

**MCAS BEAUFORT**

Office: 843-228-6000 /DSN 335-6000  
Fax: 843-228-6422/DSN 335-6422  
Email: [BEAUFORT\\_HOUSING@USMC.MIL](mailto:BEAUFORT_HOUSING@USMC.MIL)  
Mail: Military Housing Office  
P.O. Box 55012  
Beaufort, SC 29904

**MCRD PARRIS ISLAND/NAVAL HOSPITAL BEAUFORT**

Office: 843-228-2244/DSN 335-2244  
Fax: 843-228-3190/DSN 335-3190  
Email: [PARR\\_SMB\\_MCRDPI\\_HOUSING@USMC.MIL](mailto:PARR_SMB_MCRDPI_HOUSING@USMC.MIL)  
Mail: Commanding General Housing  
MCRD ERR  
P.O. Box 19001  
Parris Island, SC 29905

From: Military Housing Office (MHO) Staff  
To: Military Housing Applicant

Subj: HOUSING APPLICATION PACKET (MILITARY)

Thank you for your interest in housing. The following documents are required to complete your housing application packet and to be considered for referral to Tri-Command Communities (on-base housing). Please contact the appropriate Military Housing Office (listed above) for your duty station to receive a Housing Application Packet and to answer any questions you may have in regards to housing. Please send all documents to the MHO by email, fax, or mail. Please include a good phone number and/or email address where we may contact you.

**NOTE:** All documents **must** be received by the Military Housing Office to complete your application packet. If any documentation is missing or not completed your application **will not** be referred to Tri-Command Communities.

FORM	DATE MHO RECEIVED
Housing Application (Form DD 1746)	_____
Waitlist Government Funded Move information	_____
Registered Sex Offender Policy	_____
Acceptance of On-Base Housing Letter	_____
Privacy Act Release Form	_____
Pertinent Facts	_____
Pet Documentation Form with MCO 11000.22 CH 6 <i>Please include shot records, documentation of microchip &amp; photo of pet(s)</i> <i>NOTE: A photo is only required if the pet's record does not state breed name.</i>	_____
Web/Original detach orders	_____
Dependency Application from SRB/OQR	_____
Chronological Record from SRB/OQR (if not able to provide orders)	_____
Custody Paperwork for children from previous marriages (if applicable)	_____
Landlord Letter (if living off base)	_____
Pregnancy Verification Letter from Primary Care Manager (if applicable)	_____
General or Specific Power of Attorney (if applicable)	_____

o Must state the following paragraph:

**6. ...;to sign for and clear government or other housing in the best interests of my family members and in accordance with the law and military regulations.**

o Spouse must sign as follows:

**"Military Member's Signature" POA "Spouse's Signature"**

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				<b>1. TYPE SERVICE DESIRED</b> <i>(X one or both)</i>		
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL			
<b>SECTION I - APPLICANT INFORMATION</b>						
<b>2. NAME OF SPONSOR</b> <i>(Last, First, Middle Initial)</i>		<b>3. PAY GRADE</b>	<b>4. SSN</b>		<b>5. DOD COMPONENT</b>	
<b>6. ADDRESS</b> <i>(Street, City, State, Zip Code)</i>		<b>7. TELEPHONE NUMBER</b>		<b>8. STATUS OF APPLICANT</b> <i>(X one)</i>		
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>		<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		<b>9. MARITAL STATUS</b>		<b>10. I AM SEPARATED FROM MY DEPENDENTS</b> <i>(X one)</i>		<input type="checkbox"/> b. MILITARY SPOUSE
				<input type="checkbox"/> a. VOLUNTARILY	<input type="checkbox"/> b. INVOLUNTARILY	
<b>11. I REQUEST HOUSING FOR</b> <i>(X one)</i>			<b>SECTION II - MILITARY CAREER INFORMATION</b> <i>(Civilians skip to Item 15.)</i>			
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS		<b>14. DATES</b> <i>(Enter in YYMMDD order)</i>		<input type="checkbox"/> MILITARY APPLICANT	<input type="checkbox"/> MILITARY SPOUSE
<b>12. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>			a. EFFECTIVE RANK/RATE DATE			
			b. ACTIVE DUTY SERVICE COMPUTATION DATE			
			c. TIME REMAINING ON ACTIVE DUTY			
<b>13. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>			d. EFFECTIVE CHANGE IN DUTY STATION			
			e. REPORT DATE			
			f. ESTIMATED FAMILY ARRIVAL DATE			
<b>SECTION III - DEPENDENT DATA</b>						
<b>15. DEPENDENTS RESIDING WITH ME</b> <i>(If more space is needed, continue on plain paper.)</i>						
a. NAME <i>(Last, First, Middle Initial)</i>		b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
<b>SECTION IV - HOUSING DATA</b>						
<b>16. COMMUNITY HOUSING DESIRED</b> <i>(X as applicable)</i>						
<input type="checkbox"/> a. PURCHASE HOUSE			<input type="checkbox"/> d. RENT HOUSE	<input type="checkbox"/> g. RENT MOBILE HOME SPACE		
<input type="checkbox"/> b. PURCHASE CONDOMINIUM			<input type="checkbox"/> e. RENT APARTMENT	<input type="checkbox"/> h. SHARE		
<input type="checkbox"/> c. PURCHASE MOBILE HOME			<input type="checkbox"/> f. RENT MOBILE HOME	<input type="checkbox"/> i. RENT ROOM		
<input type="checkbox"/> j. ROOM AND BOARD			<input type="checkbox"/> k. SUBLET			
<input type="checkbox"/> l. TRANSIENT						
<b>17. AMENITIES DESIRED</b> <i>(X as applicable. Write number in d. and e.)</i>			<b>18. DATE HOUSING NEEDED</b> <i>(YYMMDD)</i>		<b>19. PRICE RANGE</b> <i>(Community Housing)</i>	
a. FURNISHED			e. NO. BATHS			
b. UNFURNISHED			f. PETS <i>(Allowed)</i>			
c. AIR CONDITIONING			g. OTHER <i>(Explain)</i>			
d. NO. BEDROOMS						
<b>20. LOCATION PREFERENCE</b> <i>(Community Housing)</i>						
<b>21. REMARKS</b>						
D.O.B. _____						
EMAIL: _____						
SPOUSE CELL _____						
<b>22. SIGNATURE OF APPLICANT</b>					<b>23. DATE SUBMITTED</b> <i>(YYMMDD)</i>	
<b>SECTION V - DISPOSITION</b> <i>(To be completed by the Housing Office.)</i>						
<b>24. MILITARY HOUSING</b>						
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>		c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>	
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>		g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>						
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.			
			<b>25. SIGNATURE OF APPLICANT</b>			<b>26. DATE SIGNED</b> <i>(YYMMDD)</i>

**APPLICATION FOR ASSIGNMENT TO HOUSING**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 5911 & 5912.  
**PRINCIPAL PURPOSE:** To identify customer needs for assistance and housing requirements.  
**ROUTINE USE:** None.  
**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in our inability to assist you.

**GENERAL INSTRUCTIONS**

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. **All items not listed are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

**1. TYPE SERVICE DESIRED**

**Military Applicants:** If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

**Civilian Applicants:** Mark the box "Housing Referral" services in Item 1b, and answer all questions.

**SECTION I - APPLICANT INFORMATION**

**5. DOD COMPONENT**

Army, Navy, Air Force, etc.

**6. ADDRESS**

Enter complete current address (*street number and name, apartment number, city, state/country and the 9-digit ZIP code*).

**12. INSTALLATION/ORGANIZATION TRANSFERRED FROM**

Enter the name of the installation you transferred from.

**13. INSTALLATION/ORGANIZATION TRANSFERRED TO**

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

**SECTION II - MILITARY CAREER INFORMATION**

**14. DATES (*Military Applications/Military Spouse Only*)**

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- a. Enter the date your current rate/rank was effective.
- b. Enter your active duty service computation date.
- c. Enter the time (*in months*) that you have remaining on active duty.
- d. Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- e. Enter your official report date (*from your PCS orders*).
- f. Enter your estimated arrival date.

**SECTION III - DEPENDENT DATA**

**15. DEPENDENTS RESIDING WITH ME**

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

**SECTION IV - HOUSING DATA**

**16 - 21.** Self-explanatory.

**22. SIGNATURE**

The applicant must sign the DD Form 1746.

**23. DATE SUBMITTED**

Enter the date the application was submitted to the Housing Office.

**SECTION V - DISPOSITION (*To be completed by the Housing Office*)**

**24. MILITARY HOUSING**

- a. **Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- b. **Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- h. **Date Unit Assigned.** Enter the date the unit was assigned.

**MCAS BEAUFORT, MCRD PARIS ISLAND & NAVAL HOSPITAL BEAUFORT  
WAITLIST & GOVERNMENT FUNDED MOVE ACKNOWLEDGEMENT**

\_\_\_\_\_  
RANK

\_\_\_\_\_  
LAST NAME, FIRST NAME

\_\_\_\_\_  
DATE

**PLEASE READ & INITIAL EACH SECTION AND SIGN & DATE AT BOTTOM**

**TO DO**

\_\_\_\_\_ MHO (Military Housing Office) is my first point of contact prior to signing an off base lease, and information for on base housing.

\_\_\_\_\_ Upon reporting to the Beaufort area, I must have my orders stamped/endorsed by the OOD at Headquarters Building #601 MCAS Beaufort, OOD at Naval Hospital, or my Command at MCRD Parris Island, AND give a copy to MHO within 30 days of reporting.

**WAITLISTS**

\_\_\_\_\_ I acknowledge the Beaufort area has an on base waiting list and on base housing may not be readily available when needed. I understand MHO (Military Housing Office) provides both on and off base resource information for rentals and temporary lodging. I need to apply ASAP.

\_\_\_\_\_ I understand I will be added to the appropriate waitlist for my rank and bedroom entitlement based on control date. My control date, is the date of detachment from my last permanent duty station, using detachment endorsement (stamped orders) if I report to MHO within 30 days of reporting to my new command. Otherwise, my control date will be date of completed application including all required documentation.

\_\_\_\_\_ I will remain on the waitlist until the first available unit in my paygrade and bedroom entitlement becomes available. Once I am offered a unit, if I choose to decline, I am removed from the waitlist and must wait 30 days to reapply.

\_\_\_\_\_ I can request to be placed on the Inactive Waitlist if I am unable to accept housing due to an off base lease. It is my responsibility to contact MHO to have my application reactivated and moved to the appropriate active waitlist.

\_\_\_\_\_ Depending on availability, I can be offered a home in Laurel Bay (1000+ units), Parris Island (200+ units) or Naval Hospital (50+ units). There are not separate waitlists for these areas.

**GOVERNMENT FUNDED MOVES**

If housing in my rank and bedroom entitlement is not available, and I have to move off base, then I am entitled to a government funded move onto base if:

\_\_\_\_\_ I report to MHO with a copy of my endorsed orders and apply for housing within 30 days of reporting to my Beaufort area Command **AND**

On base housing in my category is not available **AND**

I must accept the first offer for housing in my paygrade and minimum bedroom category.

\_\_\_\_\_ If I decline my first offer for housing, I forfeit my government funded move.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MCAS BEAUFORT/MCRD PARRIS ISLAND  
MILITARY HOUSING OFFICE

**Registered Sex Offender Policy  
Prohibited Occupancy and Access to Family Housing**

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**Specific Objective:** To comply with prohibited Registered Sex Offender occupancy and access to USMC Family Housing policy stipulated in the following directives:

- A. SECNAV Memo of 07 Oct 2008 -- "Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy"
- B. CMC I&L Policy Letter of 31 Dec 2008 – "Registered Sex Offenders Prohibited Occupancy and Access to Marine Corps Government-Owned, Leased, or Privatized family Housing"

**Disclosure Statement:** Information provided is for public safety disclosure purposes in accordance with the Sex Offender Registration and Notification Act (SORNA), (P.L. 109-248), and to check names against national/ state sex offender registries.

**Family Housing Applicant Action:**

1. Are you or any member of your family for whom you seek authorized housing under this application a sex offender as defined in the enclosure, or required to register as a sex offender? (circle one)

**YES**

**NO**

**Note: If you answered "Yes", your application will be referred to the Installation Commander and Legal for processing.**

2. CERTIFICATION OF APPLICANT

I hereby certify that my response contained herein is true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

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

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

MCAS BEAUFORT/MCRD PARRIS ISLAND  
MILITARY HOUSING OFFICE

\_\_\_\_\_  
DATE

From: \_\_\_\_\_

RANK

NAME

To: Commanding Officer, Marine Corps Air Station Beaufort

Subj: **ACCEPTENCE OF ON-BASE HOUSING - RENTAL PAYMENT**

1. I understand that by accepting on-base housing prior to checking into this Command that I will pay rent equal to Basic Allowance for Housing (BAH) at my current command rate.

2. For MCAS Beaufort and MCRD Parris Island, payments will automatically be deducted by the MCAS/MCDR Military Housing Office.

\_\_\_\_\_  
SIGNATURE

**MCAS BEAUFORT/MCRD PARRIS ISLAND  
MILITARY HOUSING OFFICE  
PRIVACY ACT RELEASE FORM**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the Marine Corps Public-Private Venture Partner, Atlantic Marine Corps Communities at Tri-Command, for purposes of placement on the family housing waiting list and placement in a public-private venture home. I also authorize release of information from AMCC at Tri-Command to the MHO.

**I understand that if I am not Active Duty, it is necessary to conduct a Landlord, Credit and Criminal Background check as part of my qualification for housing; therefore I authorize Atlantic Marine Corps Communities at Tri-Command permission to conduct the additional screening. I also authorize release of my dependents names to the Provost Marshall Office for the purpose of providing my dependents access to the Pine Grove and Laurel Bay housing areas.**

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Signature

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Name (please print)

Date:

## **PERTINENT FACTS CONCERNING HOUSING AT MCRD PARRIS ISLAND**

1. The personnel of the MCRD Parris Island Military Housing Office welcome you to the Beaufort area and hope to make your tour of duty as enjoyable as possible. We would like to list a few items of importance:

A. Your eligibility for housing is determined by your housing application and supporting paperwork (i.e., detaching/reporting orders, dependency application, and custody papers if necessary). The Military Housing Office must have ALL paperwork before you sign a lease with Atlantic Marine Corps Communities at Tri-Command. Your control date is determined by the date your completed application is received. This office strictly adheres to both USMC and MCRD Parris Island orders in determining where you will be placed on the list. Each waiting list has a "frozen zone", which is the top 10 (ten) percent or top 3 (three) names, whichever is granted by the MCRD Parris Island Command. Until your name appears within the frozen zone it is possible that you could be "bumped" by someone with a control date prior to yours. Personnel are placed on the waiting list using their control date, rank and number of dependents. If your rank or numbers of dependents change while on the wait list or in housing please notify the Military Housing Office. These changes could affect your place on the wait list or if in housing could affect your bedroom requirement. TIME FRAMES GIVEN FOR THE WAITLIST AND ASSIGNMENT TO HOUSING ARE SUBJECT TO CHANGE. ESTIMATES ARE MADE BASED ON PAST HISTORY OF PERSONNEL TURNOVER. OTHER FACTORS DO COME INTO PLAY SUCH AS MAJOR REPAIR PROJECTS AND OTHER UNCONTROLLABLE SITUATIONS.

**B. Be sure that you make the decision as to whether or not your spouse will be authorized to accept housing should you be TAD, deployed or on leave. Your spouse must have a power of attorney and provide a copy to the Housing Office prior to signing a lease with Atlantic Marine Corps Communities at Tri-Command. You may be placed on the inactive list if you are in a lease, selling a home, etc. If called for housing and you do not want housing at that time, you must request to be placed on the inactive list or your application will be discarded.**

C. If you accept housing before you check into your command a Privatized Housing Deduction will begin upon your move-in date. The rate for rent will be equal to you duty station from which you detached. Once you check-in to you command and start receiving the Beaufort BAH rate, your rent will be equal to the Beaufort BAH rate you are receiving. If you are newly married and have not started BAH with IPAC you may be required to pay out of pocket until your PPV deduction is set-up with IPAC. \_\_\_\_\_ Int.

D. Keep in mind that acceptance to on-base housing WILL NOT allow you to break a lease in town. Read your lease agreement carefully, and if you have questions contact Legal Assistance, 228-2559. MOST RENTALS IN TOWN REQUIRE A 30 DAY WRITTEN NOTICE TO VACATE.

E. Once assigned to housing, Atlantic Marine Corps Communities at Tri-Command must be notified of any guests visiting with you. You must have their name, SSN, date and

place of birth, permanent address, relationship and dates of visit before inquiring with the Atlantic Marine Corps Communities at Tri-Command Community Center on Parris Island for a visitor's pass. The request must be filled out prior to your guest's arrival. If your guests are visiting for 15 days or less, a visitor's pass will be issued. If a pass is requested for more than 15 days, the request must be approved via Administrative Action (AA) Form or Special Request Chit through your chain of command.

F. Any extended absence from housing must be reported to AMCC at TriCommand. You will need to provide a leave address, emergency telephone number and name of person who will be taking care of your home while you are absent. THIS IS IMPORTANT for maintenance issues, hurricane evacuations and Provost Marshal occurrences.

**G. Once assigned to adequate housing per Department of Navy standards, relocation requests will only be accepted under the following circumstances: change in rank, change in number of dependents, custody of additional dependent or foster care (6 months or per year), change in marital status, permanent departure of dependents, or live-in care provider. \_\_\_\_\_ Int**

## **HOUSING REGULATIONS YOU SHOULD BE AWARE OF PRIOR TO OCCUPANCY**

1. Parking in housing has been a serious problem. Vehicles must be parked on the driveway NOT ON THE GRASSED AREA. If you have several vehicles be aware that parking in housing is limited. There is a recreational vehicle parking area for boats, campers, etc. located on Laurel Bay and one on MCRD Parris Island operated through MCCS. Space and key information for the RV Lot located on Laurel Bay can be provided by personnel at the TCC Welcome Center or your area Residence Services Coordinator. Information for the RV Lot operated by MCCS can be obtained by calling 843-228-1592.

**2. PETS: Regulations allow only 2 (two) domestic pets per household in Atlantic Marine Corps Communities at Tri-Command. Written approval must be obtained from the Military Housing Office and Atlantic Marine Corps Communities at Tri-Command, prior to moving a pet into the home. Residents are required to provide documentation of vaccinations and license before permission is granted. Pets are neither to run free nor be tied or chained nor to become a nuisance to other residents. LEASH LAW ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privilege. MCRD Parris Island Veterinarian, 228-3317. \_\_\_\_\_ Int.**

We sincerely hope that the above information will be helpful regarding housing occupancy. Please feel free to call the Military Housing Office, 228-2853, if you have any questions.

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Signature/Date

**MCRD PARRIS ISLAND  
MILITARY HOUSING OFFICE  
PET DOCUMENTATION FORM**

**Instructions:** If you do not have a pet, complete 1 & 5. If you have a pet, complete 1, 2, 3, & 4 and provide current pet's rabies vaccine and microchip records from your veterinarian with your housing application package.

1. RANK/FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**3. PET #1**

NAME: \_\_\_\_\_ TYPE OF PET:  DOG  CAT  FEMALE  
 OTHER \_\_\_\_\_ SEX:  MALE

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

RABIES TAG NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ FUNCTIONING  YES  NO

**PET #2**

NAME: \_\_\_\_\_ TYPE OF PET:  DOG  CAT  FEMALE  
 OTHER \_\_\_\_\_ SEX:  MALE

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

RABIES TAG NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ FUNCTIONING  YES  NO

4.  I have read and understand **MCO 11000.22 CH 6 dtd 11 Aug 09** and acknowledge my pet(s) are not on the restricted breed list and I will comply with all the provisions of the MCO noted above to include registration of the pet(s) via the Parris Island Veterinarian Clinic.

5.  I currently do not have a pet. However, I acknowledge if I wish to obtain any type of pet, I must notify the Military Housing Office **PRIOR** to obtaining and bringing the pet to my housing unit.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE COMPLETED BY PARRIS ISLAND VETERINARIAN**

I certify the above pet(s) **DO** meet the requirements of MCO 11000.22 CH6 dtd 11 Aug 09.

I certify the above pet(s) **DO NOT** meet the requirements of MCO 11000.22 CH6 dtd 11 Aug 09. Reason for non-compliance:  breed restricted

vaccinations are not up to date

non-functioning or no microchip in pet

other \_\_\_\_\_

VETERINARIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_