**PERSONAL PROPERTY**



**Welcome**

**to**

**PERSONAL PROPERTY & PASSENGER TRAVEL**

**PASSENGER TRAVEL**

# PERSONAL PROPERTY

Location: Bldg T-615



## Hours of Operation

**Monday – Tuesday – Thursday:**

0800 - 1400

**Wednesday:**

0800 - 1200

**Friday:**

0900 - 1400

## Contacts

**DSN: 314-535-5168**

**Email:** [**65LRS.LAJES.TMO@us.af.mil**](mailto:65LRS.LGRD.TMO@us.af.mil)

**NCOIC: SSgt Robert Cantu** [**robert.cantu.3@us.af.mil**](mailto:robert.cantu.3@us.af.mil)

**Transportation Assistant: Ms. Ana Lemos** [**ana.lemos.pt@us.af.mil**](mailto:ana.lemos.pt@us.af.mil)

# PERSONAL PROPERTY

Outbound

Authorized Weight:

**Active Duty**

##### HHG - 25% or 2,500 pounds (whichever is greater) of their JTR authorized weight

***And/Or***

##### Unaccompanied Baggage

**Civilian Employees** HHG - 4,500 pounds of their JTR

##### authorized weight

WHAT DO YOU NEED? PCS ORDERS

HOW DO YOU CREATE YOUR SHIPMENT?

CREATE IT AT

[DPS & Defense Personal Property](https://www.militaryonesource.mil/moving-pcs/moving-personal-property/?utm_source=transcom&utm_medium=printed-material&utm_campaign=pcs-2023) [Program | Military OneSource](https://www.militaryonesource.mil/moving-pcs/moving-personal-property/?utm_source=transcom&utm_medium=printed-material&utm_campaign=pcs-2023)

OR

COMPLETE

[Personal Property Worksheet](#_bookmark0)

WHAT TO DO NEXT?



CALL TMO OFFICE

SEND AN EMAIL TO TMO WITH PCS ORDERS & PERSONAL PROPERTY WORKSHEET

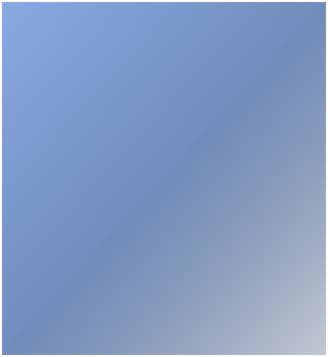
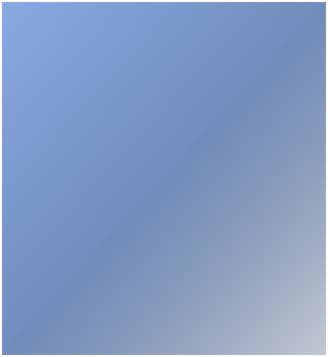
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAJES PERSONAL PROPERTY WORKSHEET**  65Irs.laJestmo@us af mil  DSN: 535-5168  THIS FORM IS SUBJECT TO THE PRIVACY ACT OF ·1974 | | | | | | **Office Hours:**  Mon, Tues, 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 wal ins  ROUTINE USE(S): Allot for number and type of shipment. Furnishing the information is voluntary; however, refusal to provide the information could re.suit in the individual's processing time lastingbnger. | | | | | | | | | | | | |
| ***PLEASEPROVIDE* 1 *COPYOF YOURORDERS*** I PCS | | | | | | | lrnYI | | | SEPI I RET I I LOCAL I IHoR I | | |
| NAME (LAST, FIRST, FULL MIDDLE NAME): IDATE OF BIRTH (MMIDD/YYYY): | | | | | | | | | | DODID: I RANK/GRADE: | | |
| HOME/CELL PHONE: DUTY PHONE:  I | | | | | **PERSONAL EMAIL ADDRESS:** | | | | | | | |
| ORIGIN (P/U ADDRESS, CITY, ST, ZIP): | | | | MARK ANY UNUSUAL ITEMS IN "HHG" SHPMT BELOW:  ALCOHOL- CIGAR(S)\_ CONSUMBLES- 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: YES0N00 | | SHIPPING POV | |
| # 12 YEARS AND OVER --  # 11 YEARS AND UNDER -- | | YES□ NO□ | |
| INTRANSIT I EMERGENCY ADDRESS (in US):  *Any address such* as *a p,1rmaneni com.act* address, *pare friends, rdatives,* ek | | | INTRANSIT PHONE (in US)  DESTINATION PHONE (GAINING BASE)  *nt* | | | | | | DESTINATION (CITY, ST, ZIP) or GAINING  **BASE:** | | | |
| ADDITIONAL **PICKUP ADDRESS:** | | | | RELEASING I RECEIVING AGENT (if applicable): POWER OF ATTORNEY:  **NAME:** YES □ NO□  PHONE: LETTER OF AUTHORIZATION: EMAIL: YES □ NO 0 | | | | | | | | |
| **TYPE OF SHIPMENT** | **EST**  **WEIGHT** | | **MBR'S PRO GEAR**  (NTE 2000 LBSI | | **SPOUSE PRO GEAR**  **(NTE 500LBSI** | | | **REQUESTED P/U DATE** | | | | **ALT P/U DATE** |
| HOUSEHOLDGOODS (HHG) |  | |  | |  | | |  | | | |  |
| UNACCOMPANIEDBAGGAGE (TV UPTO 32", NO FURNITIJRE | ) | |  | | | | |  | | | |  |
| NON-TEMPORARY STORAGE (GOV'T STORAGE) |  | |  | |  | | |  | | | |  |
| NON-TEMPORARYSTORAGE RELEASE (NTSR) | YOU MUSTHAVE A. DELIVERY ADDRESS: REQUESTEDRELEASE  PHYSICAL ADDRESS IDATE:  JJRIOR TO RELEASE | | | | | | | | | | | |
| PERSONALLY PROCURED | EST WEIGHT· | | PROJECTED START STATE OF LEGAL | | | | ADVANCE REQUESTED: I STARTING ADDRESS: | | | | | |
| **MOVE** (PPM) DITY |  | | DATE RESIDENCE:  I | | | | YES - **NO** - | | | | | |
| SHIPPING A MOTORCYQE? I MAKE& MODEL: I YEAR: YES NO | | | | | | | CC'5: I WEIGHT: I 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 | | | | | | **If YOU HAVE... WE WILL NEED ...** | | | | | | |
| 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 SIGN E IN ORDER TO DO SO. | | | | | | UNDER 8,000 lbs. 1 DAY (PACK/LOAD SAMEDAY)  8,000 lbs & UP 2 DAYS (1 DAY PACK/1 DAY LOAD) | | | | | | |
| SIGNATURE/DATE: | | | | | | **ESTIMATE ABOUT 1,000 LBS PER FULLY-FURNISHED ROOM** | | | | | | |



### BE PREPARED

#### PACK / PICK-UP DAY

**SET ASIDE ALL ITEMS THAT**



**YOU WILL TRAVEL WITH**

**IDENTIFY**

**ALL ITEMS**

**TO BE PACKED**

**& SHIPPED AT YOUR UB / HHG**

**CLEAN**

**ALL**

**HIGH RISK ITEMS**

### WHAT ARE HIGH RISK ITEMS?

**ANYTHING THAT HAS COME IN CONTACT WITH OUTSIDE ELEMENTS:**

**SOIL/**

**VEGETATION**

**BIRD NESTS/**

**DROPPINGS**

**INSECTS/**

**SPIDERS**

**SNAILS**



**EXAMPLES: SHOES, RUGS, TRASHCANS, BBQ GRILL, ICE CHEST, MOTOCYCLE, BICYCLE, SPORTS**

**GEAR, GOLF CLUBS, CAMPING EQUIPMENT,…**

### WHY IS IT IMPORTANT TO BE CLEAN?

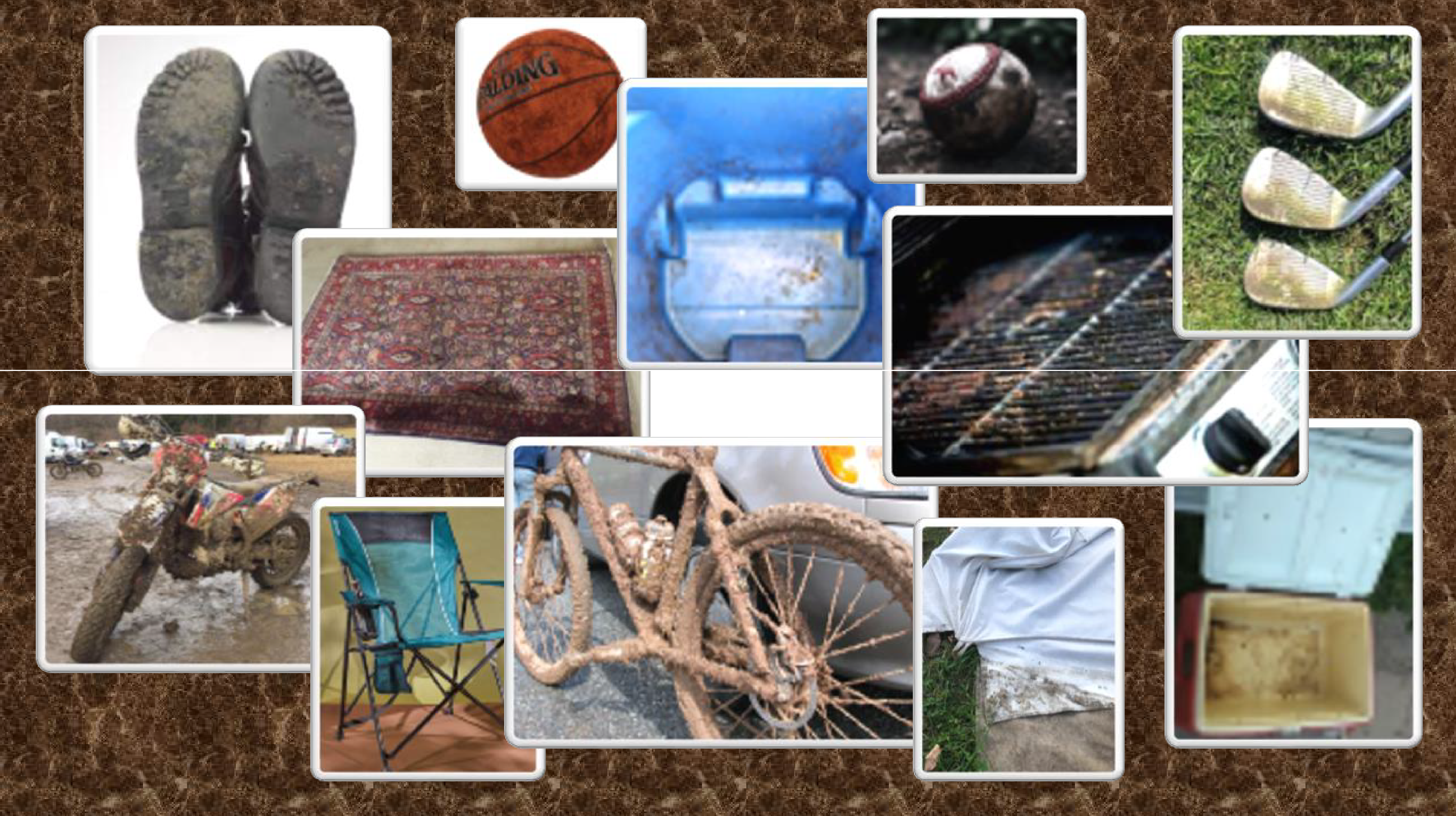


**MICROSCOPIC ORGANISMS HIDE IN SOIL AND CAN ATTACK CROPS WHEN INTRODUCED INTO A NEW ENVIRONMENT**

**EXAMPLE: THE DEADLY FOOT & MOUTH DISEASE VIRUS HIDES IN DOD CARGO (MILITARY GEAR, VEHICLES, ETC.)**

***IMPORTANT:***

**IF YOUR HIGH RISK ITEMS ARE NOT CLEAN AT THE TIME OF PICK-UP, *THEY WILL NOT BE PACKED***



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**NCOIC: SSgt Robert Cantu** [**robert.cantu.3@us.af.mil**](mailto:robert.cantu.3@us.af.mil)

**Transportation Assistant: Ms. Ana Lemos** [**ana.lemos.pt@us.af.mil**](mailto:ana.lemos.pt@us.af.mil)

WHAT DO YOU NEED?

PCS ORDERS / PORT CALL SIGNED

HOW TO RECEIVE RESERVATIONS?

SEND AN EMAIL TO TMO WITH ORDERS & PORT CALL SIGNED BY MPS

WHAT TO DO NEXT?



ONCE RESERVATION IS RECEIVED,

CONTACT TMO & CONFIRM IF IT’S GOOD

TO BE TICKETED, OR REQUEST CHANGES

**PORTCALL WORKSHEET**

To be turned into TMO & MPS

|  |  |  |  |
| --- | --- | --- | --- |
| Rank | Name (Last, First) | DOB (DD/MM/VY) | Gender |
| DODID | NewPDS | DEROS | RNTL |
| Official Email Dutv Phone | | Personal Email Cell Phone | |
| GTC Number | | Exp Date | |
| Emergency Contact: Name | | Phone Number | |

**Please select one of the following travel options:**

**D1**elect to receive tickets directly to my next official PDS (No leave enroute) 10 Day Travel Window to

Preferred departure date

STOP: No further information required. Proceed to Commanders Signature and turn into TMO & MPS.

**D1**elect to travel to the official location of my dependents (Travel allowance MUST be authorized on orders.

10 Day Travel Window to

[I elect to use my COT entitlement. (Overseas PCS Only)](#_bookmark1)

[HORLocation Alternate Requested Location](#_bookmark1)

* [**Note, a cost comparison will be made. If the alternate location is more expensive than HOR, then it will not be authorized, and circuitous travel will be recommended.** \*](#_bookmark1)

[10 Day Travel Window departing Lajes Field to Preferred departure date](#_bookmark1)

[10 Day Travel Window departing COT location to Preferred departure date](#_bookmark1)

[STOP: No further information required. Proceed to Commanders Signature and turn into TMO & MPS. I elect to self-wocure all tickets to personal and/or multiple leave locations -Circuitous Travel](#_bookmark1)

[Desired travel route](#_bookmark1)

[**\*Note: Circuitous Travel MUST be authorized on orders, prior to purchasing tickets. A personal credit card must be used, with the reimbursement being up to what the government would have paid for the authorized point to point PCS locations. For OCONUS-OCONUS assignment, if more than 10 days of leave are taken, then COT will be considered used.** •](#_bookmark1)

[STOP: No further information required. Proceed to Commanders Signature and turn into TMO & MPS.](#_bookmark1)

Preferred departure date Official location

[Additional Comments: (i.e TDY in route, VPC location, etc.)](#_bookmark1)

If government tickets required, requested departure date to next PDS from official location

Dependents Information (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Name (First Last) | DOB (MM/DD/YYYY | Gender | Passport#/ Exp Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Pet Information (if applicable) | | | |
| Cat or Dog | Breed **("Mix''** not permitted} | Kennel Dimensions (LxWxH) | Combined Pet & Kennel Weight |
|  |  |  |  |
|  |  |  |  |

[Member is approved to depart Lajes Field on or after](#_bookmark1)

[1st Ind (Commander/Flight Chief or Designated Rep)](#_bookmark1)

[(Signature of Commander/Flight Chief)](#_bookmark1)

[(Printed/Typed name Commander/Flight Chief)](#_bookmark1)

* + If traveling via AMC; Only 2 pets per family, including mil-mil couples. Maximum combined pet/kennel weight is 150 lbs for AMC and 99Ibs for commercial. Snub nose breeds are NOT permitted via commercial.•

STOP: No further information required. Proceed to Commanders Signature and turn into TMO & MPS.

[2 nd Ind (Military Personnel Section)](#_bookmark1)

[(Signature of Military Personnel Section)](#_bookmark1)

[(Printed name)](#_bookmark1)

[**"Privacy Act Information: This information is.subject to the Privacy Act of 1974 and is For Official Use Only."**](#_bookmark1)

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#### TRAVEL OPTIONS

**Tickets to next PDS**

**Tickets to dependents’**

**official location**

**Tickets to use COT (Overseas PCS only)**

**Tickets to other locations (than official)**

Send Orders & Port Call to TMO

**Authorized NOT**

**on Orders Authorized**

Send **Circuitous Travel Request** to MPS for approval

Reservations will be done

Send Orders & Port Call to TMO

Contact MPS for

Amendments

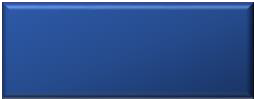
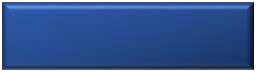
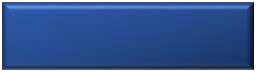
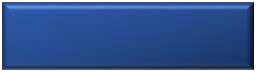
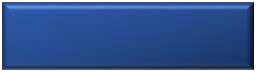
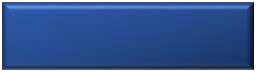
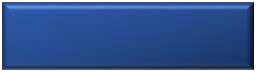
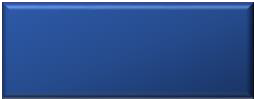
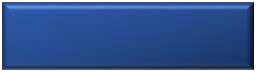
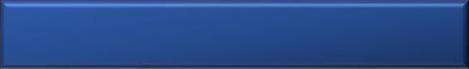
Send it to TMO for costs

Reservations will be done

Send Orders, Amends & Port Call to TMO

Send to MPS for Amends

Confirm if reservation is good to be ticketed or request



changes

Reservations will be done

AMENDS RECEIVED SELF-PROCURE TICKETS

DEPARTMENT OF THE AIR FORCE

**86TH AIRLIFT WING (USAFE)**

1. l must have sufficient funds in my possession to defray tJ1e cost of travel where govemment transportation is not furnished I understand and accept the responsibility for compliance with the travel requirements as outlined in ilie Foreign Clearance Guide (https://[www.fcg.pentagon.n1.il/).](http://www.fcg.pentagon.n1.il/)) (Initials)

MEMORANDUM FOR 65 FSS/FSMPD DATE:

FROM· (Rank/Name/Unit/Office Symbol)

SUBJECT: Request for Circuitous Travel

* 1. Under the provisions of AFC 24-602 VI, [ am requesting pennission to travel for myself by the circuitous route indicated below, in collllection with my permanent change of station (PCS) between (Old PDS) Lajes Field Azores to (New PDS) during the monili of \_
  2. Additional information submitted:

a. Traveler(s) Name/SSAN (list each):

1st Ind, 65 FSS/FSMPD

Approve *I* Disappron

(Signah1re of Individual)

(Printed!rype Name/ Rank/ SSN)

Career Development Counselor

(Printed/Type Nan1e/ Rank/ SSN)

b Circuitous route (list all locations): **to**

(Location) (Location)

to to to (Location) (Location) (PDS)

2nd lnd, 65 LRS/TMO and/or CTO

Under the prov1sions of AFI 24-602vl (Name, Rank, SSAN), is authorized from to for circuitous

c Space-available segment(s) if any: to

travel. Traveler's authorized nonnal route is:

(old

1. Space-required segment(s):

AMC: lo \_

Commercial·----------- to -------------

1. Travel window (AMC space required only):
2. Foreign Flag Carrier: YES/NO

3.[fapproved, 11 1s my respons1billty to ensure MPF annotates authorization of crrcmtous travel and/ or use of foreign flag earner m my travel orders\_Travelers must make all official travel arrangements through LGRD/CTO, to include enroute tra,,el changes to ensure reimbursement c.ansicleratiom are not jeopa1·dized. l lmderstand l may use my GTC in purchasiog collllllercial airlioe tickets from the CTO/LGRD and subject to reinlbursement up to ilie government cost as detennined LGRD/CTO. (l1l1hals)

4 For any AMC space-reqmred portion of my travel, the LGRD/CTO must make all travel arrangements, perform cost comparison, and, if necessary, collect any excess cost. For AMC space­ available portions of my travel, l am solely responsible for making all the travel arrangements for my circuitous route. (In1hals)

PDS) to (new PDS) and is authorized rein1bursement in the an1ount of $ \_ (state ' 0 E" if there's no reimbursement authorized). The AMC portion of iliis request resulted m tJ1e exc.ess cost amount of$ (state' 0 E" 1.f there's no excess cost). Reimbursement for travel on foreign flag carrier is authorized if U.S. 11.ag carriers are not available on the direct/nonual route and not available on the circuitous route" If you have any questions orconcems please email or call us at 535-3442/1246.

TA for TO

WILLIAM D. BELLMORE, GS-12, DAF

Installation Transportation Officer