



DEPARTMENT OF THE ARMY
UNITED STATES ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON-YONGSAN
UNIT #15333
APO AP 96205-5333

IMYN-ZA

22 DEC. 2016

UNITED STATES ARMY GARRISON-YONGSAN (USAG-Y) POLICY LETTER # 26

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Replacement of Government Issue Ration Control Cards (RCC) (USFK Forms 73-1 through 73-5 and 46-3)

1. **REFERENCE:** United States Forces Korea (USFK) Reg. 60-1, Ration Control Policy Access to Duty Free Goods, 2 August 2013.

2. **PURPOSE:** To establish procedures for replacing Ration Control Cards (RCC).

3. **APPLICABILITY:** This policy applies to all USAG-Y personnel.

4. **GENERAL:** This policy ensures properly reporting RCCs as lost or stolen and eliminate potential misuse of lost or stolen documents.

5. **RATION CONTROL CARDS (RCC):**

a. Lost or stolen RCC cards are reported to the Military Police (MP). The MP will issue an Editorial Action Processing Branch (EAPB) Form 6 (See Encl) to verify the RCC is reported lost or stolen.

b. EAPB Form 6 is signed by the sponsor's unit commander, First Sergeant/Chief Petty Officer or Civilian equivalent; but not required for sponsors of the rank O5/GS-14 or above.

c. For individuals without a supervisor, i.e. retirees, un-remarried widows, personnel on leave in Korea from CONUS, EAPB Form 6 is signed and stamped by USAG-Y Directorate of Emergency Services in the Supervisor's block.

d. EAPB Form 6 is submitted to USAG-Y Ration Control Office for approval. Once approved, replace RCC is completed the same day.

e. Approval authority to issue a replacement RCC is granted by Directorate of Human Resources (DHR), USAG-Y, for first time lost or stolen cards. The Deputy

IMYN-ZA

SUBJECT: Replacement of Government Issue Ration Control Cards (USFK Forms 73-1 through 73-5 and 46-3)

Garrison Commander approves those who have multiple reports of lost or stolen cards reflected on EAPB Form 6 before reissuing RCC.

6. **RESPONSIBILITY:**

a. USAG-Y DHR:

(1) In accordance with (IAW) USFK Regulation 60-1, designated as the Garrison Commander's representative as final approval to replace first time lost or stolen RCC.

(2) IAW paragraphs 5c and 6c above, complete Supervisor block of EAPB Form 6.

b. USAG-Y Provost Marshal Office:

(1) Issue EAPB Form 6.

(2) Check for previously reported lost or stolen RCC. Record date and type of card previously reported lost or stolen on EAPB Form 6.

c. USAG-Y Ration Control Office:

(1) Ensure appropriate documents are submitted/approved and BIDS verified prior to issuing a replacement RCC.

(2) Continue to stress the importance of safeguarding Government Issue RCC.

7. Emergencies are addressed on a case-by-case basis and any questions regarding this policy should be addressed to Commander, USAG-Y, ATTN: Directorate of Human Resources, at DSN 738-5017.

Encl
EAPB Form 6



J. SCOTT PETERSON
COL, CA
Commanding

DISTRIBUTION:
A

MILITARY POLICE INTERVIEW WORKSHEET

Retained in Case File

Officer Name:	Patrol #:	Date/Time:	MPR #
Incident/Offence:		Location:	

Data Required By The Privacy Act of 1974
 AUTHORITY: Title 10, United States Code, Section 3013
 ROUTINE USFS: Information is used for law enforcement purposes; provides interface with the Standard Installation/Division System and is a major item used in processing machine records and output sequences for the Military Police Management Information System. Provide Commanders, Law Enforcement Officials and Individuals with means by which information may be accurately extracted for records maintenance and disposition.
 PRINCIPLE PURPOSE: The Social Security Number is used for Law Enforcement purposes as an additional/alternate means of identification of subjects, suspects, victims, complainants, witnesses, spouses and facilitates accurate filing and retrieval.
 DISCLOSURE AND EFFECT: Voluntary. Military and Civilian have no effect.

Personal Data on Person Interviewed

Relation to Case <input type="checkbox"/> Subject <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Complainant <input type="checkbox"/> Other (i.e. Civ Authorities)	Name (Last, First, Middle name, Jr, Sr, Ect)	SSN / FNN / Alien Reg # (circle one)		Protected ID <input type="checkbox"/> Yes <input type="checkbox"/> No
	DOB (YYYY/MM/DD)	Nickname / Alias:	Grade:	Home Phone ()
Category <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Public Health <input type="checkbox"/> NOAA <input type="checkbox"/> Family Member <input type="checkbox"/> Civil Service <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other Gov. Empl <input type="checkbox"/> Foreign Nat'l Empl <input type="checkbox"/> Other Foreign Nat'l <input type="checkbox"/> Retired Military	POB: City, State, Country	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):		DEROS: ETS Date:
	SOFA License: Number: EXP:	State Drivers License: Number: EXP:	State: EXP:	
	Unit / Organization:	Installation / City:		
	UIC:	State / Country	Zip / APO	
	Redeployed in last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation / City:		
	Residence Street Address:	State / Country Zip / APO		
	Hair Color: <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)			
	Eye Color: <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet			
	Complexion: <input type="checkbox"/> Albino <input type="checkbox"/> Light <input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark Brown <input type="checkbox"/> Black <input type="checkbox"/> Ruddy			
Age:	Height:	Weight:	Juvenile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Hair style:	Build:	MOS:	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facial Hair:
Race <input type="checkbox"/> Asian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Origin <input type="checkbox"/> Unknown	Identifying Marks and Locations: Demeanor:	Education: Deployments:	
	Alcohol Related <input type="checkbox"/> Yes <input type="checkbox"/> No	How Dressed At Time of Incident (Clothing, Materials, Colors):		

Security Clearance: None Confidential Secret Top Secret Other (Specify)
 Marital Status: Annulled Divorced Divorce Decree, Not Finalized Legally Separated Married Single Widowed

Sponsor's Information

Category <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Public Health <input type="checkbox"/> NOAA <input type="checkbox"/> Family Member <input type="checkbox"/> Civil Service <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other Gov. Empl <input type="checkbox"/> Foreign Nat'l Empl <input type="checkbox"/> Other Foreign Nat'l <input type="checkbox"/> Retired Military	Name (Last, First, Middle name, Jr, Sr, Ect)	SSN / FNN / Alien Reg # (circle one)		Protected ID <input type="checkbox"/> Yes <input type="checkbox"/> No
	DOB (YYYY/MM/DD)	Nickname / Alias:	Grade:	Home Phone ()
	POB: City, State, Country	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):		DEROS: ETS Date:
	SOFA License: Number: EXP:	State drivers License: Number: EXP:	State: EXP:	
	Unit / Organization:	Installation / City:		
	Redeployed in last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	State / Country	Zip / APO	
	Residence Street Address:	Installation / City:		
		State / Country	Zip / APO	

