

## CHAPTER 407

### MOBILE HOMES

#### A. GENERAL

1. This chapter has been reviewed by the Per Diem, Travel and Transportation Allowance Committee staff as PDTATAC Case RR13004. The contents of this chapter apply to the movement of privately owned mobile homes within the CONUS, between the CONUS and Alaska, and within Alaska.
2. A mobile home is a mobile dwelling constructed or converted and intended for use as a permanent residence and designed to be moved, either self-propelled or towed. Examples of mobile homes are a:
  - a. House trailer,
  - b. Privately owned railcar converted for use as a residence (51 Comp. Gen. 806 (1972)),
  - c. Boat a member uses as the place of principal residence (62 Comp. Gen. 292 (1983)),
3. HHG and PBP&E contained in the mobile home and owned/intended for use by the customer or the customer's dependents are part of the mobile home. Shipping costs must not exceed what it would have cost the government to ship the customer's maximum HHG weight allowance in one lot between authorized places at the Government 'Best Value' cost. Shipment options are:
  - a. Government Arranged. The customer makes arrangements through the PPSO or PPPO.
  - b. Personally Procured Moves (PPM). The member obtains authorization from the PPSO/PPPO and is authorized to draw an advance mobile home operating allowance NTE the estimated amount allowable and may not be paid directly to a carrier.
4. For entitlement eligibility, consult the JTR.

#### B. COUNSELING

The PPSO/PPPO must provide the customer a copy or the web link to Defense Transportation Regulation, Part IV, Attachment K5, "Moving Your Mobile Home", <http://www.sddc.army.mil/PP/default.aspx> and select "Moving Your Mobile Home" and counsel the customer on all information contained in the counseling checklist DD Form 1797, Personal Property Counseling Checklist, [Figure 407-7](#).

#### C. RATES

1. OTO rates for the movement of mobile homes are obtained from SDDC. Refer to the Mobile Home/Boat Rate Solicitation for all TSP responsibilities and procedures.
2. The following information pertains to Mobile Home One-Time-Only (MOTO) rates:
  - a. The PPSO responsible for shipping the mobile home must provide SDDC the complete information contained in the MOTO Request Format, [Figure 407-2](#).
  - b. MOTO requests must be made as soon as possible, but not less than 20 days prior to the requested pickup date. (Emergency requests must be handled as required.)
  - c. A tender is valid for up to 30 days from the original solicitation pickup date. Movement of the mobile home must occur prior to the tender expiration date. In the event that certain conditions (e.g., repairs) prevent movement prior to the tender expiration date, the PPSO

- must notify SDDC who will determine whether an extension to the expiration date is feasible, or to solicit a new MOTO rate.
3. For PPMs use the rate provided by DPS

#### **D. TSP AND AGENT FACILITIES**

DOD-approved mobile home TSPs are not required to have an agent or TSP-operated facility within the AOR of an installation to be qualified to participate in mobile home traffic. A TSP may designate any DOD-approved storage facility.

#### **E. AUTHORIZATION OF ACCESSORIAL SERVICES**

1. Upon request of the customer, SDDC may authorize the TSP to perform additional requirements not included in the MOTO rate. If the customer requests additional services, the TSP will send a rate revision request to SDDC who will request and negotiate a rate for any additional services. All additional services performed by the TSP must be listed on the DD Form 1863, Accessorial Services-Mobile Homes, [Figure 407-3](#), and certified by the PPSO or customer.
2. Any repairs or other services necessary for the movement of a mobile home must be identified by the TSP on a DD Form 1863, supported by signed receipts for each repair or service provided. DD Form 1863 entries must be itemized and supported with third-party invoices indicating costs for labor and material separately. The customer or PPSO must verify that the services are described correctly and supported properly before signing the DD Form 1863.

#### **F. SHIPMENT PROCEDURES**

1. When a mobile home is not ready for pickup within 48 hours of the agreed date, the customer must notify the TSP of the delay. A new pickup date must be established based upon the date the mobile home is ready for movement, the member's/employee's requirements, and the TSPs capability. Shipments must be tendered to the TSP prior to the expiration date (30 days from original solicitation pickup date).
2. Repairs and Services En Route to Destination.
  - a. The TSP is authorized to incur expenses up to \$150 per shipment without the prior approval of the customer for necessary repairs and services while en route to destination. Such repairs and services do not include expenses for tire repair or replacement.
  - b. The customer must authorize, in writing, on the reverse of the Mobile Home Counseling Checklist ([Figure 407-1](#)), any amount in excess of \$150 that the TSP may incur for repairs and services without first obtaining authorization from the customer. The origin PPSO based on the member's/employee's written authorization, must authorize the TSP to incur expenses above the \$150 limit, but not to exceed the amount specified by the customer. The amount specified by the customer must be annotated in the remarks blocks of both the BL and DD Form 1863.
  - c. In the event the TSP is unable to contact the customer, the TSP will contact the origin or destination PPSO for a determination to continue movement of the mobile home.
3. DD Form 1412, Inventory of Articles Shipped in House Trailer, [Figure 407-4](#). The TSP must prepare and distribute DD Form 1412 IAW the rate solicitation.
4. DD Form 1800, Mobile Home Inspection Record, [Figure 407-5](#), describes a mobile home's condition before and after shipment. The origin PPSO must prepare a DD Form 1800 for each mobile home shipment and provide to the TSP with the BL. The TSP completes the origin portion of the form at the time of pickup. The delivering TSP at destination must complete the

destination portion. Sections of the form are reserved for the origin and destination PPSO/PPPO when a visual inspection of the mobile home is made by the PPSO/PPPO.

- a. Preparation by the Origin PPSO/PPPO. Upon notification from the customer that all pre-move requirements have been completed, the PPSO prepares an original plus five copies of DD Form 1800. The origin TO must complete Part I, II, and the origin portion of Part III.
  - b. TSP Entries. If the customer does not agree with the TSP's description of the mobile home's condition at origin or destination, the customer must list exceptions on the reverse side of the form. Regardless of exceptions taken, the customer must sign the form.
  - c. Distribution. After completing the portions of the inspection form, the TSP must make distribution IAW the rate solicitation.
5. DD Form 1799, Member's Report on Carrier Performance--Mobile Home, [Figure 407-6](#). The destination PPSO/PPPO completes Section I, DD Form 1799, and provides it to the customer during the destination inspection. The customer must be instructed to return the form to the destination PPSO within 10 days.
- a. The destination PPSO must forward one copy, of the completed DD Form 1799, to the origin PPSO.
6. Notification of Loss or Damage AT Delivery, [Figure 407-8](#), and Notification of Loss or Damage AFTER Delivery, [Figure 407-9](#), must be used to record all loss or damage to each article listed on the inventory.
7. TSP Refusal of Shipment Due to Mobile Home Being Not Road-Worthy. If the TSP's inspection reveals a deficiency and renders the mobile home unsafe or unlawful for transportation, the origin PPSO must be notified and must instruct the customer to have the deficiency corrected. If correction is not possible before or on the agreed date of pickup, the decision must be made by the PPSO/PPPO and the customer to either authorize payment for waiting time of the driver (and possibly an escort) while repairs, alterations, or modifications are being completed or to terminate the BL. If the driver elects to perform the necessary work, waiting time is not authorized; however, the customer is responsible for furnishing the required materials and/or supplies to make the mobile home road-worthy. Under no circumstance may the PPSO/PPPO release the mobile home for shipment until it is considered by the TSP to be safe and practicable to move.
8. Use of Commercial Wrecker Service.
- a. The customer must inform the PPSO when a wrecker service may be required at origin. The TSP must inspect the ground leading to and under the mobile home to determine whether the mobile home may be moved safely. If ground conditions are such that the mobile home may be damaged by the TSP's equipment, the TSP must contact the PPSO/PPPO and request authorization to use a commercial wrecker service.
  - b. When it is determined that a commercial wrecker service is required, the PPSO/PPPO must authorize the TSP to make the necessary arrangements.
9. Transit Load Limitations.
- a. The design and construction of a mobile home only allows for the weight of all fixed service equipment, plumbing fixtures, heating and air conditioning equipment, appliances, and built-in furniture.
  - b. In the movement of a mobile home, the manufacturer's recommended gross weight must not be exceeded. If the recommended gross weight is unknown, an allowance of three pounds per square foot of unused (open) floor area may be permitted for the added weight of items to be left in the mobile home during movement, as determined by the TSP.

- c. If the mobile home exceeds the manufacturer's recommended gross weight, the member must be provided the opportunity to arrange for a separate shipment of excess items or to dispose of them by some other means. See the JTR, Par. 5208 D.5, HHG Removed from a Mobile Home to Meet Safety Requirements (Uniformed Members Only).

**NOTE:** There is no authorization to ship HHG separate from the mobile home for civilian employees. Any cost incurred is borne by the employee for this service (JTR, Chapter 5, Part B).

10. Termination of Mobile Home Shipment. A shipment must be terminated when ordered by the PPSO. Termination of service is normally used in cases of violation of federal, state, or local laws; violation of TOS; improper performance of service; or cancellation of member's/employee's orders. The following applies:
  - a. Any charges for authorized services, performed to point of termination, must be paid IAW the rate tender.
  - b. SIT charges must be paid when authorized by the PPSO.
  - c. A termination of service that requires the transfer of a mobile home from one TSP to another must be coordinated with SDDC. At the time of transfer, each TSP must verify the inventory and note any damage to the mobile home. The PPSO must issue a new BL to the new TSP that cross-references the BL of the terminated TSP .
  - d. The PPSO must notify SDDC if a shipment is terminated. SDDC will negotiate with the TSP for a new rate for movement/handling to termination point. SDDC will then notify the origin PPSO (via DPS) of the negotiated rate who must issue a SF 1200 Government Bill of Lading Correction Notice, [Figure 407-11](#), to show the termination point and the correct rate.
11. Third Party Services. When requested and approved by the PPSO, the TSP must arrange for third party services not included in the MOTO rate.

## G. SIT

1. Authorization for SIT. Mobile homes may be stored in a DOD approved storage facility or a commercial storage facility (including outside storage facility) designed to prevent unlawful entry, pilferage, vandalism, and damage to the mobile home. The location of the SIT facility is at the discretion of the TSP, but must be so located to the required destination to afford timely delivery to the customer.
  - a. Origin. SIT may be used only when authorized by the PPSO. Refer to the JTR (Chapter 5) as SIT requirements are more stringent for civilian employees.
  - b. En Route. If an approved DOD storage facility is not available at origin or destination, the TSP must coordinate efforts with the PPSO to use any DOD-approved storage facility or commercial storage facility (including outside storage facility) designed to prevent unlawful entry, pilferage, vandalism, and damage to the mobile home along the proposed route of movement. The PPSO originating the shipment must serve as the POC with the TSP until the shipment arrives in the destination PPSOs AOR.
  - c. Destination. When the TSP notifies the destination PPSO of the arrival of the mobile home and the customer is not available to accept delivery, the destination PPSO must issue a SIT control number to the TSP. The SIT location, SIT control number, and the date the shipment is placed in SIT must be entered on the DD Form 1863.
2. Withdrawal of HHG from SIT Facility. Members/employees may withdraw HHG from the mobile home while it is in SIT provided coordination is accomplished with the PPSO. However,

movement of the HHG withdrawn must be accomplished by the customer at no expense to the Government.

3. Delivery Out of SIT. Delivery out should be arranged between the customer and the TSP. When requested by the customer, the PPSO who has control of shipment must contact the TSP and arrange for delivery.

## H. SHIPMENT TO AND WITHIN ALASKA

1. Mobile Home Problems in Alaska.
  - a. Mobile homes constructed with sufficient insulation to afford protection from the cold in the CONUS may be insufficient during the lengthy cold weather periods in Alaska, where temperatures often reach minus 50 degrees Fahrenheit or lower. The customer must be advised of the strict construction standards that apply to mobile homes entering Alaska. A member applying for shipment must produce a document indicating the mobile home complies with the State of Alaska specifications. Information concerning Alaska standards can be obtained from the State of Alaska, Department of Commerce, Weights and Measures, 12050 Industry Way, Bldg O, Suite 6, Anchorage, AK 99515.
  - b. Consignment Instructions. Shipments of mobile homes from CONUS to Alaska must be consigned IAW the PPCIG.
2. Shipments within Alaska. Intrastate mobile home shipments in Alaska are governed by the CONUS movement procedures and IAW specific state regulatory agencies.

## I. QUALITY CONTROL

The PPSO/PPPO must inspect as many mobile home shipments as possible originating and terminating within their AOR.

## J. TSP PERFORMANCE

1. TSP Performance Files. PPSOs must establish a TSP performance file for each mobile home TSP that serves their AOR. The file must contain all pertinent data relating to the mobile home TSP's performance. The files may be maintained in DPS, electronically, and/or hard copy. PPSO's should utilize DPS capabilities to the fullest extent possible, minimizing hard copies.
2. When a TSP or TSP's agent violates any provision of the TOS, rules and regulations of rate tariffs/tenders, legal requirements, or commits unethical acts, the PPSO should consider punitive action (reference Chapter 405) and issue a DD Form 1814, Warning/Suspension/Reinstatement/Cancellation of Warning, [Figure 407-10](#) and forward to SDDC for review and consideration for non-use action.

### MOBILE HOME COUNSELING CHECKLIST

1. Advise the customer of projected excess costs. After receiving the MOTO rate, advise the customer of updated excess cost.
2. Most states have special regulations with respect to the speed/route of travel, time of day and week a mobile home may be moved, weather conditions, lighting, escorts, that may affect the transit time/cost.
3. Alaska requires a document indicating the mobile home complies with the State of Alaska specifications.

**Figure 407-1. Mobile Home Counseling Checklist**

### MOBILE HOME REQUEST FORMAT

1. Member's Information:  
Name: Rank/Grade: SSN (last 4):  
Branch of Service:
2. Pickup information: Origin BLOC:  
Address: City: County/Parish:  
State: Zip:
3. Destination information: Destination BLOC:  
Address: City: County/Parish:  
State: Zip:
4. Requested pickup date:
5. Requested delivery date:
6. Accessorials requested: (Services to be performed by carrier: Use the 400GNG Tariff item numbers to include any accessorial services and any special services required for the movement of the Mobile Home (i.e., wrecker service, crane):
7. Total number of SIT days requested and location for SIT (if applicable) (i.e., 20 days, SIT at Origin):
8. Mobile Home information: (Enter dimensions in feet and inches (i.e., 16 ft 7 in))  
Length: Width: Height:  
Make: Model: Year:  
Double Wide or Expando: Pitched roof or Hinged roof :  
Note: If Mobile Home has anything special that a TSP needs to know for transporting, annotate in "Additional Remarks".
9. PPSO Point of Contact information:  
Name: DSN: Commercial:  
E-mail address:
10. Additional Remarks:

**Figure 407-2. MOTO E-mail Format**

<b>ACCESSORIAL SERVICES - MOBILE HOMES</b> <i>(Prescribed by DoD 4500.34R)</i>			
SECTION I - IDENTIFICATION OF SHIPMENT			
1. ORDERING ACTIVITY/INSTALLATION	2a. OWNER NAME <i>(Last, First, Middle Initial)</i>	b. RANK OR GRADE	
3. MOBILE HOME DESCRIPTION			
a. MAKE	b. SERIAL NUMBER	c. SIZE	d. YEAR
4. BILL OF LADING NUMBER		5. DATE OF SHIPMENT <i>(YYYYMMDD)</i>	
6. ORIGIN OF SHIPMENT		7. DESTINATION OF SHIPMENT	
SECTION II - CERTIFICATE OF CARRIER			
8. CARRIER FURNISHED MATERIALS/PERFORMED SERVICES AS INDICATED HEREON <i>(X as applicable)</i>			
<input type="checkbox"/>	AT ORIGIN	<input type="checkbox"/>	AT DESTINATION
<input type="checkbox"/>		<input type="checkbox"/>	OTHER
9. REMARKS			
10a. CARRIER NAME			b. SCAC
11. CARRIER REPRESENTATIVE			
a. SIGNATURE		b. TITLE	c. DATE SIGNED <i>(YYYYMMDD)</i>
SECTION III - STORAGE-IN-TRANSIT (SIT) <i>(Carrier will enter complete information or "NONE")</i>			
12. STORED AT <i>(City and State)</i>		13. SIT CONTROL NUMBER	
14. DATE IN <i>(YYYYMMDD)</i>	15. DATE OUT <i>(YYYYMMDD)</i>	16. NUMBER OF DAYS	
17a. TRANSPORTATION OFFICER SIGNATURE			b. DATE SIGNED <i>(YYYYMMDD)</i>

**Figure 407-3. DD Form 1863, Accessorial Services – Mobile Homes**

SECTION IV - ACCESSORIAL SERVICES PROVIDED <i>(Carrier will enter complete information or "N/A")</i>		
<b>18. ORIGIN SERVICES</b>		
DESCRIPTION (1)	UNIT PRICE (2)	CHARGE OR NO CHARGE (N/C) (3)
a. UNBLOCK		
b. PACK		
c. UNANCHOR		
d. UNSKIRT		
e. EXPANDO - REMOVE		
f. DOUBLE-WIDE - SEPARATE		
g. UTILITIES - DISCONNECT		
h. LABOR CHARGE		
i. WAITING TIME		
j. PREPARATION FOR MOVEMENT		
k. APPLIANCE SERVICING		
l. OTHER:		
19a. CARRIER SIGNATURE		b. DATE SIGNED (YYYYMMDD)
DO NOT SIGN UNTIL CARRIER HAS COMPLETED ALL COLUMNS IN ITEM 18 ABOVE.		
20a. MEMBER SIGNATURE		b. DATE SIGNED (YYYYMMDD)
<b>21. DESTINATION SERVICES</b>		
DESCRIPTION (1)	UNIT PRICE (2)	CHARGE OR NO CHARGE (N/C) (3)
a. BLOCK		
b. UNPACK		
c. ANCHOR		
d. SKIRT		
e. EXPANDO - INSTALL		
f. DOUBLE-WIDE - REASSEMBLE		
g. UTILITIES - RECONNECT		
h. LABOR CHARGE		
i. WAITING TIME		
j. OTHER:		
22a. CARRIER SIGNATURE		b. DATE SIGNED (YYYYMMDD)
DO NOT SIGN UNTIL CARRIER HAS COMPLETED ALL COLUMNS IN ITEM 21 ABOVE.		
23a. MEMBER SIGNATURE		b. DATE SIGNED (YYYYMMDD)

DD FORM 1863 (BACK), SEP 1998

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**Figure 407-3. DD Form 1863 (Back), Accessorial Services – Mobile Home (Cont'd)**

INVENTORY OF ARTICLES SHIPPED IN HOUSE TRAILER						PAGE	OF	PAGES	
CARRIER			CARRIER'S REFERENCE NO.  GBL NO.		OWNER'S GRADE OR RATING AND NAME				
ORIGIN LOADING ADDRESS <i>(City and State)</i>				DESTINATION <i>(City and State)</i>					
SYMBOLS <i>(The omission of these symbols indicates good condition except for normal wear.)</i>						LOCATION			
BE - BENT BR - BROKEN BU - BURNED CH - CHIPPED CU - CONTENTS AND CONDITION UNKNOWN		D - DENTED F - FADED G - GOUGED L - LOOSE M - MARRED MI - MILDEW		MP - MOTH EATEN CP - PACKED BY CARRIER PBO - PACKED BY OWNER R - RUBBED		RU - RUSTED SC - SCRATCHED SH - SHORT SO - SOILED T - TORN W - BADLY WORN		Z - CRACKED  1. ARM 2. BOTTOM 3. CORNER 4. FRONT 5. LEFT 6. LEG	
7. REAR 8. RIGHT 9. SIDE 10. TOP 11. VENEER 12. EDGE									
ITEM NO.	ARTICLES	CON- DIT- ION AT ORIGIN	EXCEP- TION AT DEST <i>(If any)</i>	ITEM NO.	ARTICLES	CON- DIT- ION AT ORIGIN	EXCEP- TION AT DEST <i>(If any)</i>		
1				1					
2				2					
3				3					
4				4					
5				5					
6				6					
7				7					
8				8					
9				9					
0				0					
1				1					
2				2					
3				3					
4				4					
5				5					
6				6					
7				7					
8				8					
9				9					
0				0					
1				1					
2				2					
3				3					
4				4					
5				5					
6				6					
7				7					
8				8					
9				9					
0				0					
REMARKS/EXCEPTIONS <i>(Include item numbers.)</i>									
"We have checked all the items listed and numbered 1 to _____ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."									
ORIGIN				DESTINATION					
SIGNATURE <i>(Carrier (Driver))</i>		DATE		SIGNATURE <i>(Carrier (Driver))</i>		DATE			
SIGNATURE <i>(Owner or authorized agent)</i>		DATE		SIGNATURE <i>(Owner or authorized agent)</i>		DATE			

DD Form 1412, JUL 74

PREVIOUS EDITION WILL BE USED.

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**Figure 407-4. DD Form 1412, Inventory of Articles Shipped in House Trailer**

MOBILE HOME INSPECTION RECORD						1. DATE (YYYYMMDD)							
<b>PRIVACY ACT STATEMENT</b>													
<p><b>AUTHORITY:</b> 37 USC 406; 5 USC 5726; and E.O. 9397.  <b>PRINCIPAL PURPOSE(S):</b> To document inspection of Mobile Homes and account for any violations of the carrier's tender of service; and to act as supporting documentation for any action arising from a carrier's unsatisfactory performance.  <b>ROUTINE USE(S):</b> Information contained in this system of records may be provided to a carrier in the course of adjudication or other action taken for unsatisfactory performance reasons.  <b>DISCLOSURE:</b> Voluntary; however, failure to provide the requested information may delay settlement of a claim.</p>													
<b>PART I - SHIPMENT IDENTIFICATION</b>													
2a. NAME OF CARRIER			b. SCAC		c. CARRIER FREIGHT BILL NUMBER <i>(To be completed by carrier at origin.)</i>			d. GOVERNMENT BILL OF LADING NUMBER					
3a. NAME OF MEMBER			b. SOCIAL SECURITY NUMBER				c. RANK/PAY GRADE						
4a. ORIGIN SHIPPING OFFICE			b. GBLOC NO.		5a. DESTINATION SHIPPING OFFICE			b. GBLOC NO.					
c. ORIGIN ADDRESS <i>(Include city, state and zip code.)</i>					c. DESTINATION ADDRESS <i>(Include city, state and zip code.)</i>								
<b>PART II - SPECIFICATIONS</b>													
6a. MOBILE HOME <i>(Make)</i>				7. TIRES <i>(To be completed by the carrier at origin)</i>									
				(1) SIZE		(2) PLY RATING		(3) MFR SERIAL NO.		(4) *CONDITION			
b. MODEL				8. DIMENSIONS <i>(Actual)</i>		b. LEFT 2							
				(1) FEET & INCHES		(2) EXPANDO		c. LEFT 3					
c. SERIAL NUMBER				a. HEIGHT		d. LEFT 4							
				b. LENGTH		f. RIGHT 2		g. RIGHT 3					
				c. WIDTH		h. RIGHT 4							
*CONDITION: G - GOOD; F - FAIR; P - POOR													
<b>PART III - INSPECTION</b>													
9. ORIGIN INSPECTION COLUMN - complete ONLY when a visual inspection of the Mobile Home is made at origin by the Carrier or the ITO. DESTINATION INSPECTION COLUMN - complete ONLY when a visual inspection of the Mobile Home is made at destination by the Carrier or the ITO.						(1) ORIGIN		(2) DESTINATION					
						(a)		(b) ITO		(a)		(b) ITO	
						YES	NO	YES	NO	YES	NO	YES	NO
a. Was the Mobile Home unblocked?													
b. Do springs have adequate/normal arch?													
c. Is there a minimum 3-inch clearance over each tire?													
d. Does Mobile Home appear to be overloaded?													
e. Do structural members, including A-Frame, appear sound - no damage?													
f. Are all visible frame to body attachments/bolt connections in place and unbroken?													
g. Does exterior paneling/molding appear to be tight and secure?													
h. Are brake and clearance lights and turn signals operable at time of hook up?													
i. Does member acknowledge that wheel bearings have been packed within the last 90 days?													
j. Is Mobile Home equipped with operable brakes at time of hook up?													
k. Are wheel lugs tight?													
l. Does member acknowledge that plumbing has been drained and protected from freezing?													
m. Does member acknowledge that all appliances/utilities have been serviced?													
n. Have attached items been detached and stowed inside <i>(TV antenna, air conditioner, etc.)</i> ?													
o. Are all fixtures which cannot be removed anchored securely?													
p. Have all utilities been disconnected and secured?													
q. Does member acknowledge that all prohibited items have been removed?													
r. Does member acknowledge that all loose items/accessories in closets/cabinets have been properly packed and secured?													
s. Have loose furniture and heavy moveable items been secured above and forward of axles?													
t. Are drawers, cabinets, and sliding doors secured or taped?													
u. Are mirrors, windows and other glass cross (X) taped?													
v. Is Mobile Home equipped with valid license or permit?													
w. Are interior contents properly inventoried and inventory provided to carrier?													
x. Does the Mobile Home meet the transportation safety standards of destination and intermediate states?													
y. Do exterior doors lock? Have keys been given to carrier?													

DD FORM 1800, SEP 1998

PREVIOUS EDITION IS OBSOLETE.

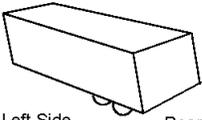
Adobe Professional 8.0

Figure 407-5. DD Form 1800, Mobile Home Inspection Record

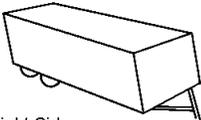
**10. GENERAL CONDITION.** Record degree and precise location of any apparent damage at origin or destination to the Mobile Home equipment (fixed or installed), including interior and exterior surface such as dented panels, loose or missing trim, broken windows, scratched or marred surfaces, etc. USE DIAGRAM TO ILLUSTRATE DAMAGES. Use the illustrated codes to indicate origin/destination damage and who performed inspection. If no damage exists, indicate NONE.

**NOTE:** MARK "X" = ITO/REPRESENTATIVE  
 "O" = CARRIER

**ORIGIN**

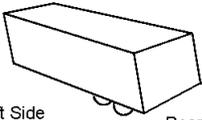


Left Side      Rear

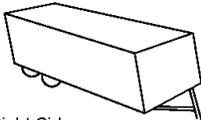


Right Side      Front

**DESTINATION**



Left Side      Rear



Right Side      Front

**11. REPORT OF DAMAGES INDICATED.** (Condition of Mobile Home and fixtures at "ORIGIN" and "DESTINATION" is as described above.)

<p><b>12. ORIGIN ITO/INSPECTOR</b> (If applicable)                  TYPED OR PRINTED NAME (Last, First, Middle Initial)</p>		<p><b>13a. ORIGIN ITO/REPRESENTATIVE</b>                  SIGNATURE</p>		<p><b>b. DATE</b>                  (YYYYMMDD)</p>	
<p><b>14a. ORIGIN CARRIER REPRESENTATIVE</b>                  SIGNATURE</p>	<p><b>b. DATE</b>                  (YYYYMMDD)</p>	<p><b>15a. ORIGIN MEMBER/AGENT SIGNATURE</b></p>		<p><b>b. DATE</b>                  (YYYYMMDD)</p>	
<p><b>16. DESTINATION ITO/INSPECTOR</b> (If applicable)                  TYPED OR PRINTED NAME (Last, First, Middle Initial)</p>		<p><b>17a. DESTINATION ITO/REPRESENTATIVE</b>                  SIGNATURE</p>		<p><b>b. DATE</b>                  (YYYYMMDD)</p>	
<p><b>18a. DESTINATION CARRIER REPRESENTATIVE</b>                  SIGNATURE</p>	<p><b>b. DATE</b>                  (YYYYMMDD)</p>	<p><b>19a. DESTINATION MEMBER/AGENT</b>                  SIGNATURE</p>	<p><b>b. DATE</b>                  (YYYYMMDD)</p>	<p><b>c. TIME OF DELIVERY</b></p>	

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DD FORM 1800 (BACK), SEP 1998

**Figure 407-5. DD Form 1800, Mobile Home Inspection Record (Cont'd)**

MEMBER'S REPORT ON CARRIER PERFORMANCE - MOBILE HOME			
<b>SECTION I - TO BE COMPLETED BY DESTINATION ITO</b>			
1. DATE (YYYYMMDD)	2. REQUIRED DELIVERY DATE (YYYYMMDD)	3. GOVERNMENT BILL OF LADING NUMBER	
4a. NAME OF MEMBER (Last, First, Middle Initial)	b. GRADE	5. NAME OF CARRIER	
6. ORIGIN INSTALLATION		7. PICKUP ADDRESS (Street, Apartment No., City, State, ZIP Code)	
8. DESTINATION INSTALLATION			
(X if:) <input type="checkbox"/> TRAILER COURT <input type="checkbox"/> STORAGE FACILITY			
<b>SECTION II - TO BE COMPLETED BY MEMBER</b>			
Complete every item applicable by placing an "X" in the column under "YES" or "NO". All items marked "NO" will be considered as carrier deficiencies and the performance of the carrier will be evaluated for this shipment based on items listed below. A "NO" answer must be explained or your response CANNOT BE USED TO RATE THE CARRIER.			
		YES	NO
9. Did the carrier pick up the mobile home on the agreed date?			
10. Did the carrier provide all the required services?			
11. Was the mobile home offered for delivery on or before the required delivery date?			
12. Was the mobile home and its contents delivered without loss or damage? If "NO", what is the estimated value of the loss and/or damage? \$ _____			
13. Was the carrier cooperative in checking the condition of your mobile home upon delivery?			
14. Did the carrier provide you a completed mobile home inspection record at origin?			
15. Did you consider the carrier personnel:			
a. Courteous			
b. Cooperative			
c. Neat in appearance			
16. Were you satisfied with the carrier's services on this movement of your mobile home at:			
a. Origin			
b. Destination			
17. Were the Transportation Office personnel courteous and helpful to you?			
18. COMMENTS (Briefly explain all "NO" answers.)			
19. SIGNATURE OF MEMBER		20. DATE (YYYYMMDD)	
<b>SECTION III - TO BE COMPLETED BY DESTINATION ITO</b>			
21. (X if applicable) <input type="checkbox"/> NO RESPONSE RECEIVED FROM MEMBER		22. NAME OF DESTINATION ITO (Last, First, Middle Initial) (Type or print)	
23. SIGNATURE		24. DATE (YYYYMMDD)	

DD FORM 1799, SEP 1998

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**Figure 407-6. DD Form 1799, Member's Report on Carrier Performance – Mobile Home**

<b>PERSONAL PROPERTY COUNSELING CHECKLIST</b>		
<b>PRIVACY ACT STATEMENT</b>		
AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.		
PRINCIPAL PURPOSE(S): Primary purpose is to ensure the member, dependent, and government employee has been briefed properly on the movement of their personal property within the Defense Transportation System. Information collected in this system may also be used in determining validity of claims for damage and improper shipments and any third party responsibility.		
ROUTINE USE(S): Information contained in this system of records may be provided to a carrier, for the purpose of helping to resolve or adjudicate claims brought by Defense Transportation System users.		
DISCLOSURE: Voluntary; however, failure to provide the requested information may delay settlement of a claim.		
1. NAME <i>(Last, First, Middle Initial)</i>	2. SOCIAL SECURITY NUMBER	3. GRADE/RANK/RATING
4. ISSUING AUTHORITY	5. ORDER NUMBER AND PARAGRAPH	6. DATE (YYYYMMDD)
<b>7. CHECKLIST <i>(Record special instructions on back)</i></b>		
<b>PART I - HOUSEHOLD GOODS</b>	<b>PART II - UNACCOMPANIED BAGGAGE <i>(Continued)</i></b>	
(1) Entitlements under the order described above <i>(number of shipments, authorized destination, etc.)</i>	(7) Items of extraordinary value.	
(2) Weight allowances: PCS _____ TDY _____	(8) Whom to contact in the event of loss or damage.	
(3) Weight restriction at new duty station, if any.	(9) VIP - Very Important Papers <i>(the importance of documentation)</i> .	
(4) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).	(10) Member's responsibility to complete and turn in quality control form.	
(5) Pickup date and required delivery date as determined by requirements of the member: PUD _____ RDD _____	(11) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).	
(6) Mode/method of shipment, including name of carrier if known.	(12) Unauthorized items and disposal of useless items.	
(7) Unauthorized items and disposal of useless items.	(13) Professional books, papers, and equipment.	
(8) Professional books, papers, and equipment.	(14) Member's responsibility to contact the destination ITO <u>immediately</u> upon arrival to give a point of contact for the ITO when property arrives.	
(9) Member's responsibility to prepare and submit a complete DD Form 1701, Inventory of Household Goods.	(15) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.	
(10) Servicing/deservicing appliances.	<b>PART III - NONTEMPORARY STORAGE</b>	
(11) Temporary storage <i>(contractual or intransit)</i> .	(1) Entitlements under this order, special services, etc.	
(12) Checking inventory at origin and destination, noting discrepancies on reverse of PPGBL, DD Form 619, and carrier's inventory prior to signing and report them to ITO.	(2) Included as part of HHG weight allowance when stored at Government expense.	
(13) Checking DD Form 619 prepared by carrier at origin for complete accuracy of information recorded thereon.	(3) Where stored and for how long.	
(14) Member's responsibility to sign delivery documents and release them to carrier immediately upon delivery of property and completion of delivery services and annotation of discrepancies.	(4) Pickup date.	
(15) Member's responsibility to contact the destination ITO <u>immediately</u> upon arrival to give a point of contact for the ITO when property arrives.	(5) Appliance servicing.	
(16) Member's responsibility to contact origin and destination ITOs if there is any change in orders or there are other factors that could affect delivery of the shipment.	(6) Checking inventory at time of pickup.	
(17) Extra pickup or delivery charges, when applicable.	(7) What documentation given to member and its importance to him.	
(18) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.	(8) Items of extraordinary value, excess weight/cost.	
(19) What documentation given to member and its importance to him.	(9) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).	
(20) Member's responsibility to complete and turn in quality control form.	(10) Unauthorized items and disposal of useless items.	
(21) Member's responsibility to ensure PP items are free of soil/pest infestation.	(11) Professional books, papers and equipment.	
<b>PART II - UNACCOMPANIED BAGGAGE</b>	(12) Member's responsibility to contact the destination ITO <u>immediately</u> upon arrival to give a point of contact for the ITO when property arrives.	
(1) Included as part of HHG weight allowance when shipped at Government expense.	(13) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.	
(2) Weight allowances: Member _____ Dependents _____	<b>PART IV - HOUSE TRAILERS/MOBILE HOMES</b>	
(3) What can be shipped as unaccompanied baggage.	(1) Entitlements under this order, limitations, possible costs.	
(4) Pickup and delivery dates.	(2) Services authorized at Government expense and those billed to member.	
(5) Preparation - Copy of Orders in each container just before closing it.	(3) Responsibility of member to get trailer ready for movement.	
(6) How and by whom shipped.	(4) Inventory and contents of trailer. Items that cannot remain in trailer.	
	(5) Pickup and delivery dates.	
	(6) Intransit storage and probability of excess costs.	
	(7) Carrier and Government liability.	
	(8) What documentation given to member and its importance to him.	
	(9) Responsibility to promptly submit quality control information.	

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**Figure 407-7. DD Form 1797, Personal Property Counseling Checklist**

7. CHECKLIST (Continued)			
PART V - PRIVATELY OWNED VEHICLES (POV)		PART VI - WEAPONS AND AMMUNITION	
(1) Does vehicle qualify as a POV.		(1) Limitations and restrictions of country to which assigned.	
(2) Authorizations, restrictions, special Host Government requirements.		(2) US Government requirements and restrictions applicable for import.	
(3) Applicable port of embarkation and debarkation; alternates if needed.		(3) Special forms and procedures; responsibilities of carriers, etc.	
(4) Preparation of POV prior to delivery to port.		PART VII - LIABILITY, CLAIMS, PROTECTION	
(5) Application and other documents required; Power of Attorney if required.		(1) Carrier, storage firm and Government liability for loss or damage.	
(6) Excess costs, when applicable; oversize; excess distance.		(2) Carrier and Government liability for mobile home. Liability for repairs enroute.	
(7) Checking inventory of items left in POV; origin and destination.		(3) Carrier and Government liability for POV.	
(8) Secure lien holder's permission if required.		(4) Limitations on Government liability.	
(9) Responsibility to provide Port of Debarkation proper address where notification of arrival can be sent; period POV can remain at port.		(5) Importance of documentation - accurate inventory exception on delivery, etc.	
(10) Joint inspection of POV at time of delivery and pickup.		(6) Valuation of items of extraordinary value - substantial value.	
(11) Licensing and insurance requirements of state or overseas country.		(7) Whom to see at destination in the event of loss or damage.	
(12) Foreign manufactured POVs.			
(13) Delivery of POV to port by agent; special requirements for.			
<b>8. SPECIAL INSTRUCTIONS</b>			
<b>9. CONFIRMATION OF COUNSELING</b>			
I understand that if I elect to ship any household goods at Government expense to a designated location when the waiting period for any type of housing at or in the vicinity of the oversea duty station is less than 20 weeks (as determined by the oversea commander), all entitlement to further shipment of such property at government expense will be exhausted until such time as I receive subsequent PCS orders returning me to CONUS or assigning me to another oversea duty station.			
<b>a. I HAVE BEEN BRIEFED RELATIVE TO THE DISPOSITION OF MY PERSONAL PROPERTY AS FOLLOWS:</b>			
	(X)	YES	NO
(1) HOUSEHOLD GOODS			
(2) NONTEMPORARY STORAGE			
(3) PRIVATELY OWNED VEHICLES			
(4) LOSS AND DAMAGE			
(5) UNACCOMPANIED BAGGAGE			
	(X)	YES	NO
(6) MOBILE HOMES (\$150.00 limitation on repairs enroute)			
(7) WEAPONS AND AMMUNITION			
(8) I HAVE BEEN FURNISHED A COPY OF THE PERSONAL PROPERTY SHIPPING INFORMATION PAMPHLET.			
<b>b. SIGNATURE OF COUNSELOR</b>		<b>c. SIGNATURE OF MEMBER/DEPENDENT/AGENT</b>	<b>d. DATE (YYYYMMDD)</b>

DD FORM 1797 (BACK), SEP 1998

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**Figure 407-7. DD Form 1797, Personal Property Counseling Checklist (Back) (Cont'd)**

DEFENSE PERSONAL PROPERTY PROGRAM (DP3) NOTIFICATION OF LOSS OR DAMAGE <u>AT</u> DELIVERY		
COMPLETED BY TSP:		
NAME OF OWNER _____	RANK/GRADE _____	BRANCH OF SERVICE _____
BL NO. _____	TSP REFERENCE NO. _____	IS THIS A PARTIAL DELIVERY (Y or N)? _____
SCAC _____	PICK UP DATE _____	
<b>PURPOSE AND GENERAL INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>To provide the Transportation Service Provider (TSP) notice of loss or damage discovered <b>AT</b> the time of delivery.</li> <li>The customer (or their designated representative) and the TSP's delivery representative must jointly complete this document.</li> <li>List in <b>NOTED LOSS AND/OR DAMAGE</b> section below all damage and missing items noticed before TSP's representative departs.</li> <li><b>DO NOT leave blank.</b> If no loss or damage is discovered at the time of delivery, write "NONE" in DESCRIPTION OF DAMAGE.</li> <li><b>THIS DOES NOT CONSTITUTE "FILING A CLAIM". CLAIM MUST BE FILED VIA DPS CLAIMS MODULE – <a href="http://www.move.mil/">http://www.move.mil/</a>.</b></li> </ul> <p style="text-align: center;"><b>NOTED LOSS AND/OR DAMAGE</b></p> If more than one page is needed, include your name, Bill of Lading No. and number the Page _____ of Page _____ on each page used.		
INVENTORY NO.	ITEM	DESCRIPTION OF DAMAGE (If missing, so specify) (Electronic items, provide brand & model number)
NOTE: TSP is responsible for one-time placement of items during delivery. If requested, the TSP will unpack and remove cartons to the customer's satisfaction. Member requested unpacking and removal of cartons? YES ___ NO ___		
PLEASE READ CAREFULLY BEFORE SIGNING -- THIS IS CUSTOMER'S NOTIFICATION OF LOSS AND/OR DAMAGE <u>AT</u> DELIVERY By signing below, Customer acknowledges receipt of: <ul style="list-style-type: none"> <li>One (1) copy of this NOTIFICATION OF LOSS OR DAMAGE <u>AT</u> DELIVERY and one (1) copy of the NOTIFICATION OF LOSS OR DAMAGE <u>AFTER</u> DELIVERY.</li> </ul> Customer understands that he/she: <ul style="list-style-type: none"> <li>Will receive from the delivering TSP a "NOTIFICATION OF LOSS OR DAMAGE <u>AFTER</u> DELIVERY" document to identify loss or damage found after delivery. This notification document will provide instructions on how to file a claim on-line.</li> <li>Can provide notification to the TSP within 75 days by entering the information from the <u>AFTER</u> Delivery document into the DPS on-line claims module or mail NOTIFICATION OF LOSS OR DAMAGE <u>AFTER</u> DELIVERY document to the TSP by certified return receipt, fax or electronic dispatch.</li> <li>Will NOT be eligible for loss or damage recovery by the TSP or Government for any item not identified within 75 day period after delivery.</li> </ul>		
Received for Delivery at:  Street Address _____  City _____ State _____ Zip _____  Telephone Number _____  Customer Email _____  Signature of Customer _____ Delivery Date _____ (or his/her designated representative)	Name/Address of Transportation Service Provider (TSP)  TSP Email: _____  Toll-Free Telephone Number _____ Fax Number _____  Delivering TSP Signature _____ Date _____	

**Figure 407-8. Notification of Loss or Damage AT Delivery**

<b>DEFENSE PERSONAL PROPERTY PROGRAM (DP3)</b> <b>NOTIFICATION OF LOSS OR DAMAGE <u>AFTER</u> DELIVERY</b>		
<b>INSTRUCTIONS TO CUSTOMER (OR HIS/HER DESIGNATED REPRESENTATIVE):</b> <ul style="list-style-type: none"> <li>You have up to 75 days to inspect your property, note all loss and damage not previously discovered and reported at the time of delivery and provide notice to the Transportation Service Provider (TSP).</li> <li>The preferred method of submission to the TSP is via the DPS on-line Claims Module--see instructions in Section A.</li> <li>If you are unable to file on-line you may give written notice of loss and damage following the instructions in Section B.</li> <li>If TSP is not notified within 75 days, you may lose any potential monetary recovery for your loss and damage.</li> <li>This is only notification to the TSP of your loss or damage—<b>THIS DOES NOT CONSTITUTE FILING YOUR CLAIM.</b></li> <li>For information about filing a claim against the TSP, see Section C below.</li> <li>If you have any questions about completing this document, contact the TSP or Military Claims Office (MCO) or locate your Service Military Claims website at <a href="http://www.move.mil">www.move.mil</a> (under DOD Customer tab).</li> </ul>		
<b>SECTION A -- DPS ON-LINE NOTIFICATION</b> <ul style="list-style-type: none"> <li>On-line notification can be completed via the internet by accessing DPS via "<a href="http://www.move.mil/">http://www.move.mil/</a>."</li> <li>You must notify TSP in DPS by midnight GMT of the 75th day following delivery to be eligible for Full Replacement Value.</li> <li>If you submit this notice on-line via the DPS claims module, you <b>DO NOT</b> need to complete Section B.</li> </ul>		
<b>SECTION B -- WRITTEN NOTIFICATION</b> <ul style="list-style-type: none"> <li>If you are unable to provide notice on-line via DPS, you may fill out this section and send it to the TSP.</li> <li>This NOTIFICATION OF LOSS OR DAMAGE <b>AFTER</b> DELIVERY must be mailed by certified return receipt, faxed or emailed to the TSP identified below by midnight GMT of the 75th day following delivery.</li> <li>Keep a copy of this document and certified mail receipt for your records as proof it was sent to the TSP within 75 days.</li> <li>If more than one page is needed, please include your name, Bill of Lading No. and number of pages on each supplemental page used.</li> <li>USE ONLY BALLPOINT PEN OR INDELIBLE INK.</li> </ul>		
<b>NOTICE TO TSP: You are hereby notified the customer (or their designated representative) intends to present a claim for the loss and/or damage as noted on the NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY and this document. You are hereby extended the opportunity to inspect the property.</b>		
INVENTORY NO.	ITEM	DESCRIPTION OF DAMAGE (If missing, so specify.) <small>(Electronic items, provide brand &amp; model number)</small>
_____ CUSTOMER SIGNATURE (OR THEIR DESIGNATED REPRESENTATIVE)		_____ DATE OF DELIVERY
<b>SECTION C -- FILING A CLAIM AGAINST THE TSP</b> <ul style="list-style-type: none"> <li>With limited exceptions, to receive Full Replacement Value for eligible loss and damage, you <b>MUST</b> file your claim online via the DPS Claims Module within 9 MONTHS of your property's delivery.</li> <li>To submit your claim to the TSP who shipped your personal property, access DPS at <a href="http://www.move.mil/">http://www.move.mil/</a> and follow instructions for filing a claim.</li> <li>You do not need repair estimates to enter your claim in DPS.</li> <li><b>If you choose not to file your claim in DPS, you may file a claim directly with your servicing MCO; however, you will not be eligible for full replacement value and will be responsible for obtaining repair estimates.</b></li> <li>For ANY questions about filing a claim, contact your servicing MCO.</li> </ul>		
Delivery Date _____ BL _____ :  Street Address _____  City _____ State _____ Zip _____  Telephone Number or Email _____  Customer's Name (PRINT) _____  Signature of Customer _____ Date _____ (or their designated representative)	SEND TO:  Name/Address of Transportation Service Provider (TSP):	

**Figure 407-9. Notification of Loss or Damage AFTER Delivery**

<b>CARRIER NOTICE OF</b>				<b>1. DATE (YYYYMMDD)</b>
<input type="checkbox"/> <b>WARNING</b>	<input type="checkbox"/> <b>SUSPENSION</b>	<input type="checkbox"/> <b>REINSTATEMENT</b>	<input type="checkbox"/> <b>CANCELLATION</b>	
<b>2. FROM</b>		<b>3. TO</b>		
<b>SECTION I - SHIPMENT DATA</b>				
<b>4. PROPERTY OWNER'S NAME</b>	<b>5. PPGBL</b>	<b>6. PICKUP DATE (YYYYMMDD)</b>	<b>7. DESTINATION</b>	
<b>SECTION II - CARRIER ACTION</b>				
<b>8.</b>				
<input type="checkbox"/>	a. DUE TO THE VIOLATIONS CITED BELOW, YOU ARE HEREBY WARNED THAT A REPETITION OF THE TYPE OF SERVICE PROVIDED IN SECTION I ABOVE WILL SERVE AS A BASIS FOR YOUR SUSPENSION.			
<input type="checkbox"/>	b. DUE TO THE VIOLATIONS CITED BELOW, YOUR COMPANY IS SUSPENDED AT THIS ACTIVITY UNTIL PROOF OF CORRECTIVE ACTION IS PROVIDED.			
<input type="checkbox"/>	c. YOUR COMPANY WILL BE REINSTATED TO THE LIST OF CARRIERS ELIGIBLE TO SERVE THIS ACTIVITY ON THE DATE SHOWN BELOW.			
<b>9. TENDER OF SERVICE VIOLATIONS/REMARKS</b>				
<b>10a. NAME OF PERSONAL PROPERTY SHIPPING OFFICER (Last, First, Middle Initial)</b>		<b>b. SIGNATURE</b>		<b>11. EFFECTIVE DATE OF ACTION (YYYYMMDD)</b>

DD FORM 1814, SEP 1998

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**Figure 407-10. DD Form 1814, Carrier  
 Warning/Suspension/Reinstatement/Cancellation of Warning**

<b>GOVERNMENT BILL OF LADING CORRECTION NOTICE</b>		DATE NOTICE PREPARED
1. GBL NUMBER	2. DATE GBL WAS ISSUED	3. TOTAL WEIGHT SHOWN ON GBL
4. ORIGIN <i>(As shown in "Origin" block on GBL)</i>		5. DESTINATION <i>(As shown in "Destination" block on GBL.)</i>
6. ROUTE <i>(Complete routing shown on GBL)</i>		7. ISSUING OFFICE <i>(As shown on GBL under "For use of Issuing Office.")</i>
8. TO: <i>(Name and address of carrier/activity to which directed, including ZIP Code.)</i>		9. <b>Complete Items 9a, b, and c only when correction is made after transportation charges have been paid.</b> a. D.O. VOUCHER NUMBER b. D.O. VOUCHER DATE c. D.O. SYMBOL
10. FROM:		
11. BILL OF LADING NOW READS <i>(Show the information as it reads prior to correction.)</i>		12. CORRECT BILL OF LADING TO READ <i>(Show how the corrected information should read.)</i>
13. AUTHORITY FOR CORRECTION <i>(Tariff and item numbers; classification and item number; or other authority for making the change.)</i>		
14. REMARKS <i>(Pertinent information not otherwise provided on the form. If more space is required, use reverse side of this form.)</i>		
15. INFORMATION COPY TO <i>(Name and address, including ZIP Code.)</i>		16. SIGNATURE AND TITLE OF INITIATING OFFICIAL
		17. CARRIER REPRESENTATIVE'S SIGNATURE <i>(Require when notice is initiated by shipper and transportation charges are affected.)</i>

NSN 7540-01-140-5524

STANDARD FORM 1200 (8-82)  
 Prescribed by GSA, FPMR (41 CFR) 101-41.3

**Figure 407-11. SF Form 1200. Government Bill of Lading Correction Notice**