

AIR FORCE APPLICATION FOR COMMAND SPONSORSHIP FOR INCIRLIK AB

1. PERSONAL INFORMATION				
RANK/NAME		DOD ID		
AFSC		CURRENT UNIT		
Contact Phone		Contact Email		
1a. ASSIGNMENT INFORMATION				
PROJ UNIT		PROJ PASCODE		
RNLTD		PROJ ARRIVAL DATE		
2. DEPENDENT INFORMATION				
	Name	Sex	Age <small>(Must be 18+)</small>	Intent to Bring Y/N
DEPENDENT:				
DEPENDENT:				
<i>For more than 2 dependents, include an additional sheet with required information.</i>				
3. ADDITIONAL INFORMATION				
1. Are you military married to military?				
2. Are you coming from a consecutive overseas tour where you were unaccompanied?				
3. Will your family require housing with special needs capability?				
4. If divorced with children, has child custody been identified/stated in the divorce decree?				
5. Quality Force Indicator (QFI) Review (please document any administrative actions (LOC, LOA, LOR), disciplinary actions (Article 15), UIF/Control Roster, fitness assessment failures in past 24 months, etc.):				
_____ Losing First Sergeant's Signature / Date				
6. Additional justification (will be considered by the CSP approval authority) – please do not leave blank:				
4. ACKNOWLEDGEMENT STATEMENT				
I certify the information provided in this application is true and correct to the best of my knowledge. I also certify I am submitting a DD Form 1172, AF Form 965, & FMTS approval with this CSP Application.				
_____ Applicant's Signature / Date				
5. CURRENT ASSIGNMENT COUNSELOR INFORMATION (Inbound Members Only)				
MPF Counselor Rank/Name:				
MPF Counselor E-Mail:				
Organizational E-Mail Address:				
Incirlik AB CSP Organizational Inbox: 39fss.fspd.csp@us.af.mil				
6. ROUTING COORDINATION				
Gaining Commander:				
39 FSS Commander:				
39 ABW Commander:				