

POV SHIPMENT REQUEST FORM

Name: _____ Rank & Grade: _____

*COMPLETE U.S. Add (No APO): _____

Phone: (stateside) _____ Cell: _____ DOB _____

Personal Email (legible please): _____

New Unit: _____ New Base: _____

Date Orders turned in to LRS: _____ PLEASE SIGN HERE: _____

TURN IN REQUIREMENTS

CLEANLINESS

I UNDERSTAND THAT, IN ORDER FOR MY POV TO BE ACCEPTED FOR TURN-IN, IT IS MANDATORY TO MEET USDA IMPORTATION REQUIREMENTS. THEREFORE, THE INTERIOR AND EXTERIOR WILL BE “FACTORY” CLEAN AND DEBRIS FREE; INCLUDING: ENGINE COMPARTMENT, WHEEL WELLS, GRILL, DOOR JAMS, HOOD AND TRUCK CREVICES, BENEATH GAS CAP, TRUNK CARPET, SPARE TIRE AREA, SPARE TIRE, SEATS, UNDERNEATH SEATS, CARPETS, MATS, ASHTRAYS, DOOR POCKETS, CONSOLE COMPARTMENTS, ETC. THE UNDERCARRIAGE OF THE POV MUST BE PRESSURE WASHED. THE VPC WILL CONDUCT A “WHITE GLOVE” INSPECTION, AND IF MY POV DOES NOT WITHHOLD THESE STANDARDS OF CLEANLINESS, THE VPC WILL NOT ACCEPT MY POV. _____

PERSONAL PROPERTY

I UNDERSTAND THAT MY POV IS NOT TO BE USED TO SHIP PERSONAL PROPERTY. THE GOVERNMENT WILL NOT BE HELD LIABLE FOR ANY PERSONAL PROPERTY LOSS OR DAMAGE, OTHER THAN VEHICLE RELATED ITEMS, SUCHS AS FIRST AID KITS, TOOLS, CHILD SEATS, TRIANGLES, FIRE EXTINGUISHERS. THE ENTIRE CONTENTS OF MY POV MUST BE DECLARED TO CUSTOMS UPON ENTRY. FAILURE TO DO SO MAY RESULT IN A FINE OR SEIZURE OF THE CAR AND ITS CONTENTS. _____

FUEL

I UNDERSTAND THAT THERE MUST NOT BE MORE THAN 1/4 TANK OF FUEL AT THE TIME OF TURN-IN. _____

FYI: IT IS RECOMMENDED THAT VEHICLE COOLANT LEVEL BE TESTED TO 20F. FAILURE TO SAFEGUARD VEHICLE COOLANT SYSTEM RELEASES THE GOVERNMENT FROM LIABILITY FOR ANY DAMAGES THAT MAY OCCUR. _____

MANUFACTURER'S LABEL

I UNDERSTAND THAT MY POV MUST HAVE THE MANUFACTURER'S LABEL IN ENGLISH AFFIXED TO IT, STATING THAT THE VEHICLE MEETS ALL USDA EMISSION REQUIREMENTS. _____

TIMEFRAME DISCLAIMER

I UNDERSTAND THAT UPON THE TURN IN OF DOCUMENTATION TO LRS, A TIME FRAME OF A MINIMUM OF 30 DAYS IS REQUIRED FOR PRE SHIPMENT PROCEDURES BEFORE MY POV MAY BE SHIPPED. _____

CANCELLATIONS

I UNDERSTAND THIS IS A MANDATORY APPOINTMENT AND ALL CANCELLATIONS MUST BE MADE 48 HOURS IN ADVANCE. _____

IF THE ABOVE REQUIERMENTS ARE NOT MET, THE VPC WILL NOT ACCEPT YOUR POV!!!!

Turn in Date: ____/____/____ Time: ____:____ Destination VPC: _____ Wgt: _____ Cu: _____

Completed by: _____ Date: ____/____/____