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| LAJES PERSONAL PROPERTY WORKSHEET 65lrs.lajes.tmo@us.af.mil DSN: 535-5168 THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 | | | | | Office Hours: Mon, Tues, Thurs: 0800-1400 Wed: 0800-1200 Fri: 0900-1400 | | | TMO COUNSELOR INITIALS: | | | | | | | | |
| AUTHORITY: Title 10 U.S.C. Section 8012 PRINCIPAL PURPOSE(S): Prepare shipping applications to enhance counseling walk ins ROUTINE USE(S): Allot for number and type of shipment. Furnishing the information is voluntary; however, refusal to provide the information could result in the individual's processing time lasting longer. | | | | | | | | | | | | | | | | |
| PLEASE PROVIDE 1 COPY OF YOUR ORDERS | | | | | PCS | | TDY | | SEP | | RET | | LOCAL | | HOR | |
| NAME (LAST, FIRST, <u>FULL</u> MIDDLE NAME): | | | | DATE OF BIRTH (MM/DD/YYYY): | | | DODID: | | | RANK/GRADE: | | | | | | |
| HOME/CELL PHONE: | | | DUTY PHONE: | | PERSONAL EMAIL ADDRESS: | | | | | | | | | | | |
| ORIGIN (P/U ADDRESS, CITY, ST, ZIP): | | | | MARK ANY UNUSUAL ITEMS IN "HHG" SHPMT BELOW: | | | | | | | | | | | | |
| | | | | ALCOHOL ___ CIGAR(S) ___ CONSUMIBLES ___ ENGINE ___ JETSKI ___ KAYAK ___/DIM ___x___x___, ___x___x___ BOAT ___ SURFBOARD ___/DIM ___x___x___, ___X___X___ SCUBA TANK ___ ITEMS CONTAINING LITHIUM BATTERIES ___ FLAT SCREEN TV ___/SIZE ___" ANY ADDITIONAL LARGE OR UNUSUAL ITEMS NOT LISTED ABOVE: | | | | | | | | | | | | |
| DEPENDENTS: YES <input type="checkbox"/> NO <input type="checkbox"/> # 12 YEARS AND OVER _____ # 11 YEARS AND UNDER _____ | | SHIPPING POV YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | |
| INTRANSIT / EMERGENCY ADDRESS (in US): <small>Any address such as a permanent contact address, parents, friends, relatives, etc.</small> | | | INTRANSIT PHONE (in US) DESTINATION PHONE (GAINING BASE) | | | | DESTINATION (CITY, ST, ZIP) or GAINING BASE: | | | | | | | | | |
| ADDITIONAL PICKUP ADDRESS: | | | RELEASING / RECEIVING AGENT (if applicable): NAME: _____ PHONE: _____ EMAIL: _____ | | | | POWER OF ATTORNEY: YES <input type="checkbox"/> NO <input type="checkbox"/> LETTER OF AUTHORIZATION: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| TYPE OF SHIPMENT | EST WEIGHT | MBR'S PRO GEAR (NTE 2000 LBS) | | SPOUSE PRO GEAR (NTE 500 LBS) | | REQUESTED P/U DATE | | ALT P/U DATE | | | | | | | | |
| HOUSEHOLD GOODS (HHG) | | | | | | | | | | | | | | | | |
| UNACCOMPANIED BAGGAGE (TV UP TO 32", NO FURNITURE) | | | | | | | | | | | | | | | | |
| NON-TEMPORARY STORAGE (GOV'T STORAGE) | | | | | | | | | | | | | | | | |
| NON-TEMPORARY STORAGE RELEASE (NTSR) | YOU <u>MUST</u> HAVE A PHYSICAL ADDRESS PRIOR TO RELEASE | | DELIVERY ADDRESS: | | | | | REQUESTED RELEASE DATE: | | | | | | | | |
| PERSONALLY PROCURED MOVE (PPM) DITY | EST WEIGHT: | PROJECTED START DATE: | STATE OF LEGAL RESIDENCE: | ADVANCE REQUESTED: YES ___ NO ___ | | STARTING ADDRESS: | | | | | | | | | | |
| SHIPPING A MOTORCYCLE? YES ___ NO ___ | MAKE & MODEL: | | | YEAR: | CC'S: | WEIGHT: | COUNTRY OF MANUFACTURE: | | | | | | | | | |
| I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE DATES PROVIDED ARE TENTATIVE UNTIL CONFIRMED BY THE KADENA AB PPSO OFFICE. ONCE THE DATES ARE CONFIRMED, IF I NEED TO CHANGE MY DATES I UNDERSTAND THAT I AM REQUIRED TO GET MY COMMANDERS SIGNATURE IN ORDER TO DO SO. SIGNATURE/DATE: | | | | | IF YOU HAVE... WE WILL NEED... UNDER 8,000 lbs.....1 DAY (PACK/LOAD SAMEDAY) 8,000 lbs & UP.....2 DAYS (1 DAY PACK/1 DAY LOAD) ESTIMATE ABOUT 1,000 LBS PER FULLY-FURNISHED ROOM | | | | | | | | | | | |