

# FT. BLISS OCONUS T-O1 STATEMENT

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

DOD: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Enterprise E-mail address: \_\_\_\_\_@army.mil

Emergency POC Name: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ )- \_\_\_\_\_ - \_\_\_\_\_

## TO-1 Statement

1. I will apply for voluntary retirement in lieu of PCS: ( ) YES ( ) NO
2. I will ( ) Accept ( ) Decline the Airborne Assignment ( ) N/A
3. I will comply with PCS assignment instructions: ( ) YES ( ) NO
4. I will apply for a Deletion or a Deferment: ( ) YES ( ) NO
5. I will ship if applicable ( ) or store ( ) my vehicle: Choose only one option
6. I am TDY en-route, have **family members** and elected TDY Option number: \_\_\_\_\_.
7. I will be traveling with a pet (cat/ dog): ( ) YES ( ) NO
8. I have a Government Travel Charge Card (GTCC): ( ) YES ( ) NO
9. Is your spouse a Mil spouse? ( ) YES ( ) NO Active Duty ( ) Reserve/ National Guard ( )
10. I elect to serve the following tour: ( ) With family member ( ) Without family members
11. If you elected to serve in an "All Other" or Dependent Restricted short tour and have family members but **will not** be taking them with you, select options that best applies to you:  
( ) Family will remain at Fort Bliss ( ) Family will relocate to a different location

List all authorized family members. Please provide the information below:

Names of Family Members	Relationship	DOB	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Exact address: (Street Address, City, State and Zip Code). NOTE: Your BAH will be based of this address.

\_\_\_\_\_  
Soldier's signature

Date: \_\_\_\_\_ MPD, Reassignments Rep Init: \_\_\_\_\_

REVISED VERSION MAY 22,  
2025, ALL PREVIOUS  
VERSIONS ARE OBSOLETE