

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Accession, Program and Separation Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) eligibility for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature

Date

Printed name and grade/rank

MILITARY EMERGENCY BOAT SERVICE (MEBS) 	ENROLLMENT APPLICATION	FOR OFFICIAL USE ONLY NYNM Form 1155		
NOTICE				
1. Persons applying for service with the Military Emergency Boat Service (MEBS) acknowledge the following: a. New York Naval Militia members are subject to recall to State Active Duty by the Governor of the State of New York. b. Personnel serving with MEBS must be members of the New York Naval Militia. c. Participation in the MEBS program requires a time commitment for training. 2. To apply, follow the guidance found in NYNMINST 5401.1 (series)				
1. APPLICANT INFORMATION				
1a. Last Name	1b. First Name	1c. MI	1d. Rate/Rank	1e. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
1f. Home Address (mailing address)	1g. City	1h. State	1i. Zip Code + 4	1j. Designator/MOS
1k. Home Phone ()	1l. Work Phone ()	1m. Cell Phone ()		
1n. Primary Email Address @		1o. Secondary Email Address @		
2. DRIVER LICENSE INFORMATION Complete the enclosed LENS form				
2a. State of Issue	2b. Drivers License Number	2c. Expiration Date	2d. Class	
3. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION (If applicable)				
3a. Reserve Center Name	3b. Reserve Unit Name	3c. Normal Drill Location		
4. CIVILIAN EMPLOYMENT INFORMATION				
4a. Employer Name	4b. Employer Address	4c. Occupation/Job Title		
5. VESSEL TRAINING (I have completed the following training): NOTE: Provide copies of training completion certificates along with this application.				
BASIC	NYS Safe Boater Course (8-hour classroom, sponsored by NYS Parks) YES <input type="checkbox"/> DATE _____	U.S. Power Squadron Boating Course (America's Boating Course – In classroom) YES <input type="checkbox"/> DATE _____	US Coast Guard Auxiliary Course (About Boating Safety) YES <input type="checkbox"/> DATE _____	
INTERMEDIATE	USCG or NYS Mariner License <input type="checkbox"/> USCG Boat Force Operations Insignia <input type="checkbox"/> GMATS Coxswain Course <input type="checkbox"/> FLETC Inland Boat Operator Training <input type="checkbox"/> NYS PARKS Marine Patrol Vessel Operator Course <input type="checkbox"/> Other _____	US Coast Guard Boat Crewmember Qualification Code or certification letter YES <input type="checkbox"/> DATE _____	US Navy Surface Warfare Officer YES <input type="checkbox"/> DATE _____	
COXSWAIN	US Navy Enlisted Classification Code (NEC) 0160 – Causeway Barge Ferry Pilot <input type="checkbox"/> 0161 – Tugmaster <input type="checkbox"/> 0164 – Patrol Boat Coxswain <input type="checkbox"/> 0167 – LCAC Operator <input type="checkbox"/> 0169 – Causeway Barge Ferry Coxswain <input type="checkbox"/> 0171 – LCU Craftmaster <input type="checkbox"/> 0215 – Harbor/Docking Pilot <input type="checkbox"/>	US NAVY/COAST GUARD SCHOOLS Navy Basic Boat Coxswain, <input type="checkbox"/> Navy Basic Coxswain Phase I or II, <input type="checkbox"/> Navy Coxswains Phase II, <input type="checkbox"/> USCG Coxswain "C" School, <input type="checkbox"/> USCG MLB Basic Coxswain, <input type="checkbox"/> NMBLS Heavy Weather Coxswain <input type="checkbox"/>		
Comments				

See Over

Federal Reserve Billet History

Billet	Reserve Unit	Location	From	To

Additional Boating Instruction / Courses (provide copies of all relevant training)

Course	Location	Date

Criminal History (including DWI, DWUI, BUI):

Date

Signature of Applicant

FOR OFFICIAL USE ONLY:

APPROVED:

DISAPPROVED:

DATE: _____

MEBS Commander _____

Drivers Acknowledgement of Statewide Vehicle Use Policy and LENS Form

I will become familiar with the vehicle owner's manual to ensure proper use and maintenance. I will perform day-to-day care of the fleet vehicle. This will include, but is not limited to maintaining all fluid levels, inspection and proper inflation of tires, and checking for and reporting body damage in accordance with DMNA Reg 56-1, Chapter 4.

I will utilize the WEX Fleet Card and E-ZPass® tags as outlined in DMNA Reg 56-1, Chapters 5 and 6. I will safeguard the fleet vehicle, WEX Fleet Card and E-ZPass® tag against theft or misuse.

I will operate the fleet vehicle in full compliance with all DMNA, federal, local and NYS Vehicle and Traffic (V&T) laws, ordinances, regulations and safety directives including the current NYS Statewide Vehicle Use Policy. I understand that I must disclose any vehicle infraction that revokes or adds restrictions to the use of my driver's license privileges. I understand that I will be held responsible for any NYS Department of Motor Vehicles (DMV) violations from NYS V&T laws, E-ZPass® convictions and/or fines, this includes but is not limited to the following:

- 1.** State vehicles must at all times be operated in full compliance with all applicable federal, state, and local laws and regulations.
- 2.** Use of seat belts by drivers and all passengers, regardless of seating location, in state vehicles is mandatory.
- 3.** No person driving a state vehicle may send or view e-mails or text messages while driving.
- 4.** Employees are strongly encouraged to not use any mobile telephone or electronic communication device while operating a vehicle. If such use must take place, the device must be used in hands-free mode.
- 5.** No person driving a state vehicle may be under the influence of alcohol, recreational drugs, or narcotics that would impair driving.
- 6.** Possession or use of alcohol, illegal drugs, or other intoxicating substances by any person in a state vehicle is strictly prohibited.
- 7.** Smoking of any kind including but not limited to (e)cigarettes, pipes and or vaping in state vehicles is strictly prohibited.
- 8.** All persons are prohibited from carrying, possessing, or transporting firearms, other weapons, or explosive devices in a state vehicle unless expressly authorized to do so in connection with carrying out their official duties.
- 9.** The use of radar detectors in state vehicles is strictly prohibited.
- 10.** Except as otherwise required by traffic, weather, or road conditions, travel should be by the most direct route possible taking into consideration cost-effectiveness, actual distance traveled, and the time to travel such distance.
- 11.** Parking permits or placards issued by the New York State Executive Chamber that grant special parking privileges for state Vehicles may be used only for official state business.
- 12.** The unauthorized use of placards is a crime which may violate the Penal and/or Executive Laws of New York State. Duplication of placards, or the use of altered, reproduced or counterfeited placards is a felony and can result in criminal penalties. Any abuse of placards may result in a criminal referral and/or prosecution as well as non-judicial punishment by DMNA.
- 13.** The driver of a state vehicle shall be personally responsible for all parking, moving, and E-ZPass violations.
- 14.** Unless expressly authorized by the DMNA, no banners, advertising, placards, decals, or stickers may be placed on a state vehicle.

- 15.** All state-owned vehicles must have a permanently affixed, non-transferable E-ZPass, which may not be disabled or removed from the vehicle unless such vehicle is pending surplus procedures. (This requirement may not be applicable to all rental vehicles.)
- 16.** Each vehicle shall contain a placard or information summarizing the general requirements and restrictions on the use of the state vehicle.
- 17.** Drivers will be well rested and plan for appropriate rest breaks.
- 18.** Unofficial or unauthorized passengers in a fleet vehicle is prohibited.
- 19.** Report all accidents to the Fleet Manager within 24-hours.
- 20.** Upon return, clean all interior spaces ensuring the vehicle is free of any trash or debris. If assigned a carwash pass, wash the vehicle's exterior.

I will report all accidents to the Fleet Manager within 24-hours.

Upon return, I will clean all interior spaces ensuring the vehicle is free of any trash or debris. If assigned a carwash pass, I will wash the vehicle's exterior.

Acknowledged:

Printed Name

LENS/License Validation Date
(must be within 12 months for out of state
license holders)

Signature

Fleet Manager