

CHANGE IN SHIPMENT DATA OR REQUEST FOR APPROVAL OF ADDITIONAL SERVICES

(For use of this form, see DOD 4500-9-R. Proponency is DOL.)

PRIVACY ACT NOTICE

AUTHORITY: 10 USC 3013, EO 9397; and JFTR, Military Traffic Management Command

PRINCIPAL PURPOSE: The information will be used to search and verify records in order to change shipment data or to request approval for additional shipping or handling services.

ROUTINE USES: The information may be disclosed to commercial carriers to identify ownership, verify delivery of shipment, support billing for services rendered, and justify claims for loss, damage, or theft.

DISCLOSURE: Disclosure is voluntary; however, failure to provide requested information may hinder or prevent service due to inadequate data.

1. LAST FOUR DIGITS OF SSN: _____

| | | | | |
|---------------|----------|----------|---------|----------|
| 2. REQUESTOR: | 3. DATE: | 4. TIME: | 5. GBL: | 6. MODE: |
|---------------|----------|----------|---------|----------|

| | | |
|-----------|----------|---------------|
| 7. OWNER: | 8. RANK: | 9. TELEPHONE: |
|-----------|----------|---------------|

| | | |
|--------------|--------------|------------|
| 10. ADDRESS: | 11. CARRIER: | 12. AGENT: |
|--------------|--------------|------------|

| | | |
|---|------------------|---------------------|
| 13. ORIGIN SERVICES: | PACK DATE: _____ | PICK-UP DATE: _____ |
| <input type="checkbox"/> LONG CARRY <input type="checkbox"/> FRONT LOAD WASHER <input type="checkbox"/> CHANGE TO SHIPMENT <input type="checkbox"/> FLIGHT CARRY <input type="checkbox"/> PIANO/ORGAN CARRY <input type="checkbox"/> ATTEMPTED AT ORIGIN <input type="checkbox"/> SHUTTLE <input type="checkbox"/> SHRUNK DISASSEMBLY <input type="checkbox"/> AUTHORIZE CRATES OTHER: _____ | | |

| | | | |
|---|----------------------|---------------|---------------|
| 14. DESTINATION SERVICES: | DELIVERY DATE: _____ | ORIGIN: _____ | WEIGHT: _____ |
| <input type="checkbox"/> LONG CARRY <input type="checkbox"/> FRONT LOAD WASHER <input type="checkbox"/> WITNESS RE-WEIGH <input type="checkbox"/> FLIGHT CARRY <input type="checkbox"/> PIANO/ORGAN CARRY <input type="checkbox"/> ATTEMPTED AT DESTINATION <input type="checkbox"/> SHUTTLE <input type="checkbox"/> SHRUNK DISASSEMBLY <input type="checkbox"/> ADDRESS CHECK OTHER: _____ | | | |

15. SHIPMENT CHANGE DATA:

CHANGE PICKUP ADDRESS TO: _____

CHANGE DATES: PACK: _____ PICK-UP: _____

CHANGE DELIVERY ADDRESS TO: _____

CANCEL SHIPMENT COMPLETELY BECAUSE: _____

CANCEL SCHEDULED DATES. HOLD FILE _____ NEW DATES O / A _____

DESIGNATE / CHANGE AGENT TO: _____

OTHER: _____

16. REMARKS:

| | |
|-------------------------------|----------------------------|
| 17. MEMBER'S SIGNATURE: _____ | 18. ACKNOWLEDGED BY: _____ |
|-------------------------------|----------------------------|

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|-------------------------------|-------|-------|---------|
| 19. QUALITY CONTROL NOTIFIED: | DATE: | TIME: | INITIAL |
| 20. DISPATCHED TO INSPECTOR: | DATE: | TIME: | INITIAL |
| 21. REQUESTOR NOTIFIED: | DATE: | TIME: | INITIAL |
| 22. CHANGE POSTED TO FILE: | DATE: | TIME: | INITIAL |

APPROVED DISAPPROVED

23. SIGNATURE OF APPROVING / DISAPPROVING OFFICIAL

APPROVAL NUMBER