NTS Screenshots

OMB CONTROL NUMBER: 0704-NCTS OMB EXPIRATION DATE: XX/XX/XXXX

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

ID Name	NEO	Optional Contac	t Sponsor	Pets	Summary
• · · · ·	•				
Evacuee ID		Select barcode button to so	an barcodes		
	SAMPLE		Barcode		
Registration Location*	Italy		~		
Travel Groups	Add to Travel Group				
Evacuee ID*	123456				
	US Citizen	Non-US Citizen			
	DoD	Non-DoD			

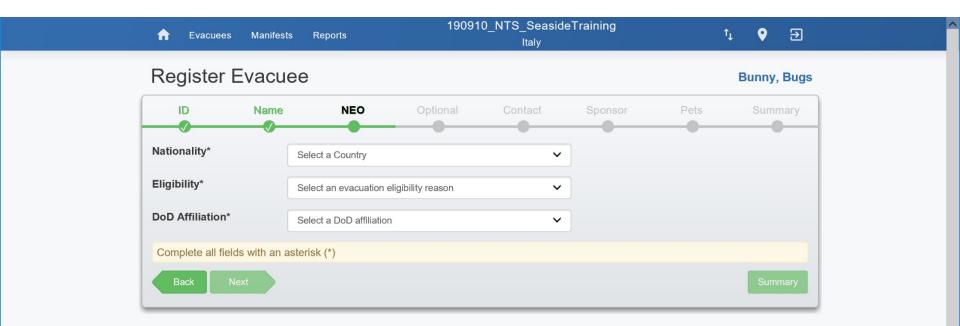
Page where evacuee ID is scanned – see list of IDs that can be scanned

	uuuuu						
ID	Name	NEO	Optional	Contact	Sponsor	Pets	Summary
Name			Select barcode	e button to scan ba	arcodes		
	SAM	<pre></pre> <pre><</pre>	SAMPLE		Barcode		
Person ID Type*	Sel	ect a person ID type ial Security Number					
Person ID*	Pas Fore	sport eign Identifier . Drivers License					
First Name*	Elec	tronic Data Interchar Available	ige (EDI)				
Middle Name	Mide	lle Name					
Last Name*	Last	Name					
Date of Birth*	уууу	'Mmmdd		Ē			
Gender*	Male	e Female Unsp	pecified				
Complete all fields y	with an antaria	Je (*)					
Complete all fields w	with an asterns	к ()					
Back Next							Summary

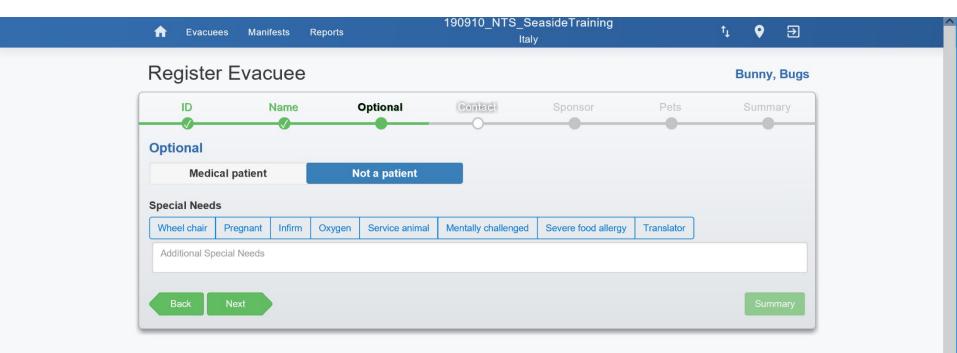
Information about evacuee which is collected

							12010
ID	Name	NEO	Optional	Contact	Sponsor	Pets	Summary
	-						
Name			Select barcode	e button to scan b	arcodes		
	s	<pre>4 A N N A < M A R I A < < 4 A N N A < M A R I A < < 4 P 0 8 0 6 1 F 9 4 0 6 2 3 4 </pre>	SAMPLE		Barcode		
Person ID Type	e* U.	S. Drivers License		~			
Person ID*	Pe	rson ID					
First Name*	Fir	st Name					
Middle Name	Mi	ddle Name					
Last Name*	La	st Name					
Date of Birth*	уу	yyMmmdd		i	I		
Gender*	Ma	ale Female Ur	nspecified				
Complete all fie	elds with an aster	isk (*)					
Back	Next						Summary

Additional information about the evacuee



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



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

register	Evacue	е					Bunny, Bu
ID	Name	Opti	onal	Contact	Sponsor	Pets	Summary
Optional				0	•	•	•
-	nied by Adult	Unaccomp	anied Child				
Medica	al patient	Not a	patient				
Special Needs							
Wheel chair	Pregnant Infin	m Oxygen Sei	rvice animal Me	entally challenged	Severe food allergy	Translator	
Additional Spe	cial Needs						

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

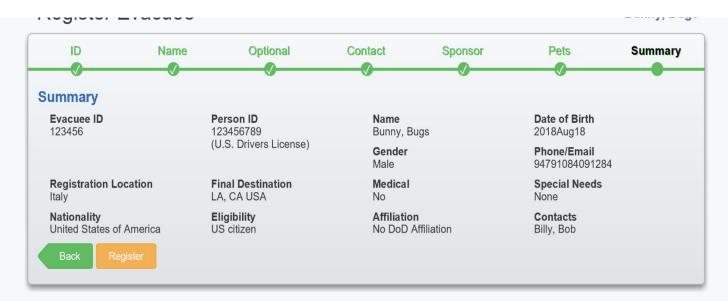
Degister						
Register I	zvacuee				Bunny, Bugs	
ID	Name Option	al Contact	Sponsor	Pets	Summary	
Evacuee Conf	act Information					
Phone	#######################################	Mobile Land	line			
Email						
Final Destinat	ion					
City*	City					
State	Select a state		~			
Country*	Select a country		~			
Contacts						
Name		Туре				
Add Contact	A destination contact	is required for minors				
Back N	lext				Summary	

If the evacuee is a DoD Dependent, this information provides their DoD Sponsor info

n Evacuees Manifes	ts Reports 19091	0_NTS_SeasideTraining ^{Italy}	†₊ 🔮 ∋
Sponsor	Sample CANNA< MARIA<	e button to scan barcodes Barcode	
Use Last Sponsor Remov	e Sponsor		
Person ID Type*	Select a person ID type	~	
Person ID*	Person ID		
First Name*	First Name		
Middle Name	Middle Name		
Last Name*	Last Name		
Date of Birth*	yyyyMmmdd	i	
Relationship*	Select Relationship to Evacuee	~	
Service Branch	Select Sponsor Service Branch	~	
Personnel Category	Select Sponsor Personnel Category	~	
UIC	UIC		
Complete all fields with an	asterisk (*)		
Back Next			Summary

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

A	Add Pet for Bunny	/, Bugs		×	Э
Re		Select barcode button to scan b	Barcode		Bugs
Pets	Evacuee ID*	Evacuee ID]		
Name	Type* Name*	Select a Type V Name]		
Add	Microchip	Microchip Number			hary
				OK Cancel	



Summary of data to review prior to registering the evacuee