

APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS (COMMISSIONED OFFICERS)

Type or print two copies of this Form. Forward one copy to PHS Shipping Officer serving your station. Retain one copy for your records.

1. TO: (Name and Address of Shipping Officer)	2. FROM: (Last name, first name, middle initial and rank of applicant)	3. TELEPHONE NO. (Applicant) OFFICE _____ HOME _____
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4. PRESENT PERMANENT DUTY STATION (Bureau, Division, City and State) _____

5. I hereby request that my household goods be transported as authorized by attached copy of

NO. ROOMS	APPROX. WT.
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PERSONNEL ORDER TRAVEL ORDER NUMBER _____ DATED _____

THIS ORDER AUTHORIZES SHIPMENT TO (City and State) _____ This order DOES DOES NOT separate or inactivate me from active duty

6. (a) I have previously shipped under order listed in Item 5 above YES NO
(b) If YES list shipment(s) made below

DATE	FROM	TO	G.B.L. NO. (If known)	WT. SHIPPED (If known)

7. SHIPMENT TO BE MADE FROM (Street Address, City and State)	8. TO BE SHIPPED TO (Street Address, City and State)	9. DATE REQUESTED FOR PICKUP 10. DESIRED DATE OF ARRIVAL
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11. EXTRA LOCAL PICKUP (Street Address, City and State)	12. EXTRA LOCAL DELIVERY (Street Address, City and State)
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13. MY MAILING ADDRESS WHILE GOODS ARE IN TRANSIT WILL BE	14. PERSON TO RECEIVE GOODS AT DESTINATION OR DESIGNATED AGENT	15. I REQUEST THAT MY GOODS BE PLACED IN STORAGE AT (City and State)
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16. REMARKS OR ADDITIONAL INFORMATION _____

17. I certify that:

<p>(a) The above requested shipment will consist of household goods in my possession prior to the effective date of my orders.</p> <p>(b) The following items are necessary in the performance of my official duties:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Professional books _____</td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Professional papers _____</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other (Specify) _____</td> <td></td> <td></td> <td></td> </tr> </table>	Professional books _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Professional papers _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Other (Specify) _____				<p>(c) The following appliances will need technical servicing for safe transportation:</p> <p>1. _____ 2. _____</p> <p>3. _____ 4. _____</p> <p>(d) I will immediately notify the origin shipping officer if my orders are modified or cancelled and affect this shipment.</p> <p>(e) I will pay all excess costs incurred as a result of this shipment. (This agreement will not prejudice my right to appeal such costs after payment is made.)</p>	<p>(f) I have not and will not make claim for trailer allowance.</p> <p>(g) Shipment of approximately _____ pounds of my allowance by expedited mode is required to carry out assigned duties or prevent undue hardship to me and/or my dependents.</p>
Professional books _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
Professional papers _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
Other (Specify) _____														

(Signature of Applicant) _____ (Date) _____

FOR ADMINISTRATIVE USE ONLY

REPRESENTATIVE CONTACTED	DATE	REPRESENTING (Name of Company or Agent)
SHIPMENT CONFIRMED PER	DATE	PICK-UP DATE
G.B.L. NO.	NAME OF TRANSPORTATION COMPANY	
	TENDERED TO (Name of Agent)	

<p><input type="checkbox"/> _____ Lot/s Household Goods</p> <p><input type="checkbox"/> Gross _____ Tare _____ Net _____</p> <p><input type="checkbox"/> Weight includes _____ lbs. professional books, papers, etc.</p> <p><input type="checkbox"/> SIT-NTE 90 days at (Name, address and telephone number of agent)</p>	<p><input type="checkbox"/> Excess distance _____ miles Excess charges _____</p> <p><input type="checkbox"/> Excess weight _____ pounds Excess charges _____</p> <p><input type="checkbox"/> Unauthorized services (specify) _____ Excess charges _____</p> <p>Total amount to be paid by Commissioned Corps member to Shipping Officer prior to Shipment of goods (When appropriate) _____</p>
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MARKS: _____

NOTES: _____