Accompanied by Adult Unaccompanied Child

Medical patient Not a patient

Special Needs

Wheel chair Pregnant Infir Oxygen Service animal Mentally challenged Severe food allergy Translator

Additional Special Needs

Back Next Summary

Mandatory is final destination, optional contact info for evacuee & if a minor then information for a travel & destination contact is required.

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Evacuees Manifests Reports

Register Evacuee Bunny, Bugs

ID ✓ Name ✓ Optional ✓ Contact ● Sponsor ● Pets ● Summary ●

Evacuee Contact Information

Phone **Mobile** Landline

Email

Final Destination

City*

State ▼

Country* ▼

Contacts


Name	Type
------	------

A destination contact is required for minors

If the evacuee is traveling with a pet, can have multiple

Add Pet for Bunny, Bugs ✕

Select barcode button to scan barcodes



Evacuee ID*

Type*

Name*

Microchip

Summary of data to review prior to registering the evacuee

Register Evacuee

ID Name Optional Contact Sponsor Pets Summary

Summary

Evacuee ID 123456	Person ID 123456789 (U.S. Drivers License)	Name Bunny, Bugs	Date of Birth 2018Aug18
Registration Location Italy	Final Destination LA, CA USA	Gender Male	Phone/Email 94791084091284
Nationality United States of America	Eligibility US citizen	Medical No	Special Needs None
		Affiliation No DoD Affiliation	Contacts Billy, Bob

Back Register