

# NAVAL STATION NEWPORT HOUSEHOLD GOODS SHIPMENT REQUEST



THIS FORM MUST BE COMPLETED AND TURNED IN WITH 4 SETS OF ORDERS TO PERSONAL PROPERTY BEFORE APPOINTMENT CAN BE GIVEN.

APPOINTMENT: DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME:	SSN:	SHIPMENT NUMBER:	RANK/GRADE
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HAVE YOU MADE PREVIOUS SHIPMENTS ON YOUR CURRENT ORDERS?  YES  NO

BRANCH OF SERVICE: <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USA <input type="checkbox"/> CIV	DEPENDENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF ORDERS/DUTY: <input type="checkbox"/> PERMANENT (PCS) <input type="checkbox"/> TEMPORARY (TDY)	DATE OF ORDERS:	ORDER NUMBER:
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Requested Delivery Date	ESTIMATED WEIGHT	PROFESSIONAL GEAR WEIGHT (INITIAL)	DOES SHPMT. INCLUDE FURNITURE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PRIMARY PACK DATE:	PRIMARY PICK UP DATE:	ALTERNATE PACK DATE:	ALTERNATE PICK UP DATE:
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PROVIDE EXACT ADDRESS (STREET, COUNTY, CITY, STATE) IF SHIP TO STREET IS UNKNOWN, PROVIDE CITY COUNTY & STATE

SHIP FROM: _____ _____ _____ PHONE: Home _____ Work _____ RELEASING AGENT: _____	SHIP TO: _____ _____ _____ PHONE: _____ RECEIVING AGENT: _____
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IF SHIPMENT <b>DOES NOT</b> INCLUDE FURNITURE, LIST ITEMS TO BE SHIPPED:	SPECIAL: (Special wrapping/crating, hoisting, narrow street, other)  <input type="checkbox"/> NONE <input type="checkbox"/> YES (Please List) _____ _____ _____ _____
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EXTRA PICKUP ADDRESS:	EXTRA DELIVERY ADDRESS:
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INTRANSIT/LEAVE ADDRESS PHONE NUMBER AND ADDRESS: (Someone you keep in contact with.)

CHECK AS MANY AS APPLY:

NONE  FIREARMS  ALCOHOL  MOTORCYCLE  PROPANE TANK  PARTIAL DELIVERY OF PREDESIGNATED ITEMS

OTHER INFORMATION \_\_\_\_\_

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