

# 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.

Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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

190910\_NTS\_SeasideTraining  
Italy

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

190910\_NTS\_SeasideTraining  
Italy

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

190910\_NTS\_SeasideTraining  
Italy

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  Infirmit  Oxygen  Service animal  Mentally challenged  Severe food allergy  Translator

Additional Special Needs



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

190910\_NTS\_SeasideTraining  
Italy

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 a DoD Dependent, this information provides their DoD Sponsor info

190910\_NTS\_SeasideTraining  
Italy

Evacuees Manifests Reports

### Sponsor

Select barcode button to scan barcodes

 SAMPLE <ANNA<MARIA<<<<<  SAMPLE

**Person ID Type\***

**Person ID\***

**First Name\***

**Middle Name**

**Last Name\***

**Date of Birth\***

**Relationship\***

**Service Branch**

**Personnel Category**


**UIC**

Complete all fields with an asterisk (\*)

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

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

Back Register