

This checklist encompasses all of the requirements for the USAFE and CENTAF Out-processing checklists

<b>Last, First, MI:</b>	<b>SSN:</b>	<b>ULN / Position #:</b> /	
	<b>Rank:</b>	<b>Proj TDY Dates:</b>	
		<b>TDY Length:</b>	
Squadron Level Processing Actions			DATE
			INITIALS
<b>Flight Mobility &amp; UDM</b> <i>FMM/FTM: verify TRAINING/QUALIFICATION (Weapons Qual., SABC, NBCD, Family Readiness, SATE tng, Force Protection Familiarization, LOAC) immediately schedule when required. Ensure VRED (DD Form 93), Dog Tags and Immunizations are current. Print/review/sign and date CAMS RIP (screen 593); place in members PRF. VERIFY ORM TRAINING COMPLETION</i>			
<b>PRP: PRP personnel MUST REPORT to the unit PRP monitor for a briefing. Ensure member signs the second (back) page to confirm briefing completion.</b>			
<b>OPR/EPR Manager/ Decoration Manager / DEROS Manager</b> <i>Ensure OPR/EPR and DEC writing responsibilities are current. Verify DEROS; members within 12-15 months of DEROS must complete "DEROS Option RIP" prior to departure</i>			
<b>Squadron Wingman Program Representative</b> <i>Contact your squadron representative with the name and squadron of your wingman</i>			
<b>Unit Fitness Program Monitor</b> <i>Verify testing will not expire while deployed. Copy of fit test score documentation in mobility folder. Deployment consultation completed by HAWC if poor or marginal.</i>			
<b>Unit Training Manager &amp; CSS</b> <i>Verify promotion testing eligibility and training status; Review individual OJT records for E6 and below</i>			
<b>Resource Advisor</b> <i>Activate members GTC; Coordinate TDY orders in FAST if required</i>			
<b>Unit Security Manager</b> <i>Verify if security clearance is required for deployment (Secret required for all TCN taskings)</i>			
<b>Unit Deployment Manager</b> <i>Validate TRAINING/QUALIFICATIONS and MOBILITY STATUS. Ensure TDY TASKING and MEDICAL/DENTAL CLEARANCE LETTER has been forwarded to (PRF) for validation and orders processing</i>			
Wing/Base Level Processing Actions			
<b>Medical/Dental Clearance</b> (ext. 5311) <i>(31<sup>st</sup> Med Group – Area 1)</i> <i>Contact Force Health Management for appointment availability</i> <i>NOTE: SF 600 needs to be accomplished in obtaining medical clearance to deploy.</i>			
<b>Local Area Threat Brief</b> <i>(OSI – old 16AF compound)</i> <i>Contact UDM to schedule if you are not going to receive the brief on the processing line.</i> <b>**MANDATORY FOR OVERSEAS DEPLOYMENTS**</b>			
<b>Accounting and Finance Office</b> (ext. 7365) <i>(31 CPTS)</i> <i>Report to local finance office for financial briefing; verify correct LES mailing address/EFT deposits</i>			
<b>Traffic Management Office</b> (ext. 5646) <i>(31 LRS)</i> <i>Members not traveling under group orders report to local Traffic Management Office. CED orders required</i>			
<b>Airman &amp; Family Readiness Center</b> (ext. 5407) <i>Pre-Deployment Briefing (31 MSS)</i> <i>Required for TDY &gt;30 days; Spouses encouraged to attend (Ref: Aviano O-Plan 36-3009) *** MORALE MINDER Policy ***</i> <b>**EVERY WEDNESDAYS AT 1300 FOR SINGLE AND 1330 FOR MARRIED...CALL TO REGISTER FOR CLASS**</b>			
<b>Supply</b> (ext. 7229) <i>(31 LRS – HANGAR 4)</i> <i>Coordinate/retrieve required special equipment (A, B and/or C bag); Base supply</i> <b>**MEMBER MUST HAVE CED ORDERS TO RECEIVE EQUIPMENT**</b>			
<b>Military Personnel Flight (MPF)</b> (ext. 7216) <i>Deployer acknowledges that SGLI premiums (maximum of \$400,000) for periods deployed in a combat zone are reimbursed by the government _____ Mbr's initials. MPF</i> <b>Customer Service - verify member's retainability, coordinate reenlistment/extension, verify Common Access Card, SGLI &amp; VRED match personal records. Ensure appropriate paperwork accompanies member if reenlisting at deployed location</b>			
<b>Legal Office</b> (ext. 7843) <i>Report to Legal Office for briefing (mandatory for all) (Legal)</i> <i>Coordinate Powers of Attorney/Wills if required</i>			
<b>Education Office</b> (ext. 5330) <i>(31 MSS)</i> <i>If enrolled in OFF-DUTY education, coordinate necessary actions while deployed; Not Applicable if not enrolled</i>			
USAFE Area of Operation (AOR)/Southwest Asia (SWA) Processing Actions			
<i>**Spain, Turkey, Italy, Germany, Saudi Arabia, etc. **</i>			
<b>AOR Reporting Instructions (Deployment Initial Briefing)</b> <i>(Internet based)</i> <i>General RI and Instructions specific to deployed location must be reviewed by member NLT 3 days after tasking notification. Can be accomplished at PRF or with UDM.</i> <i>Access/Review individual reporting instructions @ <a href="https://aefcenter.afpc.randolph.af.mil/reportinginstr.aspx">https://aefcenter.afpc.randolph.af.mil/reportinginstr.aspx</a></i> <i>Deploying Airmen are encouraged to read through this page as well:</i> <a href="https://aefcenter.afpc.randolph.af.mil/deployment.aspx">https://aefcenter.afpc.randolph.af.mil/deployment.aspx</a>			

**DEPLOYMENT PRP BRIEFING (Ref: AFI 36-2104, para 1.8.5.9)**

1. Monitor your own reliability and notify CC of any Personal Disqualifying Information (PDI).
2. Inform your CC of all health care received (medical, dental, counseling, etc) to include TDY treatment, except in cases of approved over the counter self-medication (if no side effects occur). If you require treatment from a civilian physician, provide copies of your health records for review at the servicing medical unit immediately.
3. Inform support agencies of your active PRP status before getting treatment or consultation.
4. Inform your certifying official or supervisor when co-workers appear to engage in situations that may affect reliability.
5. Ensure your reliability by staying physically competent, mentally alert, and technically proficient.
6. Notify CC when hypnosis is contemplated or if it has ever been administered.

**\*NOTE\***

**All PRP personnel must be debriefed by a squadron PRP manager within one duty day of return to Aviano Air Base**

Members Signature/Date

**Member must ensure they have the following items in their possession when processing/deployed**

- |   |  |   |
|---|--|---|
| <b>___ ID CAC Card (know PIN)</b>                   | <b>___ Copy of SGLI enrollment (if applicable)</b>                                   | <b>___ CAMS or Equivalent training rip to include:</b>    |
| <b>___ Line Badge (not expire w/deployed)</b>       | <b>___ TDY orders at least 15 copies on departure</b>                                | <b>(SABC, CWDT/NBC, LOAC, etc training dates)</b>         |
| <b>___ Passport/Visa (required YES / NO )</b>       | <b>___ Airline Tickets or Copy of Flight Itinerary</b>                               | <b>___ AF Fm 55 (Employee Health and Safety Rcd)</b>      |
| <b>___ Immunization Records</b>                     | <b>___ Government Travel Card (GTC; if issued)</b>                                   | <b>___ Geneva Convention Card (Medic/Chaplains)</b>       |
| <b>___ AF Form 522 (Small Arms Marksmanship)</b>    | <b>___ Drivers License GOV/Stateside/Int'l (as req'd)</b>                            | <b>___ **Eyeglasses and Inserts (if required)</b>         |
| <b>___ V-RED / DD Form 93 (Emergency Data Card)</b> | <b>___ Dog Tags (metallic with "AF" after SSAN)</b>                                  | <b>___ **Prescription Medication (sufficient for TDY)</b> |
| <b>___ Completed AF Form 245 (Locator Card)</b>     | <b>___ AF Form 623 OJT Record; (E-6 and Below)</b>                                   | <b>___ **Mobility Bag (A, B and/or C)</b>                 |
| <b>___ SATE Training Certificate</b>                | <b>___ CDC material (if in Upgrade Training)</b>                                     | <b>___ ** Yes/No – ATNAA Antidotes Required</b>           |
| <b>___ Gas Mask Fit Test Certificate</b>            | <b>___ Annual Fitness Test Score Report or</b>                                       | <b>(Circle one)</b>                                       |
| <b>___ DD Fm 2766 (Summary of Health Care - -</b>   | <b>Certificate (must not expire while deployed)</b>                                  | <b>___ Yes / No – Pretreated uniforms w/</b>              |
| <b>TDY's longer than 30 days)</b>                   | <b>___ Cultural &amp; Familiarization Training Cert.</b>                             | <b>Permethrin Repellent 72 hrs prior</b>                  |
| <b>___ AEF Identification Card</b>                  | <b>LINK: <a href="https://golearn.csd.disa.mil">https://golearn.csd.disa.mil</a></b> | <b>departure.</b>   |
| <b>___ Promotion Recommendation Ltr</b>             | <b>___ Level 1/Anti-Terrorism</b>  | <b>___ AFMAN 10-100 (Airman's Manual)</b>                 |

**These items preceded with an asterisk (\*\*) ARE NOT required "IN-HAND" when processing through PRF**

Member \_\_\_\_\_ DATE

Unit Deployment Manager \_\_\_\_\_ DATE  
Verified ALL items above complete & current

I certify that the named member of this unit is prepared for upcoming deployment.

**All required items listed in accordance with the AOR Reporting Instruction are in compliance.**

Commander \_\_\_\_\_ DATE  
(Printed and Signed)

Member has been briefed on all processing requirements and has completed all actions as identified on this document. Member has received all mandatory equipment, training and supply items required to support him/herself for the duration of their deployment. Member has been instructed on requirements to hand carry their ORIGINAL deployment checklist and surrender it to PERSCO upon arrival and in-processing at deployed location. Member's documents have been validated and member is ready to deploy.

PRF Representative \_\_\_\_\_ DATE