



NSA Naples Area Orientation Booklet





Welcome,

We would like to officially welcome you to Naples, Italy and to our Area Orientation (AO) Program! Our AO team at NSA Naples, along with our sponsors, are here to help you with your transition into the community. This packet will provide you with pertinent information and assist you in having the necessary paperwork and information that you will need to make this transition smooth and efficient.

At Area Orientation, you will have in-person subject matter experts present the important services and organizations here at NSA Naples. There will also be an AO Fair where numerous additional organizations will be available for questions and clarification regarding volunteer options and various available services through non-governmental organizations. Please review the schedule that is distributed one week before your scheduled AO briefing, and take your time to fill out all paperwork located in your packet so you are well prepared to turn them in at Area Orientation. Also, work with your assigned sponsor to discuss logistics in advance of your move. Let us know if you're having any issues connecting with your sponsor and we can help!

AO will commence at the time specified on the attached schedule, over the course of 3 days.

The location for AO will be at the MWR Movie Theater on Support Site, near the NEX food court.

If you have any questions, comments, or concerns, please reach out to your sponsors or our Area Orientation team. We are located on the Italian first floor of the Navy Lodge at Fleet and Family Support Center (FFSC) open Mon. to Fri. from 0730-1600. Thank you and welcome to Naples!

AO OFFICE DSN: [314-629-6945](tel:314-629-6945); [+39-081-811-6945](tel:+39-081-811-6945); AO DUTY CELL: [+39-335-848-4641](tel:+39-335-848-4641)

AO COORDINATORS EMAIL: nsanaplesao@us.navy.mil

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*Important forms for Day 2 of AO

PRE-ARRIVAL CHECKLIST (Before Naples)

1. Read and understand your orders. Ask your chain of command if you need help.
2. Connect with your sponsor. Let us know if you're having issues with not being assigned a Sponsor: nsanaplesffsc@us.navy.mil.
3. Obtain your tourist passport if you are planning to live on the economy or travel. Passports are required for a Codice Fiscale. Those arriving without a passport, will not be able to sign a lease.
4. Dependents: Start Visa Process.
5. Ensure your U.S. driver's license is valid or obtain a valid driver's license before arrival

Please check the Area Orientation, Pre-Arrival page on the CNIC website for some of the things you can work on before even getting to Naples:



- PETS: Getting your pet(s) registered.
- PO BOX: Obtain your PO Box before you arrive. This will be needed to obtain a "codice fiscale", which is required while you live in Italy
- CHILD CARE
- SCHOOL: If you have children to enroll in school, whether on/off base, connect with the School Liaison Office
- HOUSING: Depending on whether you plan to live on or off base, get started now in finding your new home in Italy!
- BANKING NEEDS: Start now on establishing an account, which will allow you to have access to funds for housing deposits, etc. In order to proceed with a move to housing on the economy move, it is suggested that the newcomer be prepared to provide a cash deposit for their rental agreement.
- OMBUDSMAN: Living overseas can be challenging for all, including family members. Make sure you are connected with your ombudsman before arrival, which will help you ask questions now that will help your transition process. See details below.

Have AO Questions? EMAIL: nsanaplesao@us.navy.mil

POST-ARRIVAL CHECKLIST (once in Naples)

- Transportation from the Airport
- Area Orientation Briefs
- Sojourner Permit
- Codice Fiscale
- Child Care and Youth Programs
- School Registration
- Pet Registration
- Vehicle Registration
- Fuel Card
- Driving Overseas
- Finding a Home

Please check the Area Orientation, Post-Arrival page on the CNIC website to get more info:





NSA NAPLES AREA ORIENTATION

BRIEFS ARE HELD AT THE SUPPORT SITE THEATER IN CIVILIAN ATTIRE



AO Coordinators:

Cell #: +39.335.848.4641

FFSC #: 081.811.6945/314.629.6945

Email: nsanaplesao@us.navy.mil

DAY ONE

LOCATION: **THEATER**

07:45 Area Orientation Check-In
Area Orientation Schedule Review
CO/XO Welcoming Remarks
MWR
Emergency Management
NCIS
OPSEC
RLSO **SEE NOTE 1**
BREAK
FFSC
Intercultural Relations
LUNCH BREAK
NSA Security Crime Prevention
VET Clinic

AO PACKET

END OF DAY 14:00



DAY TWO

LOCATION: **THEATER**

07:45 Area Orientation Check-in
NPHE/Environmental
US Naval Hospital/TRICARE Introduction
Religious Ministries
NSA RESOURCE FAIR
LOCATION: **NEX FOOD COURT**
Housing **SEE NOTE 2**
Personal Property
Residential Service
Sojourners drop-off
LUNCH BREAK
Driver's Safety
MVRO Brief/
Driver's Test **SEE NOTE 3**

AO SURVEY



END OF DAY 14:00

DAY THREE

LOCATION: **BUS STOP "C" IN FRONT OF NAVY LODGE**
0745-1430 CULTURAL ASSIMILATION TRIP (DODI 5160.7)



NSA NAPLES AREA ORIENTATION

BRIEFS ARE HELD AT THE SUPPORT SITE THEATER IN CIVILIAN ATTIRE



CIVILIAN US HIRES must report to their respective HRO Dept. no later than the start of the next business day after ROM arrival or at the date and time previously coordinated with the HRO office.

NOTE 1 SOJOURNER'S PERMIT IS **ONLY FOR EACH** Navy/Marine Corps DEPENDENT, AND ALL DOD, HRO, U.S. HIRES AND THEIR DEPENDENTS. **UNACCOMPANIED ACTIVE DUTY DO NOT NEED IT.**

For the **SOJOURNER'S APPLICATION**, you will need:

- 2x passport photos (within the last 6 months) – NEX Customer Service
- 2x Photocopy of No Fee Passport Page
- 1x Photocopy of No Fee Visa Page
- 1x Copy of Sponsor's Orders

SOJOURNER'S PERMIT processing for all AIR FORCE and ARMY spouses/ family members will be completed via the Provost Marshall's Office at JFC.

SOJOURNERS: BY APPOINTMENT EMAIL RLSO:

napleslegalassistance@us.navy.mil

NOTE 2 HOUSING will brief for all personnel Unaccompanied **E5 and above** who will be living on/off base. Attendance is mandatory for them.

HOUSING PAPERWORK: Please bring a COPY OF PCS ORDERS and a COPY OF PASSPORT PHOTO PAGE of the sponsor

NOTE 3 For the **DRIVER'S APPLICATION** you will need:

AFI Driver's License Application filled out, Driver's license acknowledgement consent form, 'ALCOHOL AND YOU' QUIZ and ONE COPY of STATESIDE DRIVER'S LICENSE (FRONT ONLY).

You must attend the MANDATORY Driver's Safety and MVRO brief prior to taking the Driver's License test, NO BRIEF=NO LICENSE. ****You must be on time for the Driver's Safety Brief****

IMPORTANT

*****BRING THE FOLLOWING WITH YOU TO AREA ORIENTATION ON DAY 2*****

3 COPIES OF YOUR PCS ORDERS
COPY OF YOUR U.S. DRIVER'S LICENSE
COPY OF YOUR PHOTO PAGE FROM PASSPORT (ONLY FOR SOJOURNERS)
AREA ORIENTATION PACKET

REQUIRED COPIES CAN BE OBTAINED AT THE
FLEET AND FAMILY SUPPORT CENTER (FFSC).

- All active duty military are required to apply for TRICARE and shall provide a COPY of PCS ORDERS.
- PO BOX Registration – 1x copy of sponsor's orders

DAY 3 NOTES:

-Muster at the Support Site bus stop "C" by the fire station.

-The cost of public transportation and meals during the AO field trip is at the attendee's expense; at least 20 Euros CASH per participant recommended.

-The AO field trip attendees should be able to participate in a rigorous uphill walk. No children under 13 years of age are permitted on the trip. The FFSC will organize a separate family trip to accommodate our younger clients.

-Casual attire, comfortable shoes, and a water bottle are highly recommended. Antiterrorism measures will be observed at all times.



NAVY LIFE NAPLES APP

APPLE

ANDROID





DOCUMENTS REQUIRED

COPIES ARE FREE AT FLEET AND FAMILY SUPPORT CENTER LOCATED ON THE 1ST
FLOOR OF THE NAVY LODGE (OPEN: 0730-1600 M-F)

AFI DRIVER'S LICENSE:

ALL OF THESE DOCUMENTS MUST BE **HAND DELIVERED** TO THE MVRO OFFICE

DRIVERS LICENSE APPLICATION, ALCOHOL AND YOU, DRIVERS LICENSE
CONSENT FORM

1 X PHOTOCOPY OF VALID STATESIDE DRIVER'S LICENSE (FRONT ONLY)

SOJOURNER'S APPLICATION REQUIREMENTS FOR PERSONNEL ASSIGNED TO NAVY/ MARINE CORPS COMMANDS:

The following documents are needed for every Navy/Marine Corps **DEPENDENT, AND ALL DOD, HRO, U.S. HIRES, AND THEIR DEPENDENTS FOR SOJOURNER'S APPLICATIONS** (not necessary if you are European Citizen Dependent):

2 x PASSPORT SIZED PHOTOS (NEX CUSTOMER SERVICE PROVIDES THIS SERVICE)

2 x PHOTOCOPY OF NO FEE PASSPORT PAGE and official language page next to it

1 x PHOTOCOPY OF MISSION VISA PAGE

1 x COPY OF SPONSOR'S ORDERS

1 x COPY of HOUSING LEASE AGREEMENT or HOTEL INVOICE if you are staying in the Province of Naples. Not applicable if you live in the Province of Caserta.

IMPORTANT: If you choose to reside elsewhere (e.g., province of Salerno, Avellino, Benevento or outside the Campania Region), you will have to apply on your own at your local Immigration Office having jurisdiction over your city. ALSO EURAFCENT CANNOT FILE FOR YOU.

SOJOURNER'S PERMIT applications for all U.S. AIR FORCE and U.S. ARMY family members and DOD personnel assigned to JFC will be completed at the Provost Marshall's Office at JFC by the Carabinieri located in the INVESTIGATION OFFICE Building A6, Room 341, POC:
Claudio.DEVINCENTIS@jfcnp.nato.int

P.O. BOX REGISTRATION:

1 x COPY OF SPONSOR'S ORDERS

HOUSING APPLICATION:

1 x PHOTOCOPY OF SPONSOR'S PASSPORT PHOTO PAGE

1 x COPY OF SPONSOR'S ORDERS

1 x COPY OF SPONSOR'S ORDERS

TRICARE REGISTRATION:



NSA Naples

Stay Informed at NSA Naples!



@NSANaples

ATHOC

The ATHOC system is used for community notification of emergent events, disasters, and causes for caution. Anyone in the Naples area (sponsors & dependents) can register for ATHOC to receive these updates.



[Sign up - ATHOC](#)

Naples Navigator

The Naples Navigator is a monthly digital newspaper containing important base wide information and news. For direct email subscription, send an email to

nsanaplespao@us.navy.mil



[Naples Navigator](#)

Navy Life Naples App

The NSA Naples app is your one stop shop for essential information and your companion to navigate the Naples area. The app is available for download on Google Play (Android) and IOS (Apple)



[Google play](#)



[IOS](#)

NSA PAO Notes

Non-emergency information sent by the Public Affairs Officer (PAO) directly to your emails via your triad/leaders. If you do not receive NSA PAO Notes, inform your leadership to contact the NSA Naples PAO: nsanaplespao@us.navy.mil

NSA Naples Website

Installation website where you can find information about NSA Naples by department, read about our mission and leadership, and find all types of resources including legal, instruction, environmental, veterinary, and more.



[NSA Naples Website](#)

Monthly Basewide Events Newsletter

Your one-stop-shop for all events happening at the installation. This includes events from MWR, Fleet and Family Center, Red Cross, and more. Access at the top of the latest edition of the [Naples Navigator](#).



[Monthly Events Newsletter](#)

AFN: Armed Forces Network

Naples 97.3 FM The Eagle provides local, live radio programming. AFN GO is also available via the AFN GO mobile app.



[AFN Naples 97.3](#)

Town Hall

Taking place at Support Site, Town Halls are facilitated once a quarter to address community questions and concerns. The event is always livestreamed on the [NSA Naples Facebook Page](#). See the date for next event in latest edition of the [Naples Navigator](#)

Pizza with the CMC

This is an opportunity for E1-E6 single servicemembers to share thoughts, ask questions and get feedback from leadership with a complementary lunch. See the date for next event in latest edition of the [Naples Navigator](#)

ICE: Interactive Customer Evaluation

The Interactive Customer Evaluation (ICE) system is a web-based tool that collects feedback on services provided. This is how we get feedback from YOU to make improvements.



[Submit an ICE](#)

Coffee with the Skipper

Geared toward spouses, Coffee with the Skipper offers a unique opportunity to connect with NSA Naples leadership, share insights, and discuss community matters - all over a fresh cup of coffee in good company. See next event date in latest edition of [Naples Navigator](#)

AO/ INDOC: Area Orientation

Mandatory orientation for all personnel PCSing to Naples where critical information about Naples, the NSA Naples installation, and more are shared. Get the basics about navigating life in Naples! See the date for next event in latest edition of the [Naples Navigator](#)

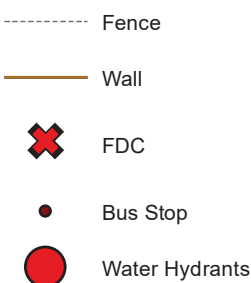
- 2000-2146; 2300-2305 - Housing
2052/2056 - Navy Lodge Villas
2057 - Elementary School
2058 - High School
2059 - School Cafeteria
2060 - Pass & ID
2065 - Child Development Center (CDC)
2070 - Telecom Switch Building
2071 - Fire Station
2072 - Village Forum East:
Library, USO, Community Center,
Student Activity Center, Chaplain Offices
Housing Assignment Office (On Base)
2072A - Village Forum Central:
Chapel
2072B - Village Forum West:
Navy Lodge, Eat TF, Village Forum Cafe,
NEX Minimart, Laundromat, FFSC, HRO,
EDIS Clinic, NCIS, Command Suite
2073 - Housing Welcome Center (Off Base)
2074 - MVRO, Zurich
2075 - Public Works Department (PWD)
2076 - MWR Hobby Shop
Autobay, Outdoor Rec, Carwash
2077 - Armed Forces Network (AFN)
2079 - Emergency Management Warehouse
2078 - MWR Warehouse
2080 - Security Training Building
2081 - POV Processing Center

- 2081C - Gas Station
2082 - Hospital
2084 - Grounds Building
2085 - Radio Tower
2086 - Hospital Energy Building
2087 - Bachelor Enlisted Quarters (BEQ)
Single Sailor Liberty Center
2088 - Vet Clinic
2088A - NMCRS Thrift Store
2089 - Fit Forum and Pool
2090 - Bowling Alley
Pub, Striker's Grill
2091 - Retail Center:
NEX, Food Court, Post Office, Theater
Navy Federal Credit Union, ATMs,
Residential Services, MWR ITT, Car Rental
Flower Shop, Barber, Dry Cleaners, Vodafone
Optics, Pack & Wrap Gift Shop, Recruiter
2091A - Commissary
2092 - NEX Autoport
2093 - Back Gate

Unaccompanied Housing
"Triangle"



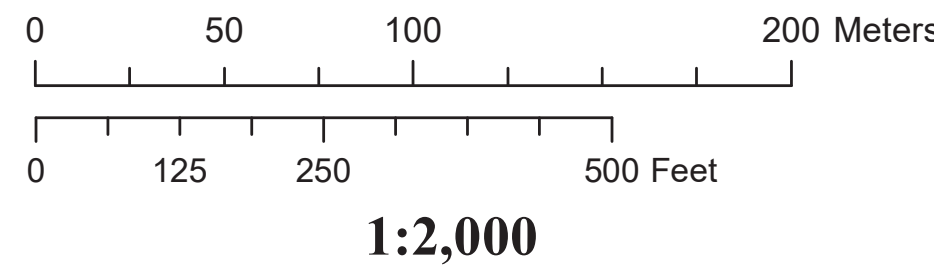
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GeoReadiness Center Contact:
Comm: +39 081-568-4408
DSN: 314-626-4408



Playground	Building
Blue square	General Service
Grey square	US Navy
Green square	
Light green square	

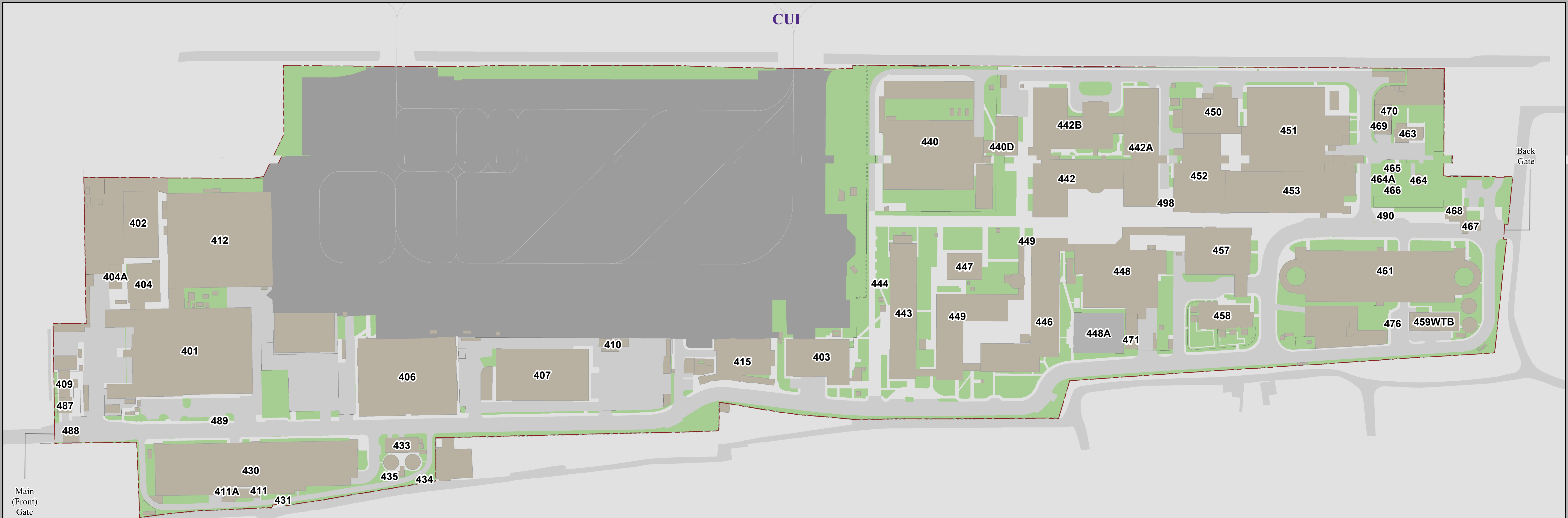


NSA NAPLES SUPPORT SITE



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data contained in this map, nor does it attest to any spatial
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401	SUPPLY WAREHOUSE	433A	ELECTRICAL SUBSTATION	451	GYM / POOL
401A	ELECTRICAL SUBSTATION	433B	FIRE PROTECTION WATER TANK	452	NAVY EXCHANGE
402	GENERAL SUPPLY WAREHOUSE	433C	FIRE PROTECTION WATER TANK	453	CAPO INN (LIB/THEATRE/CHAPEL)
403	FIRE & SECURITY	434	POTABLE WATER PUMP STATION	457	MEDICAL / DENTAL CLINIC
404	COLD STORAGE FACILITY	435	HYDRAULIC PUMP HOUSE	458	CHILD DEVELOPMENT CENTER
404A	SUPPLY SHIPPING OFFICE	435A	FIRE PROTECT WATER TANK (UNDERGROUND)	459WTB	WATER TREATMENT PLANT
406	AIRCRAFT HANGAR #2	440	C4I	461	EAST PARKING GARAGE
407	PUBLIC WORKS FACILITY	440D	ALARM CONTROL CENTER	461A	SEWAGE PUMP STATION
409	ENEL SWITCH STATION	441	ELECTRICAL SUBSTATION #6	463	KENNEL
411	NAVY SWITCH STATION	442	ADMIN I	463A	ELECTRICAL SUBSTATION
411A	ELECTRICAL SUBSTATION	442A	ADMIN II	464	SMALL ARMS MAGAZINE
412	AIR CARGO TERMINAL / 6TH FLEET BAND	442B	ADMIN III	464A	SNIFF KIT MAGAZINE #3
415	AIR PASSENGER TERMINAL	443	BACHELOR HOUSING (BEQ I)	465	SNIFF KIT MAGAZINE #1
416	SUBSTATION #1	444	MOBILE CAFÉ BAR	466	SNIFF KIT MAGAZINE #2
417	AIR TERMINAL GATE / SENTRY HOUSE	446	BACHELOR HOUSING (BEQ III)	467	EAST GATE HOUSE
423	FIRE / RESCUE STATION	447	MARINE GENERAL PURPOSE BLDG	468	PASS AND ID @ EAST GATE
426	UEPH #1	447A	ELECTRICAL SUBSTATION	469	CASWELL MOBILE FIRING RANGE
428	ALARM CONTROL CENTER	448	FOOD COURT	470	CASWELL MOBILE FIRING RANGE STORAGE
430	WEST PARKING GARAGE	448A	BASKETBALL & TENNIS COURTS	476	FILLING STATION
433	FIRE PUMP HOUSE	449	CAPO INN II	487	PASS AND ID @ WEST GATE
433A	ELECTRICAL SUBSTATION	450	CONSOLIDATED CLUB	488	WEST GATE HOUSE

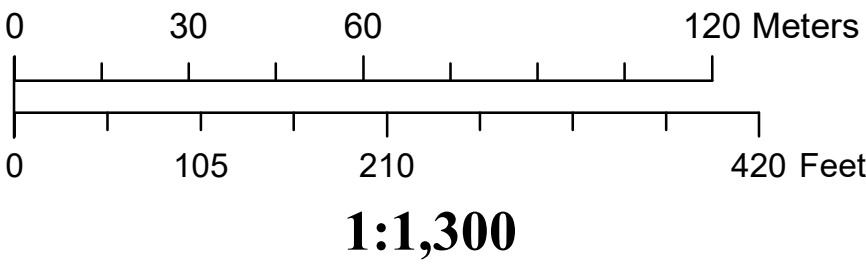


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Installation
Building / Structure
Recreation Site
Airfield Surface
Road Section



NSA NAPLES Capodichino



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NAVSUPPACT SHUTTLE BUS SYSTEM

Effective date:
01 September 2024

Single sailors living in the barracks and PCS transiting personnel have boarding priority. All others ride space available only.

MONDAY TO FRIDAY (US WORKDAYS)												WEEK-ENDS & US HOLIDAYS					
LEAVE S.SITE	ARRIVE Bus	ARRIVE CAPO	LEAVE CAPO	ARRIVE Bus	ARRIVE S.SITE	LEAVE S.SITE	ARRIVE Bus	ARRIVE JFC	LEAVE JFC	ARRIVE Bus	ARRIVE S.SITE	LEAVE S.SITE	ARRIVE Bus	ARRIVE CAPO	LEAVE CAPO	ARRIVE Bus	ARRIVE S.SITE
0530	2	0555	0530	1	0600							0530	1	0600	0600	1	0630
0610	1	0645	0600	2	0630							0645	1	0715	0730	1	0800
0610	1A	0645	0650	1	0720	0720	3	0750				0800	1	0830	0900	1	0930
0630	2A	0700										0930	1	1000	1230	1	1300
0645	2	0715	0730	2	0800							1330	1	1400	1515	1	1545
0710	1A	0745	0900	1	0930							1545	1	1615	1730	1	1800
0725	1	0800	1030	1	1100							1900	1	1930	2100	1	2130
0800	2	0835	1300	1	1330	1100	1	1130	1135	1	1215	2130	1	2200	2330	1	2400
0935	1	1015	1505	1	1535												
1220	1	1300	1535	2B	1615				FRIDAY ONLY								
1335	1	1415	1615	1	1650				1515	3	1545						
1535	1	1615	1615	1A	1650				MON - THURS ONLY								
1650	1	1730	1645	2	1710				1715	3	1745						
1715	2	1745	1730	2B	1800												
1805	2B	1845	1830	1	1915												
1935	1	2010	2100	1	2130												
2130	1	2200	2200	1	2240												
2300	1	2330	2330	1	2400												

BUS STOP LOCATIONS:

Capodichino (Three stops): Passengers exit next to the west garage after 8am inbound only - NGIS at all times - Supply at curb cutout by west gate after 8am outbound only.

JFC (Two stops): Passengers exit on the first roundabout at third exit adjacent to the JFC Main Complex - Passengers board the bus on the parking lot adjacent to the Motor Pool.

Support Site (Six stops): Bus Stop F just behind single sailors housing - Bus Stop A at the West end of Main Entrance road - Bus Stop B across from CDC on main road as you exit - Bus Stop D at the NEX - Bus Stop E at the Hospital - Bus Stop C at TLA . All departure times on schedule are from single sailor housing (Bus Stop F).

PLEASE, NO STANDING ALLOWED DUE TO SAFETY REGULATIONS.

Be at the desired bus stop 10 minutes PRIOR to the departure time to avoid missing the bus - No eating or drinking on the bus please!

FOR YOUR OWN SAFETY, PLEASE REVIEW THE SAFETY BROCHURE POSTED AT EACH BUS STOP PRIOR TO UTILIZING THE BUS SERVICE



For questions or concerns please contact PWD Transportation
at 337 124 7413 (BUS QAE) or 337 127 4659 (TRANS OPS) or 081-568-6866 (TRANS BRANCH HEAD)
You may e-mail us at: shuttlebusnaples@eu.navy.mil



Fleet and Family Support Center Handy Dandy Phone Listing

UPDATED: Nov 2023							
COMMERCIAL PREFIXES		HOUSING		EMERGENCY		OTHER NUMBERS	
JFCN	081-721	After-hours trouble calls	626-5547	Emergency DSN 911 Comm./Cell	081-568-4911	Air Terminal	626-5369
Capodichino DSN 626	081-568	Assignments	629-4468	Non-Emergency	081-568-38/5639 DSN 626-5638-5639	AFN (S.S)	629-6915
Carney Park NO DSN	081-526	On Base Housing	629-4930	Carabinieri 112 Polizia 113 Italian Fire Dept. 115		American Red Cross	626-4788
Gricignano(S.Site) DSN 629	081-811	Off Base Housing	629-4466	NSA Qrtd. 626-5547 Ital. Ambulance 118		CACO - Casualty Assistance	626-8215
Gricignano(S.Site) NO DSN	081-813	Unaccompanied On Base	629-4696/4143	MEDICAL FACILITIES		CMVRO (Support Site)	629-6876/4050/6890
Help Desk one net	626-HELP	Gricignano Warehouse	629-4242	Appointments (SS)	629-6000	CMVRO (CAPO)	626-2831/2832/4454
CHILD & YOUTH PROGRAMS		Housing Maintenance	629-4246	Appointments (Capo)	626-4786	Commissary	629-4871/4879/4872
CDC Capodichino	626-5116	Trouble Desk	629-4285/4286	USNH Quarterdeck	629-6006	Community Bank (Capo)	081-635-5301/2/4/5
CDC Gricignano (Support Site)	629-4989	LODGING		Medical Homeport	629-6271	Defense Service Office	626-3131
Youth Center/SAC	629-4722	Navy Gateway	626-5250	USNH Chaplain	629-6451	Zurich Car Insurance	629-6568
Teen Center	629-4395	Navy Lodge Comm.	081-813-3443	Dental Clinic (Capo)	626-4644	Environmental	626-6644
Youth Sports	629-4725	Navy Lodge DSN	629-6289	Dental Clinic (S.Site)	629-6007	Fire Prevention (CAPO)	626-6627/6626
School Liaison Officer	629-6549	BEQ (S.Site)	629-4123	EDIS Clinic	629-4676	Fire Prevention (Support Site)	629-4487
SCHOOLS		NAVY EXCHANGE MALL		Emergency Room	629-6150	Hazmat/Hazwaste	626-6643
Naples Elementary	0444716613/646-6613	Main Store/Customer Serv.	081-813-5372	Information Desk	629-6155/6006	HRO (Human Resources) Capo	626-5409
Naples Middle/High	0444716796/646-6796	Phone Shop S.Site	081-979-9137	Immunizations	629-6867	Navy Federal Credit Union	629-4887/8/9
UMGC	626-6673/6675	Auto Port	629-4957	Capo Information Desk	626-5311	Navy & Marine Corps Relief	626-3913
		Barber/Beauty Shop (SS)	081-502-7349	Mental Health	629-6306	NCIS	626-6002
		Ciro's Gourmet Shop	329-782-0156	MSU/Inpatient Ward	629-6471	OPSEC Support Team	626-4460
MWR		KFC-A&W-Taco Bell	081-813-2045	OB/GYN	629-6404	Pass & ID (Support Site)	629-4264
Auto Hobby Shop	629-4971	Europcar S.Site	629-4172	Patient Admin	629-6293	Pass & ID (Capo)	626-4955
Bowling Alley	629-6976/4900	NEX Depot (Capo)	626-6722	Physical Therapy	629-6183	Passport Office /NAVPTO	626-3295/4321
Carney Park Pool	081-526-2140	Electronics	081-813-5353	Radiology	629-6168	Personal Property	629-6778/6819/6950
Support Site Pool	629-6513	Flower Shop	081-813-2104	Tricare Admin Office	629-6330/6331	TSC/PSD ID Cards (Capo)	626-4390/5825
Carney Fitness	081-526-1579	Frame Shop	349-616-8117	Lab	629-6190	Post Office (Capo)	626-5371
Fit Zone (Capo)	626-4266	Gourmet Shop	320-827-7659	EFMP Coordinator	629-6332	Post Office (S. Site)	629-4336
Fit Forum (S.Site)	629-6604	Europcar Capo	626-5298	Pharmacy	629-6225	POV Lot	629-6522
Golf Course	081-526-4296	Janz Medical Supplies	081-813-2012	Optometry	629-6386	RAPIDS (CAPO)	626-5632/2940
Library (Capo)	626-3666	Military Autosource	629-4187	Billing	629-6510/6129	Region Legal Services (RLSO)	626-4576
Library (S.Site)	629-4361	Optical Shop	081-502-7113	RELIGIOUS SERVICES		Region Support Center Naples	626-2940
Liberty Program S.S.	629-4192	Pack & Wrap	081-502-7751	Chaplains (Capo)	626-3539	Religious Education Coordinator	629-4616/4617
Liberty Program Capo	626-4896	Residential Services	081-813-5321	Chaplains (S. Site)	629-4600	SATO (Capo)	081-599-2613/2616
MWR ITT (Capo)	626-4330	Residential Services	081-813-5319	Chaplain Duty Phone	366-680-5972	Pass & ID	629-4264
MWR ITT S.S.	629-7907	Residential Services	081-813-5357	CREDO	626-5255	Non-Emergency (Capo)	626-5638/5639
FLEET & FAMILY SUPPORT		Subway	081-502-7578			Security (Capo)	626-2207
Front Desk/Class Sign Up	629-6372	Tailor Shop (Capo)	626-4279			Security (Support Site)	629-4269
VA Representative	629-4896	Tailor Shop (SS)	081-502-7353			Tax Free Products Office	626-5439
School Liaison Officer	629-6549	Mini Mart (S.Site)	629-6583			Thrift Shop	629-4200
Retiree Services	629-6372	Mini Mart (Capo)	626-4274			Traffic Safety Office	626-3147/5594
Sexual Assault Helpline	335-640-6621					USO Capo	626-5713
FFSC (Gaeta)	626-8354					USO Support Site	629-4903
Area Orientation	629-6945					Veterinary clinic	629-7913
Relocation Manager /EFMP	629-6372					WIC Overseas	629-4962
						Navy Recruiting	629-4087
Important Numbers for Newcomers						Vehicle Processing Center	629-6522/6768
						Emergency Management	626-5240/5057
						Navy Passenger Transportation/NAVPTO	626-4321

CUI
APPLICATION FOR ALLIED FORCES ITALY (AFI) DRIVERS LICENSE
Please print legibly! All dates in MM/DD/YY format!

SPONSOR'S INFORMATION:

LAST, FIRST, M.I.	NATIONALITY	BRANCH OF SERVICE
COMMAND	DATE OF BIRTH (MM/DD/YY)	DOD ID NUMBER
RATE/RANK	ARRIVAL DATE (MM/DD/YY)	ROTATION DATE (MM/DD/YY)
DUTY PHONE	HOME PHONE	E-MAIL ADDRESS
HAVE YOU PREVIOUSLY BEEN STATIONED IN ITALY? YES NO IF YES: WHEN/ WHERE _____		
BASE AT WHICH THEY WILL BE WORKING _____ (i.e. Capodichino, Support Site, JFC, etc.)		

DRIVERS LICENSE INFORMATION: (Fill in ALL blanks, even if YOU are the sponsor.)

FULL NAME _____
(LAST, FIRST, M.I.) YOUR NAME AS INDICATED ON YOUR U.S. DRIVERS LICENSE

STATE OF ISSUE _____ U.S. LICENSE NUMBER _____

EXPIRATION DATE _____ GLASSES REQUIRED? ☐ YES ☐ NO
(MM/DD/YY)

MOTORCYCLE ENDORSEMENT AND SAFETY COURSE COMPLETION DATE _____
(MM/DD/YY)

BRANCH OF SERVICE _____ APPLICANT'S DOD ID: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(MM/DD/YY) (City, State, Country) **DO NOT ABBREVIATE**

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ARE YOU A FAMILY MEMBER? ☐ YES ☐ NO YOUR RELATION TO SPONSOR _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN ADVISED THAT THE AFI DRIVERS LICENSE IS VALID FOR OPERATION OF A MOTOR VEHICLE IN ITALY WHEN ACCOMPANIED BY A VALID UNITED STATES DOD / UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD. I UNDERSTAND AND AGREE THAT SHOULD I BE FOUND GUILTY OF RECKLESS OR DRUNK DRIVING, MY DRIVING PRIVILEGES MAY BE REVOKED OR SUSPENDED BY ADMINISTRATIVE ACTION, THUS PROHIBITING ME FROM OPERATING ANY MOTOR VEHICLE WHILE IN ITALY.

SIGNATURE OF APPLICANT _____ DATE _____

NOTES:

1. You **must** be at least 18 years of age and you **must** already possess a valid driver's license in order to apply for and/or receive U.S. Forces in Italy Motor Vehicle Operator's License.
2. Please attach a copy of your valid US driver license to this application.
3. Contractors are required to provide a copy of the Logistical Support Letter prior to the issuance of a U.S. Forces in Italy Driver's License.

CUI

100 Liters of GOVERNMENT GAS RATION Allocation

When you pass the test and receive the driver's license you are authorized 100 liters of "G" ration fuel. The "G" ration card will be picked up at the Residential Services office. The temporary card will be good for the month it is issued.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3012; AR 340-1804; AFR 12-35; SECNAV 52115; Italy Tri-Component Regulation (USAREUR Reg 550-32; CINCUSNAVEURINST 5840.2D; USAFEI 36-101), Agreement Between the Parties to the North Atlantic Treaty regarding the Status of Their Force (NATO SOFA), Italian Presidential Decree Number 495, Article 402, Italian Constitution, Part X, Section 1, law number 241.

PRINCIPAL PURPOSE(S): To assist authorities in determining eligibility for motor vehicle registration under the authority of the U.S. Forces in Italy; to facilitate host nation civil jurisdiction and to monitor compliance with U.S. and Italian law and regulation regarding compulsory third party liability insurance and driver's licensing requirements.

ROUTINE USES: The routine uses of this application are to provide basic information necessary in the preparation and evaluation of requests for U.S. Forces in Italy Motor Vehicle Licensing and registration of motor vehicles under the authority of the U.S. Forces. In addition, information provided may be exchanged with the private insurance company you indicate as the insurer of your motor vehicle to ensure compliance with mandatory insurance requirements. Further, information will be shared with local law, for juridical relevant purposes.

DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration of your request for a U.S. Forces in Italy Motor Vehicle License and AFI motor vehicle registration services.

CONSENT: By your signature above and submission of this Driver License Application form you are providing your consent (1) for us to exchange information with your motor vehicle liability insurance company; (2) for your insurance company, as identified on the application, to provide information to us regarding the continued validity of your policy and (3) release relevant information to local authorities and individuals consistent with and to the same extent as such information is releasable under local national law.

CUI

Alcohol and You

The legal Blood Alcohol Content (BAC) limit for driving a vehicle in Italy, Spain, and Greece is .05 whereas it is .00 in Bahrain. Both figures are significantly lower than in the US where it is .08. In order to promote the safe use of alcohol and to raise your awareness of how you may be impacted by the new BAC limit, you are required to complete the following quiz prior to the issuance of a NATO driver's license.

Use the attached charts to answer the BAC questions. If you do not drink alcohol at all, then please use this test to educate yourself because your awareness could save another person's life someday.

1. I am a *male/female* (**circle one**). I weigh _____ pounds. My BAC will exceed the legal limit of .05 if I consume _____ drinks in **1 hour**. (*Use only the Step #1 chart for this question*) In fact, each drink raises my BAC by approximately .02% whereas each hour that passes only lowers it approximately .015% (.012 to .017), therefore even if I only consume 1 drink per hour, my BAC will continue to increase until I stop drinking. _____ (**Initial here**)
2. If I drink 5 drinks in 5 hours, my BAC at the 5 hour mark will be _____, and it will take another _____ hours before I am below .05 BAC. (*Use both the Step #1 and Step #2 charts for this question*)
3. If I drink 8 beers/glasses of wine over 5 hours while out with friends (less than 2 drinks per hour), my BAC at the 5 hour mark will be _____, and it will not be below .05 BAC for another _____ hours. Worst of all, if I started drinking at 9pm and finished drinking at 2am, then I will not be 100% sober until _____ am/pm the next day? (*Use both the Step #1 and Step #2 charts for this question*)
4. The effects of alcohol may be increased by many factors so even when your BAC is below .05 you are still at risk of car accidents, or arrest. In fact, research has demonstrated that sober drivers suffering fatigue perform as poorly as drunk drivers. Operating a motor vehicle after 11pm gets increasingly more dangerous due to fatigue and the body's natural sleep/wake cycles so you should never drive with any alcohol in your system late at night. _____ (**Initial here**)
5. Alcohol also should not be consumed when taking *prescription medications/over the counter medications/Both* (**circle one**). The combination of medicine with alcohol could create compound effects which would make the BAC calculations above worthless. In fact, I could be arrested for DUI simply due to the effects of the medicine without any alcohol.
6. Tolerance is a person's ability to consume alcohol without feeling its effects. However, tolerance does/does not (**circle one**) change a person's actual BAC from the calculations above. Therefore, a high tolerance may result in poor judgment when deciding to drive because it causes a false sense of sobriety. Lastly, developing a high tolerance to alcohol can be a sign of regular heavy use or abuse of alcohol which could lead to addiction or other health issues. _____ (**Initial here**)
7. Women absorb and metabolize alcohol differently than men; in general women have less body water to dilute alcohol and smaller quantities of the enzyme dehydrogenase which breaks down alcohol in the stomach than men of similar weight, therefore a woman will absorb about 30% more alcohol than a man of the same weight. _____ (**Initial here**)
8. The Center for Disease Control and the National Institute for Alcohol Abuse and Addiction (NIAAA) define moderate drinking as consuming no more than 2 drinks per day for men and 1 drink per day for women. Furthermore, they define heavy drinking as 5 or more drinks per day for men and 4 or more for women. Lastly, binge drinking is defined as consumption that causes BAC to exceed .08 in a two hour period. **What category do you usually fit in?** To learn more about the impact of your normal alcohol consumption patterns visit <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm> or <http://www.niaaa.nih.gov/alcohol-health/alphahols-effects-body>

Need help? Contact your command DAPA or visit the installation Substance Abuse Rehab Program

Based on my calculations here, I have a good idea of how alcohol affects me personally. Therefore, I will strive to consume alcohol in responsible moderation, and **I will not drink and drive!**

Name _____ Date _____ Signature _____

Follow this two step process to determine your BAC for a given amount of alcohol over different periods of time.

STEP #1: Find your approximate BAC for total consumption in 1 hour						
Men (total BAC chart)						
	140lbs	160lbs	180lbs	200lbs	220lbs	240lbs
1 drink	0.03	0.02	0.02	0.02	0.02	0.02
2 drinks	0.05	0.05	0.04	0.04	0.03	0.03
3 drinks	0.08	0.07	0.06	0.06	0.05	0.05
4 drinks	0.11	0.09	0.08	0.08	0.07	0.06
5 drinks	0.13	0.12	0.11	0.09	0.09	0.08
6 drinks	0.16	0.14	0.13	0.11	0.1	0.09
7 drinks	0.19		0.15	0.13	0.12	0.11
8 drinks	0.21	0.19	0.17	0.15	0.14	0.13
9 drinks	0.24	0.21	0.19	0.17	0.15	0.14
10 drinks	0.27	0.23	0.21	0.19	0.17	0.16

STEP #2: Adjust you BAC for consumption over time												
Use the BAC from the Gender/Weight table to find your start on the 1 hour line, then move down the chart to adjust for time												
Question 2	Question 3											
Start here->	9-10pm	0.050	0.060	0.080	0.090	0.100	0.110	0.120	0.130	0.150	0.170	0.200
2 hours	11pm	0.038	0.048	0.068	0.078	0.088	0.098	0.108	0.118	0.138	0.158	0.188
3 hours	Midnight	0.026	0.036	0.056	0.066	0.076	0.086	0.096	0.106	0.126	0.146	0.176
4 hours	1am	0.014	0.024	0.044	0.054	0.064	0.074	0.084	0.094	0.114	0.134	0.164
5 hours	2am	0.002	0.012	0.032	0.042	0.052	0.062	0.072	0.082	0.102	0.122	0.152
6 hours	3am		0.000	0.020	0.030	0.040	0.050	0.060	0.070	0.090	0.110	0.140
7 hours	4am			0.008	0.018	0.028	0.038	0.048	0.058	0.078	0.098	0.128
8 hours	5am				0.006	0.016	0.026	0.036	0.046	0.066	0.086	0.116
9 hours	6am					0.004	0.014	0.024	0.034	0.054	0.074	0.104
10 hours	7am						0.002	0.012	0.022	0.042	0.062	0.092
11 hours	8am							0.000	0.010	0.030	0.050	0.080
12 hours	9am								0.000	0.018	0.038	0.068
13 hours	10am									0.006	0.026	0.056
14 hours	11am										0.014	0.044
15 hours	Noon										0.002	0.032
16 hours	1300											0.020
17 hours	1400											0.008
		RED - Illegal to drive		YELLOW - Legal but potentially impaired				GREEN - Sober				

NOTE: The metabolism rate of .012 is a conservative estimate and is utilized in the Navy's smartphone application Pier Pressure*. You can also visit www.bloodalcoholcalculator.org to become more familiar with how your typical consumption affects your blood alcohol.

* *Pier Pressure* is a Navy Smartphone App that contains multiple tools including a BAC calculator and taxi service locator. Download it from the Apple App store or the Google Play Store.

Follow this two step process to determine your BAC for a given amount of alcohol over different periods of time.

STEP #1: Find your approximate BAC for total consumption in 1 hour						
Women						
	90lbs	100lbs	120lbs	140lbs	160lbs	180lbs
1 drink	0.05	0.05	0.04	0.03	0.03	0.03
2 drinks	0.1	0.09	0.08	0.07	0.06	0.05
3 drinks	0.15	0.14	0.11	0.1	0.09	0.08
4 drinks	0.2	0.18	0.15	0.13	0.11	0.1
5 drinks	0.25	0.23	0.19	0.16	0.14	0.13
6 drinks	0.3	0.27	0.23	0.19	0.17	0.15
7 drinks	0.35	0.32	0.27	0.23	0.2	0.18
8 drinks	0.4	0.36	0.3	0.26	0.23	0.2
9 drinks	0.45	0.41	0.34	0.29	0.26	0.23
10 drinks	0.51	0.45	0.38	0.32	0.28	0.25

STEP #2: Adjust you BAC for consumption over time												
Use the BAC from the Gender/Weight table to find your start on the 1 hour line, then move down the chart to adjust for time												
Question	Question 3											
Start here	9-10pm	0.050	0.060	0.080	0.090	0.100	0.110	0.120	0.130	0.150	0.170	0.200
2 hours	11pm	0.038	0.048	0.068	0.078	0.088	0.098	0.108	0.118	0.138	0.158	0.188
3 hours	Midnight	0.026	0.036	0.056	0.066	0.076	0.086	0.096	0.106	0.126	0.146	0.176
4 hours	1am	0.014	0.024	0.044	0.054	0.064	0.074	0.084	0.094	0.114	0.134	0.164
5 hours	2am	0.002	0.012	0.032	0.042	0.052	0.062	0.072	0.082	0.102	0.122	0.152
6 hours	3am		0.000	0.020	0.030	0.040	0.050	0.060	0.070	0.090	0.110	0.140
7 hours	4am			0.008	0.018	0.028	0.038	0.048	0.058	0.078	0.098	0.128
8 hours	5am				0.006	0.016	0.026	0.036	0.046	0.066	0.086	0.116
9 hours	6am					0.004	0.014	0.024	0.034	0.054	0.074	0.104
10 hours	7am	Example: 120lb female 3 drinks BAC 0.11										
11 hours	8am	Stops drinking at 3 hours; BAC will be 0.086										
12 hours	9am	4 more hours after stopping to get below legal limit of .050										
13 hours	10am							0.000	0.018	0.038	0.056	
14 hours	11am								0.006	0.026	0.044	
15 hours	Noon									0.014	0.032	
16 hours	1300										0.020	
17 hours	1400											0.008
		RED - Illegal to drive			YELLOW - Legal but potentially impaired			GREEN - Sober				

NOTE: The metabolism rate of .012 is a conservative estimate and is utilized in the Navy's smartphone application Pier Pressure*. You can also visit www.bloodalcoholcalculator.org to become more familiar with how your typical consumption affects your blood alcohol.

* *Pier Pressure* is a Navy Smartphone App that contains multiple tools including a BAC calculator and taxi service locator. Download it from the Apple App store or the Google Play Store.

Effects at specific B.A.C. levels

0.02-0.03 BAC: No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent. Mildly relaxed and maybe a little lightheaded.

0.04-0.06 BAC: Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Some *minor impairment of reasoning and memory, lowering of caution*. Your behavior may become exaggerated and emotions intensified (Good emotions are better, bad emotions are worse)

0.07-0.09 BAC: *Slight impairment of balance, speech, vision, reaction time, and hearing*. Euphoria. Judgment and self-control are reduced, and caution, reason and memory are impaired. *You will probably believe that you are functioning better than you really are.*

Becoming vulnerable

0.10-0.125 BAC: *Significant impairment of motor coordination and loss of good judgment*. Speech may be slurred; balance, vision, reaction time and hearing will be impaired.

RAPIDLY becoming a dangerous scenario from this point forward

0.13-0.15 BAC: Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphoria (anxiety, restlessness) is beginning to appear. Judgment and perception are severely impaired.

0.16-0.19 BAC: Dysphoria predominates, nausea may appear. The drinker has the appearance of a "sloppy drunk."

0.20 BAC: Feeling dazed, confused or otherwise disoriented. May need help to stand or walk. If you injure yourself you may not feel the pain. Some people experience nausea and vomiting at this level. The gag reflex is impaired and you can choke if you do vomit. Blackouts are likely at this level so you may not remember what has happened.

First mention of the risk of death (asphyxiation)

0.25 BAC: All mental, physical and sensory functions are severely impaired. Increased risk of asphyxiation from choking on vomit and of seriously injuring yourself by falls or other accidents.

Will likely require medical intervention – take person to a hospital

0.30 BAC: STUPOR. You have little comprehension of where you are. You may pass out suddenly and be difficult to awaken.

0.35 BAC: Coma is possible. This is the level of surgical anesthesia.

0.40 BAC and up: Onset of coma, and possible death due to respiratory arrest.

Administrative Notes:

There are a number of variables in determining the rate at which alcohol is absorbed and metabolized by the body. This test is not meant to address all variables but rather to educate individuals on how their consumption would affect them on average.

The tables were drawn from the University of Virginia website and were cross checked against multiple sources. Variations were minimal.

The rate of alcohol removal used on page one is extremely conservative. Most website calculators are utilizing .015 per hour. However, the Navy appears to have chosen .012 for its rate within the NADAP PierPressure smartphone application. In order to keep this test more closely aligned with the NADAP smartphone app, I too chose to use .012.

Grading: Test takers may utilize the charts provided, the Pier Pressure application or the online calculator at www.bloodalcoholcalculator.org to complete the test. Because of the variation in methodology, it is difficult to grade this exam within +/- 1 drink so do not attempt to do so. The real purpose is to force the individual to think critically about their drinking patterns, understand what is happening, and label those patterns.

Feedback is welcome. This is the first version of this training/quiz and it should continue to evolve with instructor feedback. Please send your thoughts to:

CDR Joseph McMonigle, joseph.mcmonigle@eu.navy.mil or call DSN 314-626-6225/ COM +39 081-568-6225

Driver's License acknowledgement and agreement consent form.

I hereby acknowledge that I have viewed and understand the **"Driver Safety/MVRO Virtual AO Presentation"** and all information is correct on my driver's license application form. I understand failure to view and/or understand said presentations may result in misinformation and negligence upon obtaining and possessing an AFI Driver's license. By Signing below I confirm that:

- I acknowledge that in order to obtain my AFI Driver's license I **must view** the **"Drivers Safety/MVRO"** Virtual AO Presentation Prior to taking the AFI Driver's license test or attended the in-person brief.
- **I have viewed and understand** the information in the Virtual AO Presentations **"Driver's Safety/MVRO"** or completed the in-person brief.
- I acknowledge and agree that all my information submitted to MVRO on my Driver license application is up to date and correct.

Print _____ Date: _____

X

ITALIAN DRIVER'S LICENSE STUDY GUIDE

 BUMPY ROAD	 HUMPS	 CURVE TO THE RIGHT	 CURVE TO THE LEFT	 DOUBLE CURVE, FIRST TO THE RIGHT THEN TO THE LEFT	 DOUBLE CURVE, FIRST TO THE LEFT THEN TO THE RIGHT	 GUARDED RAILROAD CROSSING	 UNGUARDED RAILROAD CROSSING
 UNGUARDED RAILROAD CROSSING (SINGLE TRACK)	 UNGUARDED RAILROAD CROSSING (MULTIPLE TRACK)	 TRAMS CROSSING AHEAD	 PEDESTRIAN CROSSING	 DANGEROUS DOWNGRADE	 DANGEROUS UPGRADE	 ROAD NARROWS	 ROAD NARROWS ON RIGHT
 ROAD NARROWS ON LEFT	 DRAW BRIDGE	 DANGEROUS VERGES	 SLIPPERY ROAD	 CAUTION SCHOOL ZONE	 DOMESTIC ANIMALS ON THE ROAD	 TWO-WAY TRAFFIC	 ROUNDAUT AHEAD
 RIVER BANK	 DANGEROUS UNSTEADY MATERIALS ON THE ROAD	 FALLING ROCKS OR DEBRIS	 TRAFFIC LIGHTS	 SIDE WINDS	 RISK OF FIRE	 WILD ANIMALS	 DANGER
 WORK IN PROGRESS	 ROAD NARROWS	 ROAD NARROWS ON RIGHT	 ROAD NARROWS ON LEFT	 TWO-WAY TRAFFIC	 DANGEROUS UNSTEADY MATERIALS ON THE ROAD	 TRAFFIC LIGHTS	 DANGER
 YIELD RIGHT OF WAY	 STOP	 CROSSROADS WITH RIGHT-OF-WAY FROM THE RIGHT	 PRIORITY TO VEHICLES FROM OPPOSITE DIRECTION	 ROAD WITH RIGHT OF WAY	 END OF ROAD WITH RIGHT OF WAY	 INTERSECTION WITH ROAD THAT DOES NOT HAVE RIGHT OF WAY	 JUNCTION WITH A MINOR SIDE-ROAD FROM RIGHT
 JUNCTION WITH A MINOR SIDE-ROAD FROM LEFT	 MERGING TRAFFIC FROM RIGHT	 MERGING TRAFFIC FROM LEFT	 ONCOMING TRAFFIC MUST WAIT	 ALL VEHICLES PROHIBITED	 ENTRY PROHIBITED	 NO PASSING	 MINIMUM DISTANCE
 SPEED LIMIT IN KILOMETERS	 NO HORN BLOWING	 PEDESTRIANS PROHIBITED	 BICYCLES PROHIBITED	 MOTORCYCLES PROHIBITED	 ALL MOTOR VEHICLES PROHIBITED	 LARGE GOODS VEHICLES PROHIBITED	 MAXIMUM LENGHT IN METERS

MAXIMUM WIDTH IN METERS	MAXIMUM HEIGHT IN METERS	MAXIMUM WEIGHT IN METRIC TONS	MAXIMUM WEIGHT IN METRIC TONS PER AXLE	STOP POLICE ROADBLOCK	STOP CUSTOMS	END OF SPEED LIMIT	END OF MAXIMUM SPEED
END OF NO OVERTAKING	NO PARKING	NO STOPPING	PARKING AUTHORIZED	DRIVE STRAIGHT	TURN RIGHT	TURN LEFT	DRIVE STRAIGHT OR TURN RIGHT
DRIVE STRAIGHT OR TURN LEFT	ROUNDABOUT	MINIMUM SPEED	END OF MINIMUM SPEED	SNOW CHAINS MANDATORY	PEDESTRIAN LANE	END OF PEDESTRIAN LANE	CYCLE LANE
SCHOOL BUS	PEDESTRIAN CROSSING	NO THROUGH ROAD	TUNNEL	AUTOSTRADA MOTORWAY	FREEWAY	ADVISORY SPEED LIMIT	ACCIDENT AHEAD
HOSPITAL	FIRST AID	REPAIR SERVICE	GAS STATION	CAR FERRIES	ONE WAY TRAFFIC	INFORMATION CENTER	CAMPING SITE
EU COUNTRY BORDER	DIRECTIONS IN URBAN AREAS	DIRECTIONS IN URBAN AREAS AND GREEN PANEL INDICATES MOTORWAY	DIRECTIONS ON A MAIN HIGHWAY	DIRECTIONS ON A MOTORWAY	PROVINCIAL BOUNDARY SIGN	PROVINCIAL BOUNDARY SIGN (MOTORWAY)	REGIONAL BOUNDARY SIGN
TARANTO TOWN NAME SIGN	MOTORWAY DIRECTION	PRIMARY OR SECONDARY ROAD DIRECTION	URBAN AREA DIRECTION	DETOUR	DIRECTION TO TOURIST ATTRACTION		
MERGING LANES	MERGING LANES	MERGING CARRIAGEWAY	ALL TRIANGLES INDICATE A WARNING	ALL CIRCLES INDICATE SOMETHING PROHIBITED	ALL BLUE CIRCLES INDICATE SOMETHING MANDATORY	RED AND YELLOW TRIANGLES INDICATE A TEMPORARY WARNING	



PREVENTIVE LAW SERIES

THE SOJOURNER PERMIT



Prepared by:
Region Legal Service Office, Europe, Africa, Central
Civil Law Department
PSC 817 Box 8
FPO AE 09622-0008
Naples, Italy
DSN 626-4576 or COMM 081-568-4576

Upon transferring to Naples, one of the first tasks that military dependents, civilian employees and their family members must accomplish is obtaining a **Sojourner Permit**, or the *Permesso di Soggiorno*. We understand that this process can be a stressful and confusing way to start your first week in Italy, so the following information is offered to help you through it with some great tips for both before and after you obtain your Sojourner Permit.

What is a Sojourner Permit? A Sojourner Permit is an Italian government document that certifies that a NATO-Force military dependent or member of the civilian component is a temporary legal resident of Italy. It is *different* from the *missione visa* that is placed in your passport prior to arriving in Italy. The visa is only an *entry approval* and is the first step necessary to obtain a Sojourner Permit upon your arrival in Italy. The requirement to get a Sojourner Permit exists in addition to the *missione visa* that is already in your passport.

Who must obtain a Sojourner Permit? Italian law requires all foreign personnel entering Italy, other than an active duty member on military orders, to obtain a Sojourner Permit. Under Italian immigration law, foreign personnel must apply for a Sojourner Permit within eight (8) days of entry into Italy. In reality, this short timeline does not happen. However, it is essential for applicable personnel to apply as soon as possible, at least within the month of arrival. Sojourner Permits are required for all military dependents, all members of a civilian component (DOD civilians, Contractors, NAFI employees, technical representatives, Red Cross, NFCU, USO, and employees of other organizations providing services to and enjoying a special status with the U.S. military) and their dependents. Citizens of the Schengen Area are not required to obtain a *missione visa* or Sojourner Permit; however, there may be other requirements for you to enter and reside in Italy (consult with your embassy).

How do I obtain a *missione visa*? Visas are obtained before entry to Italy. This is usually done in the United States, but if you are currently stationed overseas you'll need to go to your nearest Italian Consulate or Embassy. Our office cannot obtain one for you, and we cannot expedite the process in obtaining a *missione visa* as it is handled by the individual consulate. Contractors and non-U.S. citizens will use their tourist passport for the *missione visa*; all other applicants will need an official or no-fee passport in order to obtain a *missione visa*.

Can I apply for a Sojourner Permit without a *missione visa*? No! Our office is only permitted to process Sojourner Permit applications for applicants with a valid *missione visa*. If you do not have a *missione visa* or it is expired, you must return to your country of residence to obtain one from an Italian Consulate or Embassy. *There is no way to obtain the *missione visa* while physically in Italy.*

How do I obtain a Sojourner Permit? The Region Legal Service Office, Europe, Africa, Central (RLSO EURAFCENT) Legal Assistance Office assists in the preparation of Sojourner Permit applications and oversees the acquisition of a Sojourner Permit for all personnel attached to **U.S. Navy commands in the Naples/Caserta area only**. Please see the 'Sojourner Permit First Time Application Checklist' for a full list of documents needed to apply for a Sojourner Permit. Remember, you must enter Italy on the correct *missione visa* before you can apply for a Sojourner Permit!

NOTE: Army and Air Force personnel stationed at AFSOUTH must apply for Sojourner Permits through the AFSOUTH Provost Marshall's Office. Please contact the Carabinieri located at JFC, INVESTIGATION OFFICE, Building A6, Room 341 via Claudio.DEVINCENTIS@jfcnp.nato.int

What are the Sojourner Permit office hours at RLSO EURAFCENT? Sojourner's Permit application packages can be delivered to the RLSO EURAFCENT Legal Assistance office (Admin II, one floor up, Room 1074) during regular service hours: Mon/Wed/Thu/Fri 0900 to 1430 and Tue 0900 to 1200. You may also submit the documents during your initial Area Orientation day. **All other Sojourner Permit services are by appointment only.** You can set up an appointment or send questions/concerns to our office by emailing napleslegalassistance@us.navy.mil.

What about fingerprints? The Italian Immigration Law of July 30, 2002, requires fingerprints to be collected from all Sojourner Permit applicants who are age 14 years or older. For new arrivals, the Italian Forensic Team will take fingerprints at the Capodichino base **by appointment only** after you have submitted your application package. Fingerprinting appointments are scheduled two to four weeks after submitting the package, subject to available time slots.

Do I need my application receipt before the fingerprinting to apply for a job/obtain a CAC/etc.? If you have a time-sensitive need for your receipt of application prior to your fingerprinting appointment time, please contact us. We can schedule appointments for application receipts on a case-by-case basis. However, be advised that you are still obligated to attend a later fingerprinting appointment to complete your application for a Sojourner Permit, and your application will not be submitted to the immigration office if you fail to attend. This will result in the denial of a Sojourner Permit until the fingerprints are collected.

Processing of Sojourner Permit applications by the Italian authorities takes six weeks to three months, so please be patient. When ready, an e-mail will be sent notifying you to pick up your permit.

What do I do with my Sojourner Permit? Make a copy of your Sojourner Permit and carry it with you at all times. Keep your original permit with your passport in a secure location. Make sure your original permit accompanies you whenever you travel outside Italy. You may fold the permit, but do not cut or laminate it.

What if the names in the permit are misspelled? If there is a mistake or misspelling in the name/last name, date/place of birth, or citizenship, then the Sojourner Permit must be returned to the immigration office for correction. Notify the legal assistance office at the time of pick-up or as soon as you notice. You will receive a notification e-mail when the permit is ready for pick up.

How do I renew my expired Sojourner Permit? No more than 90 days before the expiration date (written in Italian date format DD/MM/YYYY) you must visit the legal assistance office to request a renewal of your permit. Please see the Sojourner Permit Renewal Application Checklist for a full list of documents needed. The immigration office will not accept renewals submitted more than three months before the expiration.

What if I have a newborn? If you have a newborn in Italy, your baby needs a Sojourner Permit as well (if none of the parents is a European citizen). To add the baby, the permit of one of the parents must be renewed. If the parent's permit includes other children, their permits must be renewed as well. You will need to bring all the standard documents required for renewal (as if the permits were expired) in addition to a copy of the newborn's Tourist passport, two passport-sized photos, marriage certificate and a copy of the **Italian Birth Certificate** of newborn (Certification of Birth Abroad is not accepted). If you go to the United States to give birth to your newborn, you will need to request and obtain a Mission Visa for your newborn placed in the U.S. passport **BEFORE** coming back to Italy.

Lost or Stolen Sojourner Permits must be reported to the Italian Polizia where you reside. Reports must be made in-person. Upon report, you will be provided a *denuncia di smarrimento*, which must be carried with you in place of the permit while a new one is being issued. It is important that the document indicate it was produced on behalf of the Italian Questura with the words *rilasciato dalla Questura di Napoli/Caserta*. You can contact I-7 Security Department for assistance with filing a report.

What do I do with my Sojourner Permit when I PCS out of Italy? You are required to check-out at RLSO EURAFCENT before departing Italy on Permanent Change of Station orders. Upon check-out, all Sojourner Permits must be turned in or we will not sign your check-out sheet.



SOJOURNER PERMIT CHECKLIST

FIRST TIME APPLICATION

WHO needs a Sojourner Permit: A Sojourner Permit is REQUIRED for all dependents and civilians/contractors (Active duty members stationed in Italy and EU Citizens do not require Sojourner's Permits).

WHO needs to appear in person: **** ALL APPLICANTS 14 YEARS OLD AND ABOVE MUST APPLY IN PERSON ****

WHERE to apply: RLSO EURAFCENT (Capodichino Base, Admin Building II, 1st Italian Floor, Room 1074) assists USN/USMC personnel only. USA/USAF personnel should report to their respective provost Marshall office (JFC). 1st time applications are accepted **BY APPOINTMENT only**. Contact the Civil Law personnel at Napleslegalassistance@us.navy.mil or call DSN 626-4576 or 626-5181 (Comm. 081-568-4576/5181). At the appointment you will bring ALL the required documents listed below.

This is only the first appointment to complete/sign the application with the specialist. There will be a second appointment at a later date to be fingerprinted by the Italian Immigration authorities.

If you are attending area orientation, you will bring the documents listed below in person at the designated time. You will then receive an appointment via e- mail to sign your application and to be fingerprinted.

RLSO EURAFCENT can help you with your permit only if you live in the Provinces of Napoli and Caserta. If you live elsewhere (e.g., province of Salerno, Avellino, Benevento or outside the Campania Region) you will have to apply on your own at your local Immigration Office having jurisdiction on your city. However, we can prepare a letter for you in Italian that will help you out in obtaining the sojourner's permit.

WHEN to apply: Italian immigration law requires application within 8 days of your arrival; however, you may apply with the RLSO EURAFCENT Legal Assistance office **within 30 days of your arrival into Italy**.

Fingerprints: All applicants **14 years old and above** must be fingerprinted by the Italian Forensic Team that generally comes on board on specific days. You will be invited via email to join next available session.

Applications will NOT be accepted on Italian Holidays.

DOCUMENTS REQUIRED FOR A 1ST TIME APPLICATION AT RLSO EURAFCENT ONLY

No-Fee/Official Passport (tourist passport for Contractors and non-US citizens only) - bring original AND:

- **two (2) copies** of photograph page and "official" language page next to it;
- **1 copy** of "Missione" visa page

TWO (2) ** IDENTICAL Passport sized photos of all applicants,** no matter the age (**taken within the last 6 months**)

Copy of orders: e.g. your military orders, Civilian Orders, letter of accreditation (DOCPER/ECOPS letter Verification of employment, RAT orders, etc.

Copy of your rental lease (Only required if you live in Napoli or its province - e.g. Pozzuoli, Lago Patria, Bacoli, Quarto, etc.):

If you own the house where you live, bring proof of ownership; if you live in a house that you do not own but you do not pay any rent, bring copy of agreement between you and the owner; if you are in a hotel, bring a copy of the invoice with your name.

This is not applicable if you are in the province of Caserta (Gricignano Area and on Support Site).

Completed Worksheet*: Obtain a copy at the RLSO EURAFCENT Legal Assistance office or find it attached.

*THE WORKSHEET IS NOT THE APPLICATION, WHICH WILL BE PREPARED IN ITALIAN BY A PARALEGAL SPECIALIST.

SOJOURNER'S PERMIT WORKSHEET

This is NOT the actual application, which will be prepared in Italian by the RLSO Paralegal Specialist

PRIVACY ACT NOTICE: Individuals are asked to complete this form voluntarily for us to prepare your Sojourner's Permit applications. Failure to provide this information may result in a denial of a Sojourner's permit. The authority for this request is 5 U.S.C. § 301 and the North Atlantic Treaty Organization Status of Forces Agreement (SOFA). This form is not protected by any attorney-client privilege and may be released to law enforcement upon official request.

APPLICANTS REQUIRED INFORMATION

(Person Applying for Sojourner's permit)

You are requesting a:

☐

1st TIME APPLICATION

☐

RENEWAL APPLICATION

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

CITIZENSHIP (check one):

☐

US

☐

OTHER (SPECIFY BELOW)

MARITAL STATUS (check one):

☐

MARRIED

☐

NEVER MARRIED

☐

DIVORCED

☐

WIDOWED

HOME OF RECORD: _____
State Country

CURRENT ADDRESS IN ITALY (e.g., TLA, CAPO INN, Support Site Bldg/Apt number, hotel name -
DO NOT USE PSC ADDRESS)

DATE & **AIRPORT** OF ENTRY INTO **SCHENGEN AREA** (Europe) (only 1st time applicants):

_____/_____/_____
DAY MONTH YEAR AIRPORT

YOUR STATUS IN ITALY (check one):

☐

SPOUSE ON MILITARY ORDERS

☐

RELATIVE ON MILITARY ORDERS, PLEASE SPECIFY RELATIONSHIP TO
SPONSOR _____

☐

CIVILIAN (GS /OTHER) ON U.S. GOVT ORDERS

☐

CONTRACTOR

FAMILY MEMBER OF CIVILIAN OR CONTRACTOR

CONTINUED ON THE BACKSIDE OF THIS FORM

Revised on March 2025

SPONSOR'S REQUIRED INFORMATION

(your info if you're the sponsor)

LAST NAME: _____ FIRST NAME: _____ MI: _____

RANK/RATE: _____ BRANCH OF SERVICE: _____

COMMAND: _____ TELEPHONE #: _____

E-MAIL (WORK): _____

E-MAIL (PERSONAL): _____

REQUIRED INFORMATION OF CHILDREN UNDER THE AGE OF 14

1. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

2. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

3. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

4. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

5. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

I CERTIFY THIS INFORMATION IS CORRECT TO USE TO THE BEST OF MY KNOWLEDGE

Date: _____ / _____ / _____
DAY MONTH YEAR

Signature of Applicant: _____
You can sign this at anytime



Housing Early Assistance Tool

Housing Services BEFORE you PCS!

Receive Housing Information Faster

HEAT allows Service members, DoD Civilians and families to contact Housing Service Centers at multiple Navy installations BEFORE they receive their Permanent Change of Station (PCS) orders.

HEAT standardizes your experience with Housing by delivering an easy user interface to find information quickly. There are no CAC requirements so spouses can use the tool as well, needing only minimal information about their sponsor to get started.

Available Navywide 24/7

- Search BEFORE orders to multiple Navy installations
- Standardizes your experience with Navy Housing
- No CAC requirements so spouses can access too
- Getting started with HEAT is easy!



www.cnic.navy.mil/HEAT

Visit us online or scan the QR Code with your phone!





Navy Housing

NSA Naples, Italy

Contact Us:

Military Family Housing:
+39 081-811-4930

Economy Housing:
+39 081-811-4466

Email:
Naples_housing@us.navy.mil

Office Hours:

Military Family Housing &
Economy Housing:
07:45 - 15:45 Monday-Friday

Housing In-Brief

The **Housing Service Center** holds an in-brief every **Thursday at 1000**.

The Housing in-brief is available to all qualifying DOD Military and Civilian personnel assigned to NSA Naples, Italy. You'll have the opportunity to complete the necessary paperwork, gain insights into the process, and jumpstart your housing journey!

When:

Thursdays at 10:00

Where:

- Support Site Theatre during Area Orientation
- Housing Conference Room at Family Housing in Building 2072 on non-Area Orientation weeks.

What Do I Need To Bring?

- Copy of Orders
- Copy of Passport
- Supporting documentation
- Pen


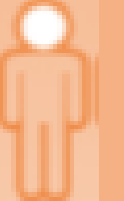






CHILD AND YOUTH SUPERVISION GUIDELINES



SCAN FOR
ADDITIONAL
RESOURCES



AGE	ALONE AT HOME	ALONE OVERNIGHT	WALK ALONE TO/FROM ADULT-SPONSORED ACTIVITIES	OUTSIDE UNATTENDED	IN VEHICLE UNATTENDED	MAY BABYSIT
 0-5	NO	NO	NO	NO	NO	NO
 6-9	NO	NO	YES* 6 YO AND IN FIRST GRADE	YES DURING DAYLIGHT HOURS IN PLAY- GROUNDS & YARDS WITH IMMEDIATE ACCESS TO AN ADULT	NO	NO
 10-11	YES WITH ACCESS TO AN ADULT BUT NO MORE THAN 3 HRS & NO LATER THAN 2200	NO	YES	YES	YES EXCEPT IN HOT WEATHER & <10 MINUTES WITH IMMEDIATE ACCESS TO AN ADULT	NO* 11 YES WITH BABYSITTING COURSE & NO MORE THAN 3 HRS OR LATER THAN 2200
 12-13	YES WITH ACCESS TO AN ADULT BUT NO MORE THAN 6 HRS & NO LATER THAN 2200	NO	YES	YES	YES	YES WITH ACCESS TO AN ADULT BUT NO MORE THAN 6 HRS & NO LATER THAN 2200
 14-15	YES	NO	YES	YES	YES	YES NO LATER THAN 2400
 16+	YES	YES WITH IMMEDIATE ACCESS TO AN ADULT	YES	YES	YES	YES



NSA Naples
**FLEET & FAMILY
SUPPORT CENTER**



Child and Youth Programs



NAPLES WELLNESS COLLECTIVE

CLUBS • SPORTS • SUPPORT GROUPS • SKILL-BUILDING • HOBBIES

Living well starts with taking care of your whole self:
your mind, body, spirit and social life.



Find your thing! Scan the
QR code and choose something
to do for yourself today!

For more information, call 081-811-6372 | DSN 629-6372.





Service to the Armed Forces Emergency Contact Card

The American Red Cross provides emergency communication services to military members and their families during emergency situations (Hero Care Network). Please fill out the form below to ensure we have up-to-date information.

Sponsor Information*		
Name (Last, First, Middle Initial):	Sex: M / F	Date of Birth (DDMMYY):
Branch of Service:	Rank:	
Unit Designation:	Your Email Address:	
Your Phone Number:	Your DSN, if known:	

Please check the box below if you would like additional information on these Red Cross services.

☐

CPR/First Aid/ AED Classes

☐

Volunteer Opportunities

*This information is strictly confidential. The American Red Cross will never use your email address to send 'spam'.



Service to the Armed Forces Emergency Contact Card

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Unit Designation:	Your Email Address:	
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☐

CPR/First Aid/ AED Classes

☐

Volunteer Opportunities

*This information is strictly confidential. The American Red Cross will never use your email address to send 'spam'.

☐

CHECK IN

☐

PG

Date: _____

☐

CHECK OUT

☐

GD

Postal Clerk Initials: _____

CHECK OUT DATE: _____

*****PRINT NEATLY AND LEGIBLE*****PSC 808 BOX _____ FPO AE 09618

NAME: _____

(PLEASE INCLUDE ANY DIFFERENT LAST NAMES) (PLEASE INCLUDE ANY NICKNAMES)

RANK/GRADE SPONSOR: _____ DOD ID# _____

BRANCH OF SERVICE (Please circle one): USN USAF USMC USA CONTRACTOR GS EMPLOYEE

****CONTRACTORS – ORDERS NEED TO STATE 6 MONTHS OR MORE FOR PSC RECEPTACLE. LESS THAN 6 MONTHS CALL POSTAL OFFICER BEFORE ASSIGNING.**

Projected Rotation Date (MONTH/YYYY): _____

*(For PG ONLY) Estimated Date of Arrival: _____

*(For PG only): Sponsor Name: _____ Command: _____ DSN: _____

FAMILY MEMBER NAMES:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(FOR CHECK OUT ONLY) FORWARDING ADDRESS: _____

(CHECK OUT ONLY) EXPECTING ANY PACKAGES?_ ()YES How many?_____ ()NO**"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties."****(For Post Office Use)**

- PSC Receptacle OPENED / CLOSED with BLOCKER + DD2262 Clerk Initials: _____
- Information Added/Removed from SP360; VERIFY in SP360 if they have packages/letter mail before you DELETE their account* Clerk Initials: _____ Date: _____
- Packages Moved from PG Shelf to Delivery Shelf / Forwarded Packages to Forwarding Address Clerk Initials: _____
- Updated AMPS Clerk Initials: _____
- Information Added/Removed from PSC MAP Clerk Initials: _____
- Checked by Postal Officer/CPO/Assigned Postal Clerk: _____

PSC MAILBOX AGREEMENT

(REV. 09FEB2024)

I, (Print Last, First, MI)

Understand that my personal mail receptacle privileges are contingent as following:

- A.) Personal receptacles will be issued only to personnel billeted to Naples, Italy and assigned to an eligible UIC. Upon issue, the member's orders and valid identification (ID) will be provided for verification of eligibility. One copy of the member's PSC Mailbox Agreement will be kept on file at the main post office where the PSC Mail box is located and properly disposed upon PCS of the command.
- B.) If at any time it is discovered that a mailbox has been improperly issued, or the box holder is otherwise not entitled to mailbox (e.g. possibly due to PCS transfer of the box holder from Naples, Italy to another local command) the box holder shall be given five days (5) notice to vacate the box and register for mail forwarding service to a new address.
- C.) If at any time mail is unclaimed after thirty (30) days, the FPO will close the receptacle and return all mail to the sender endorsed "UNCLAIMED". As per the DOD 4525.6M
- D.) In the event that a mailbox appears to be unused or abandoned, the Postal Officer shall order the box closed. A letter will be sent to the service member notifying him/her of the closure via their command.
- E.) In the event that a box holder is unable to pick up their mail on a regular basis, PS FORM 3801 (STANDING DELIVERY ORDER) must be filled out and kept on file at the NSA CAPODICHINO post office authorizing an agent to pick up the mail in order to prevent over-accumulation. Positive identification (ID) will be required for delivery.
- F.) In the event that a box holder is absent (deployed/TAD/on leave) for fifteen or more days and authorized dependents/agents are not able to pick up mail in the box holders absence, DD FORM 2258 must be filled out and kept on file at the Support Site Post Office indicating the duration of the member's absence and instructions for the disposition of the member's mail during that time.
FAILURE TO DO SO MAY RESULT IN THE RETURN OF ACCOUNTABLE MAIL TO THE SENDER
- G.) Personal assigned boxes will not allow other personnel other than authorized dependents to use the mailbox number for correspondence. This restriction includes visiting friends and family who are not legal/authorized dependents of the service member or box holder. IAW ref DOD 4525.6M states that violations of this restriction could result in appropriate legal action, a 90-day notice of mailbox closure, and termination of Military Postal Service (MPS) privileges.
- H.) DOD 4525.6M APPENDIX 1 applies: Approval of MPS privileges for agencies, departments, units or individuals, whether or not they have full or any form of limited MPO privileges, unless otherwise specifically stated, does not extend to the receipt of, or mailing at an MPO, of any items intended for resale. This prohibition applies whether sale is authorized MPS users or not, regardless of the beneficiary of the proceeds (i.e. charitable organizations or non-appropriated welfare fund activities).
- I.) Each mailbox has a combination lock, Support Site Post Office will retain a file of the mail box combination and one will be issued by an authorized postal clerk to the future box holder. Once issued it is the responsibility of the box holder to maintain control of their combination numbers. If for some reason the combination numbers are forgotten, the Support Site Post Office will provide the combination numbers to the box holder. If the mailbox holder PCS or longer here, the mailbox will be close for a year with a new combination numbers for future box holders.

HOURS OF OPERATION:

SUPPORT SITE POST OFFICE:

MONDAY – FRIDAY: 1100 - 1730

SATURDAY: 1000 – 1500

DONSA: 1100 – 1500

SUNDAY/HOLIDAYS: CLOSED

CAPODICHINO FLEET MAIL CENTER:

MONDAY – FRIDAY: 1100 – 1800

DONSA: 1100 – 1500

SATURDAY/SUNDAY/HOLIDAYS: CLOSED

JFC POST OFFICE:

MONDAY – FRIDAY: 1000-1600

DONSA: 1000 – 1500

SATURDAY/SUNDAY/HOLIDAYS: CLOSED

GAETA POST OFFICE:

MONDAY – FRIDAY: 1000 – 1600

DONSA/SATURDAY/SUNDAY/HOLIDAYS: CLOSED

****2ND AND 4TH WEDNESDAY OF THE MONTH, ALL POST OFFICES CLOSE AT 1400 FOR TRAINING****

JUST MOVED IN? NEED THE ESSENTIALS?

Take a look in the

LOANER LOCKER



- Plates
- Bowls
- Cups
- Utensils
- Pots and Pans
- and a lot more

FLEET AND
FAMILY SUPPORT CENTER



Hours of Operation

*****OPEN 24 HOURS*****

Emergency Department
Inpatient Ward

Outpatient Clinics

Support Site & Capodichino Clinics

Monday – Friday 0800 - 1600

Tuesday 0800 - 1200

Closed weekends & U.S. National Holidays

Dental Clinics

Support Site & Capodichino Clinics

Mon – Fri: 0800 - 1600

Closed weekends & U.S. National Holidays

Pharmacy Hours

Support Site

Mon-Fri: 0800 - 1700

Tuesday: 0800 - 1400

*Sat/Sun/Federal Holidays: 1300 - 1600

*For refill pickup ONLY that are already checked by a pharmacist.

BHC Capodichino

Mon – Fri: 0800 - 1600

Tuesday: 0800 - 1200

Sat/Sun/Federal Holidays: Closed

European Nurse Advice Line

800-979-721

Emergencies

Off-Base: IF you do not speak Italian call:

+39-081-568-4911, dispatch will assist.

****USNH ambulances do NOT operate off-base****

- 118 is the Italian Emergency Number, only speak Italian.

On-Base: dial **911** or **+39-081-568-4911**

International SOS (Tricare):

+44-20-8762-8133

+44-20-8762-8384

- **No pre-authorization needed for emergency care**
- **Keep all receipts and documentation**
- **Notify your PCM as soon as possible**

Access to Care

Priority for care:

- 1) Active Duty
- 2) Active Duty Family Members

~Members are screened prior to arrival to ensure healthcare needs can be met.

Space-Available

- 3) DoD Civilian/Contractors
- 3) Retirees & their Dependents
- 3) Active Duty NATO
- 3) Active Duty NATO Family Members

~Members are unscreened prior to arrival. Services needed not available at the hospital must be found on the economy.

Central Appointment Line:

DSN: 629-6000

+39081-811-6000

Option 2 for English;

Option 2 for Appointments;

Option 1 for NSA, 2 for CAPO, 3 for speciality & dental

USNH Naples, Italy



Patient Billing

U.S. civilian employees, government contract employees, NATO partners, and other individuals who are not eligible for Tricare and receive care in a U.S. Military Treatment Facility.

The U.S. Naval Hospital Naples or its branch clinic cannot give you upfront cost estimates of the care received. How does U.S. Naval Hospital Naples invoice pay patients?

Following a visit to our facility, details of the encounter are coded into an electronic record. Codes are determined and billed in accordance with the Assistant Secretary of Defense billing rates. After the bill is generated, it is entered into the U. S. Department of Treasury Centralized Receivables Service (CRS) for invoicing. Within 24 hours of the bill being uploaded into CRS the bill will be electronically sent to the insurer on file with the Uniformed Business Officer (UBO) at the hospital.

Military Treatment Facilities do not maintain contractual relationships with insurance companies, so it is important that patients work directly with their insurer to discuss costs of their healthcare invoices.

If your Health Insurance is requesting additional information about your hospital visit, please visit the UBO office and we will assist you.

UBO office

(Ground Floor, Next to the Quarter Deck)

DSN: 314-629-6510/6129/6974

Comm: +39-081-811-6510/6129/6974

Office Hours: Mon & Wed- Fri 0700 - 1600

Tues: 0700 - 1300

usn.naples.navhospnaplesit.list.nhnap-ubo@mail.mil



CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM

THIS FORM IS FOR INTERNAL USE BY THE INTERNATIONAL SOS GROUP OF COMPANIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary for the processing of requirements and benefits related to the TRICARE Overseas Program (TOP), including but not limited to medical management, your medical related claims, and proper updates of your medical record.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to provide consent may result in the inability of International SOS to provide the full range of services and benefits under the TOP.

BENEFICIARY DETAILS:

Beneficiary First Name:	Beneficiary Last Name:
Beneficiary Date of Birth:	DoD Benefits Number (DBN):
Beneficiary Phone Number:	Beneficiary Email Address:

Section is to be signed by TRICARE Beneficiaries ONLY

RELEASE OF MEDICAL INFORMATION

International SOS Government Services, Inc. and its affiliated entities (International SOS) is a data processor on behalf of the Defense Health Agency (DHA) of your personal data. You may contact International SOS at any of its locations or methods as identified on <http://www.tricare-overseas.com> or in the footer below. Your personal data will be used for the following purposes:

1. Collection of medical record to load into the United States (U.S.) Government system of record for TRICARE beneficiaries.
2. Translation of medical records to support your continued health care and maintenance of your medical record in the U.S. system of record.
3. Case Management, utilization management, and other medical management activities required under the TRICARE benefit.
4. Claims inquiries and processing in accordance with the TRICARE benefit.

The categories of personal data you are being asked to consent to International SOS' collection and use are your name, address, email address, telephone number, DoD Benefits Number (DBN), Social Security Number, and Personal Health Information. International SOS will share this information on an as needed and required basis with the DHA, the cognizant Military Treatment Facility, third-party medical translation vendors and/or Wisconsin Physician Services Insurance Corporation.

Your personal data will be transferred out of the European Union or other locality you are in and sent to the entities referenced above which are in the U.S. or on U.S. soil. Your personal data will be processed and stored in accordance with U.S., EU, and other applicable laws and record retention requirements applicable to International SOS.

Under our processes and these laws, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel International SOS has violated your rights under a cognizant privacy regulation, you have the right to file a complaint with the appropriate supervisory authority.

I consent to International SOS using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time. This consent authorization shall be in force and effect until two (2) years from the date of execution at which time this authorization expires.

☐ I consent☐ I do not consent

Signature of Beneficiary or Legally Authorized Representative _____ Date _____

Name and Relationship of Legally Authorized Representative to Patient _____

Address of the Beneficiary or Legally Authorized Representative _____

Note: If the beneficiary is considered a minor, their legal or authorized representative [the parent/s entitled to custody or guardian, and for adults the person in charge or designee] must sign on behalf of the beneficiary.

August 2021

SPONSOR'S SSN/DBN:**TRICARE PRIME OPTION DESIRED:**

- ☐ **TRICARE Prime:** Active duty service members have to enroll in TRICARE Prime. (Enrollment is not automatic.)
- ☐ **TRICARE Prime Remote:** If eligible, you may be enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.
- ☐ **TRICARE Overseas Program Prime:** Family members must be command sponsored and meet specific enrollment criteria of the overseas area. If eligible, you may be enrolled in TRICARE Overseas Program Prime Remote. Retirees are not eligible for TRICARE Overseas Program Prime.
- ☐ **Uniformed Services Family Health Plan (USFHP):** Available in six locations. Submit the completed Enrollment Application to the USFHP address listed on Page 1. For the service area descriptions and telephone numbers for questions, please visit the TRICARE website at www.tricare.mil/usfhp.

SECTION I - SPONSOR INFORMATION**1. SPONSOR'S NAME** (Last, First, Middle Initial) (Must match DEERS)**2. SPONSOR'S SOCIAL SECURITY NUMBER (SSN)** (XXX-XX-XXXX) or DoD BENEFITS NUMBER (DBN) (XXXXXXXXXX-XX)**3. SPONSOR IS:** (X one) ☐ Active Duty ☐ Retired ☐ Deceased (Go to Section II.) ☐ Unremarried Former Spouse**4. SPONSOR'S TELEPHONE NUMBER** (Include Area Code)

a. WORK:

c. CELL:

b. HOME:

5. SPONSOR'S E-MAIL ADDRESS**6. SPONSOR'S DATE OF BIRTH** (YYYYMMDD)**7. SPONSOR'S RESIDENCE ADDRESS** (Street, Apartment No., City, State, ZIP Code, Country)☐ New**8. SPONSOR'S MAILING ADDRESS** (Provide APO or FPO if stationed overseas)☐ Same as residence☐ New**9. SPONSOR'S MILITARY ASSIGNMENT**

a. UNIT

c. PLEASE ENTER: Capodichino or Support Site or JFC

b. UNIT IDENTIFICATION CODE (UIC) (If known)**10. SPONSOR'S REQUESTED ACTION** (X one)☐ None (go to Section II) ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ ~~Re~~enroll (Non-AD only)

Effective Date Requested: _____ Date of arrival in Italy

11. SPONSOR'S PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and your uniformed service guidelines. Review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member services (non-active duty only) for availability of PCMs.)

a. 1st CHOICE

☐ MTF ☐ PRP (ADSM)
☐ Civilian

FULL NAME or MTF/CLINIC

Date of Entry into Italy: _____

b. 2nd CHOICE

☐ MTF
☐ Civilian

FULL NAME or MTF/CLINIC

c. PCM SPECIALTY

☐ No Preference☐ Family/General Practice☐ Internal Medicine☐ Flight Medicine

d. PREFERRED PCM GENDER

☐ No Preference☐ Male☐ Female

SPONSOR'S SSN/DBN:**SECTION II - ENROLLING FAMILY MEMBER INFORMATION OR PCM CHANGE** (Use additional copies of this page as necessary)**12.a. FAMILY MEMBER NAME** (Last, First, Middle Initial) (Must match DEERS)**b. DATE OF BIRTH** (YYYYMMDD)**c. REQUESTED ACTION:** ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested: _____**d. RESIDENCE AND MAILING ADDRESS**

(Provide address, with ZIP Code and Country, if different from Sponsor)

☐ Same as Sponsor ☐ New**e. TELEPHONE NUMBER** (Include Area Code)

(1) WORK: (2) HOME: (3) CELL:

f. E-MAIL ADDRESS**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC**h. PCM SPECIALTY** ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine**i. PREFERRED PCM GENDER** ☐ No Preference ☐ Male ☒ Female**13.a. FAMILY MEMBER NAME** (Last, First, Middle Initial) (Must match DEERS)**b. DATE OF BIRTH** (YYYYMMDD)**c. REQUESTED ACTION:** ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested: _____**d. RESIDENCE AND MAILING ADDRESS**

(Provide address, with ZIP Code and Country, if different from Sponsor)

☐ Same as Sponsor ☐ New**e. TELEPHONE NUMBER** (Include Area Code)

(1) WORK: (2) HOME: (3) CELL:

f. E-MAIL ADDRESS**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC**h. PCM SPECIALTY** ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine**i. PREFERRED PCM GENDER** ☐ No Preference ☐ Male ☒ Female**14.a. FAMILY MEMBER NAME** (Last, First, Middle Initial) (Must match DEERS)**b. DATE OF BIRTH** (YYYYMMDD)**c. REQUESTED ACTION:** ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested: _____**d. RESIDENCE AND MAILING ADDRESS**

(Provide address, with ZIP Code and Country, if different from Sponsor)

☐ Same as Sponsor ☐ New**e. TELEPHONE NUMBER** (Include Area Code)

(1) WORK: (2) HOME: (3) CELL:

f. E-MAIL ADDRESS**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC**h. PCM SPECIALTY** ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine**i. PREFERRED PCM GENDER** ☐ No Preference ☐ Male ☐ Female

SPONSOR'S SSN/DBN:

SECTION III - REASON FOR DISENROLLMENT OR PCM CHANGE

(Complete if disenrolling or making a PCM change)

Name of Family Member:	<input type="checkbox"/> Relocation <input type="checkbox"/> Dissatisfied <input type="checkbox"/> PCS <input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation <input type="checkbox"/> Dissatisfied <input type="checkbox"/> PCS <input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation <input type="checkbox"/> Dissatisfied <input type="checkbox"/> PCS <input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation <input type="checkbox"/> Dissatisfied <input type="checkbox"/> PCS <input type="checkbox"/> Other: _____

SECTION IV - OTHER HEALTH INSURANCE

PLEASE IDENTIFY IF ANYONE IS CURRENTLY COVERED BY OTHER HEALTH INSURANCE.

☐ TRICARE Supplement (no other information is needed)

☐ Medical Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

☐ Dental Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

☐ Vision Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

☐ Prescription Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

SECTION V - ACCESS WAIVER AND SIGNATURE (REQUIRED)

☐ (X if waiving drive time) If my selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

1. SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	2. RELATIONSHIP TO SPONSOR	3. DATE SIGNED (YYYYMMDD)

ENROLLMENT NOTE: Prime enrollment start dates are based primarily on the 20th of the month rule (applications received on/before the 20th of the month are effective the first calendar day of the next month). You should confirm enrollment and PCM assignment before obtaining routine medical care. (Note: This does not apply to TRICARE Overseas Prime or to active duty service members.)

DISENROLLMENT NOTE: In some cases, you may not be able to re-enroll in TRICARE Prime for a 12-month period from the date of the disenrollment. This one year period does not apply to any family member whose sponsor is in grade E-1 to E-4.

PAYMENT OPTIONS: See Section VI on next page.