



## DEPARTMENT OF THE NAVY

TRAINING SQUADRON NINE  
101 FULLER ROAD SUITE 221  
MERIDIAN MS 39309-5404

TRARONNINEINST 1306.1J  
N1  
17 Sep 12

### TRARON NINE INSTRUCTION 1306.1J

From: Commanding Officer, Training Squadron NINE

Subj: CHECK-IN AND CHECK-OUT PROCEDURES

Ref: (a) COMTRAWINGONEINST 1740.3F  
(b) TRARONNINEINST 1750.1F  
(c) TRARONNINEINST 5360.1C

Encl: (1) Check-In/Out Sheet – Staff Officer  
(2) Check-In/Out Sheet – Student Naval Aviator  
(3) Primary Next of Kin Questionnaire – Single Service Members  
(4) Primary Next of Kin Questionnaire – Married Service Members

1. Purpose. To set forth procedures for the check-in and check-out of squadron staff officers and student personnel.

2. Cancellation. TRARONNINEINST 1306.1H

3. Check-In Process:

a. Sponsor Coordinator. Upon receipt of Permanent Change of Station (PCS) orders for staff personnel, the Administrative Officer (AO) will ensure that a welcome aboard package is forwarded to the individual as per references (a) and (b). Training Air Wing ONE (TW-1) Student Control (STUCON) will provide similar information to Student Naval Aviators (SNAs).

b. Initial Check-In. When a new staff officer arrives at Training Squadron NINE (VT-9), he/she will report to the Administrative (Admin) Office. New SNAs must visit TW-1 STUCON first, then they will report to the VT-9 STUCON Officer.

c. Admin Office:

(1) Pass Liaison Representative (PLR). Will review the service record and will update the service member's Page 2 and SGLI election form (as applicable). Staff and Students will use Customer Service Desk (CSD) Meridian for all pay and travel issues.

(2) Check-In/Check-Out Sheets. Enclosure (1) and (2) will be completed (as applicable) and returned to Admin.

(3) Primary Next of Kin Questionnaire (PNOK). Enclosures (3) and (4) will be completed (as applicable) and will be returned to Admin where they will be placed in a combination safe. Admin staff has access to the safe and the PNOK will only be used in the event of an accident or other serious event, as per reference (c).

d. Executive Assistant. All staff and SNAs will report to the Commanding Officer's (CO) Secretary to complete a locator card. An appointment to visit with the CO and Executive Officer (XO) will also be made at this time.

4. Check-Out Process:

a. Staff Officer. Upon receipt of PCS orders for staff personnel, the PLR will complete the following with the assistance of PSD Pensacola.

(1) Overseas screening (as applicable).

(2) Security Clearance paperwork (as applicable).

(3) Advance Travel, Dislocation Allowance and other pay (as applicable).

b. SNA(s). Completing students will need to provide dates of last Fitness Report (FITREP) to Admin. Completing students are responsible for ensuring that their Security Clearance paperwork is complete no later than eight weeks prior to their projected winging date.

c. Check-In/Check-Out Sheets. Enclosures (1) and (2) will be completed (as applicable) and returned to Admin.

5. Action:

a. Admin Officer. Ensure compliance with this instruction by all reporting and detaching personnel.

b. STUCON Officer. Provide proper training for reporting SNAs to ensure that they utilize this instruction.

c. Class Advisor. Class advisors must ensure compliance with this Check-In and Check-Out instruction. Emphasize the importance of Government Credit Card Responsibilities, Officer FITREPs and Security Clearance responsibilities.



G. V. KRAUSE

Distribution:  
TRARONNINEINST 5216.1E  
List I, II

**CHECK-IN/CHECK-OUT SHEET – STAFF OFFICER**  
**\*(Upon completion, return to VT-9 Admin for filing)\***  
 (Complete all applicable sections)

<i>NAME</i>	<i>RANK</i>	<i>BRANCH</i>	<i>DATE REPORTED/TRANSFERRING (CIRCLE ONE)</i>

<i>IN</i>	<i>OUT</i>	<i>NOTES</i>
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***VT-9 EXECUTIVE ASSISTANT***

1. LOCATOR CARD			
2. CO/XO APPOINTMENT			

***VT-9 DUTY OFFICE***

1. NAME, PHONE# ON RECALL LIST			
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***VT-9 OPS ADMIN***

1. LOG BOOK			
2. STUDENT CONTROL (CLERK)			

***VT-9 SAFETY/NATOPS***

1. NATOPS JACKET/UP CHIT			
2. NATOPS MANUAL/PCL			
3. CHECK SWIM/PHYS			
4. PRT			

***VT-9 STAN***

1. STAN JACKET			
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***VT-9 PAO/OFFICER'S MESS/URINALYSIS***

1. OFFICER'S MESS DUES (\$125.00 NAVY/\$115.00 MARINE)			
2. NAME TAG(S)/PATCHES/MUGS			
3. HAIL AND FAREWELL DATA CARD			
4. URINALYSIS COORDINATOR			

***MEDICAL/DENTAL***

1. UP-CHIT/ANNUAL PHYSICAL			
2. MEDICAL RECORD			
3. DENTAL RECORD			
4. TRICARE			
5. WELLNESS NURSE			

***SECURITY/PASS & TAG***

1. FLIGHT LINE STICKER			
2. VEHICLE REGISTRATION			
3. FIREARMS REGISTRATION (IF REQ'D)			

\*\*\***PLEASE SEE REVERSE SIDE**\*\*\*

***CSD/PSD (Building # 362)***

1. DEERS ENROLLMENT FORM			
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***HOUSING OFFICE (718 Gill St. (In Pine Crest housing just off Allen Road))***

1. CHECK-IN/CHECK-OUT			
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***PARALOFT***

1. FLIGHT GEAR			
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***CTW-1 ADP (Hanger 1 Rm 2085, rear office in TIMS)***

1. NMCI			
2. IA TRAINING/TRANET ACCOUNT LOG-IN			
3. SECURITY CLEARANCE			

***VT-9 ADMIN***

1. GOVERNMENT CREDIT CARD			
2. NEXT OF KIN QUESTIONNAIRE			
3. DEFENSE TRAVEL SYSTEM			
4. STATEMENT OF UNDERSTANDING (GOVCC/AIR CARD)			
5. FITREP (NAVY)			
6. TRAVEL CLAIM/PG2/SGLI/ORDERS/LOSS ACTIVITY REPORT			
7. WEB ORDERS (MARINES)			
8. FORWARDING ADDRESS			
9. <b>THIS FORM TURNED IN!</b>			

FINAL STOP IS VT-9 ADMIN  
NOT OFFICIALLY CHECKED OUT OF THE SQUADRON UNTIL YOU SEE ADMIN!

ALL NEW MARINE CHECK-INS MUST SEE THE SENIOR MARINE PRIOR TO CHECK-IN COMPLETION

**CHECK-IN/CHECK-OUT SHEET – STUDENT NAVAL AVIATOR**

**\*(Upon completion, return to VT-9 Admin for filing)\***

*(Complete all applicable sections)*

<i>NAME</i>	<i>RANK</i>	<i>BRANCH</i>	<i>DATE REPORTED/TRANSFERRING (CIRCLE ONE)</i>

<i>IN</i>	<i>OUT</i>	<i>NOTES</i>
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***CTW-1***

1. STUDENT CONTROL			
2. NMCI			
3. IA TRAINING/TRANET ACCOUNT LOG-IN			
4. SECURITY CLEARANCE			

***VT-9 EXECUTIVE ASSISTANT***

1. LOCATOR CARD			
2. CO/XO APPOINTMENT			

***VT-9 STUDENT CONTROL***

1. CHECK-IN (STUCON OFFICER)			
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***VT-9 OPS ADMIN***

1. LOG BOOK			
2. STUDENT CONTROL (CLERK)			

***VT-9 SAFETY/NATOPS***

1. NATOPS JACKET/UP-CHIT			
2. NATOPS MANUAL/PCL			
3. CHECK SWIM/PHYS			
4. PRT			

***VT-9 PAO/OFFICER'S MESS/URINALYSIS***

1. MESS DUES (\$150 NAVY/INTERNATIONAL) (\$140 MARINES)			
2. NAME TAG(S)/PATCHES			
3. URINALYSIS COORDINATOR			

**\*\*\*PLEASE SEE REVERSE SIDE\*\*\***

**VT-9 ADMIN**

1. GOVERNMENT CREDIT CARD			
2. NEXT OF KIN QUESTIONNAIRE			
3. DEFENSE TRAVEL SYSTEM			
4. STATEMENT OF UNDERSTANDING (GOVCC/AIR CARD)			
5. FITREP (NAVY)			
6. FORWARDING ADDRESS			
7. WEB ORDERS (MARINE)			
<b>8. THIS FORM TURNED IN!</b>			

FINAL STOP IS VT-9 ADMIN  
NOT OFFICIALLY CHECKED OUT OF THE SQUADRON UNTIL YOU SEE ADMIN!

ALL NEW MARINE CHECK-INS MUST SEE THE SENIOR MARINE PRIOR TO CHECK-IN COMPLETION

PRIMARY NEXT OF KIN QUESTIONNAIRE (SINGLE)

This form is designed for single service members. It should be completed by the individual, signed and sealed in an envelope with his/her name printed on the envelope. The envelope will be maintained in the VT-9 Administrative Office. Only in the event of a death or serious injury of the bachelor will the envelope be opened to permit expeditious and efficient completion of the member's wishes. If a question does not apply, indicate with N/A.

1. Name: \_\_\_\_\_

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ Place of birth \_\_\_\_\_

DOB: \_\_\_\_\_ Local Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

a. Have you provided an updated copy of your Page Two to VT-9 Admin?  Yes  No

b. Have you provided an updated copy of your SGLI Form to VT-9 Admin?  Yes  No

2. Parent's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Other parent (if different) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

a. Would you like them notified by a Military Representative from their area or a relative/friend? If yes please provide following information. If no write N/A.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

b. Are there any medical considerations? \_\_\_\_\_

3. Other friends/relatives you would like notified by phone/telegram (if changes in girlfriend/boyfriend status occurs, ensure most current information is reflected here.)

a. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

- b. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Do you have a will? \_\_\_\_\_ Date: \_\_\_\_\_  
Location of will: \_\_\_\_\_  
Location of other documents (title papers, insurance, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are there any business transactions which will require attention (leases, contracts, mortgages, partnerships, etc.)? \_\_\_\_\_  
\_\_\_\_\_
6. Home key location/custodian: \_\_\_\_\_
7. Car (make, model, color, year, license number, location): \_\_\_\_\_  
\_\_\_\_\_
8. Location of personal effects (other than squadron): \_\_\_\_\_  
\_\_\_\_\_
9. Pet information: \_\_\_\_\_  
\_\_\_\_\_
10. In case of your death, what is your preference? (Circle One)
- a. Military Funeral
  - b. National Cemetery (Location: \_\_\_\_\_)
  - c. Burial at Sea
  - d. Cremation

e. Details of arrangements, if other (including names): \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRIVACY ACT STATEMENT: Authority to request this information is derived from Title 5 United States Code 301, Departmental Regulations. The principal purpose of the information requested is to enable competent authority to notify the Next of Kin in the event of death or serious injury. Completion of this form is completely voluntary; failure to provide required information may result in delay if notification of Next of Kin becomes necessary. This document does not become a permanent part of an official record.

PRIMARY NEXT OF KIN QUESTIONNAIRE (MARRIED)

This form is designed for married couples. It should be completed by the spouse with service member's assistance, signed by both wife and husband and sealed in an envelope with the service member's name printed on the envelope. Envelopes will be maintained in the VT-9 Administrative Office. Only in the event of death or serious injury will the envelope be opened to permit expeditious and efficient completion of the husband's/wife's wishes. Items 10, 12 and 13 need service member's input; remainder pertains essentially to spouse. If questions do not apply, please indicate with N/A. In the event of an accident involving the service member, an official call will be made to the spouse in person by either the squadron CO or his representative, and other persons you so designate on this form. If your spouse is not located in the local area, a representative from the nearest military installation will make notification in person.

1. Service Member Name: \_\_\_\_\_

Rate: \_\_\_\_\_ SSN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Rank: \_\_\_\_\_

a. Name and Dates of Last Two Commands: \_\_\_\_\_

b. Have you provided an updated copy of your Page Two to VT-9 Admin?  Yes  No

c. Have you provided an updated copy of your SGLI form to VT-9 Admin?  Yes  No

2. Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ SSN: \_\_\_\_\_

3. If spouse works, employer name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

4. Upon notification of death or injury to the service member:

a. Does spouse desire clergyman in attendance or notified?  Yes  No

(1) If so, Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

(2) Husband's faith: \_\_\_\_\_ Wife's faith: \_\_\_\_\_

b. Does spouse desire local friend/relative in attendance?  Yes  No

(1) If so, Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

5. Does medical condition of spouse warrant a physician's presence?  Yes  No

a. If so, Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

b. Is spouse taking any medication? \_\_\_\_\_

6. Names of children – Birth Date – \*School/Grade – Phone# - Special Medical Care:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

\* School, Day Care Center, Babysitter

7. Do you have medical Power of Attorney for children?  Yes  No

a. If so, who is listed? Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Children's doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

8. Should someone other than spouse provide temporary care for children? \_\_\_\_\_

Address/Phone#: \_\_\_\_\_

Location of medical Power of Attorney: \_\_\_\_\_

9. Are any children away at school or living elsewhere?  Yes  No

a. If so, is there a friend or relative in the area you would like the military to contact:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

\* Who is authorized to pick up children from school or daycare?

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

10. Parents/Relatives:

a. The Navy will contact service member's parents unless it has been specified otherwise. Do you wish the Navy to notify the service member's parents?  Yes  No

b. How does service member want parents notified?  By spouse  By military representative from their area  By relatives

If relative, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

c. Are there any medical considerations? \_\_\_\_\_

d. Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

e. If both parents involved, who should we contact immediately for child care status?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

f. Does the sponsor have a medical Power of Attorney?  Yes  No

Location: \_\_\_\_\_

g. Does the spouse have a medical Power of Attorney?  Yes  No

Location: \_\_\_\_\_

11. List names of friends/relatives other than the above, who should be notified by phone call or telegram. Who should notify the people below? \_\_\_\_\_

a. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

12. Preference for CACO (Casualty Assistance Calls Officer). Consideration must be given to availability of the person(s) named, for example, deployments, transfers and retirements. Husband and wife should discuss choices.

a. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

13. Service member preferences in event of fatal injuries: (Choose or add as desired)

\_\_\_\_\_

a. Military funeral, burial in National Cemetery, cremation, burial at sea, location of funeral, arrangements for funeral, eulogy/speakers, any funeral details. Use back if desired.  Check if more on back.

\_\_\_\_\_  
\_\_\_\_\_

b. In case of emergency involving spouse, please give the name of a friend or relative of the service member you would want to be with him/her or with the children at this time:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

14. In case of death of both husband and wife:

a. Location of Will: \_\_\_\_\_

b. Location of Insurance papers: \_\_\_\_\_

c. Location of Safe Deposit Box: \_\_\_\_\_

d. Executor(s) if desired: \_\_\_\_\_

e. Other family/child issues not previously discussed: \_\_\_\_\_

15. Pertinent pet information (name, type, location, temperament, boarding instructions, etc.):

16. Any other information or special desires which should be considered? \_\_\_\_\_

17. Signatures:

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

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Enclosure (4)