ATTACHMENT G1

FIGURES

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	Description Household Goods Descriptive Inventory Packing List of Household Goods Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box Container Marking for Household Goods Military Shipping Label for Personal Property Markings of Unaccompanied Baggage Joint Statement of Loss and Damage at Delivery (DD Form 1840) Notice of Loss or Damage (DD Form 1840R)

13	March	2020
10	march	2020

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							SMALE					
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	1202	are)					(Signature)					

Figure G1-1. Household Goods Descriptive Inventory

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PACKING LIST O	F HOUSEHOI	D GOODS						Page 1 of
PACKING LIST OF HOUSEHOLD GOODS Page 1 of SHIPPING ACTIVITY OWNER (Name) (Rank or rate)								
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CONSIGNED TO (Name and cor	nplete address)					
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Г						7		
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			* ۵	ABBREVIA	TIONS			
FOR TYPE OF CONTA	INER:			CEPTION SY			LOCA	TION SYMBOLS
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	as Condition ate D - Dented	s onknown		arred Normal Wear		cracked Owner's Risk	R.E Keal	v - Vel

Figure G1-2. Packing List of Household Goods

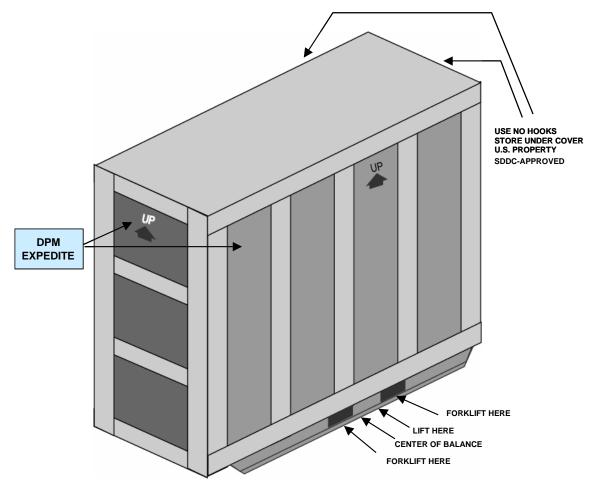


Figure G1-3. Location of Permanent Markings on ASTM-D4169-16 Wood HHG Box

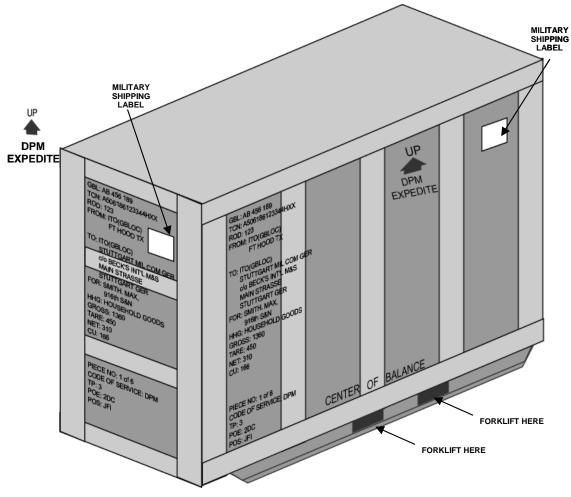


Figure G1-4. Container Marking for Household Goods

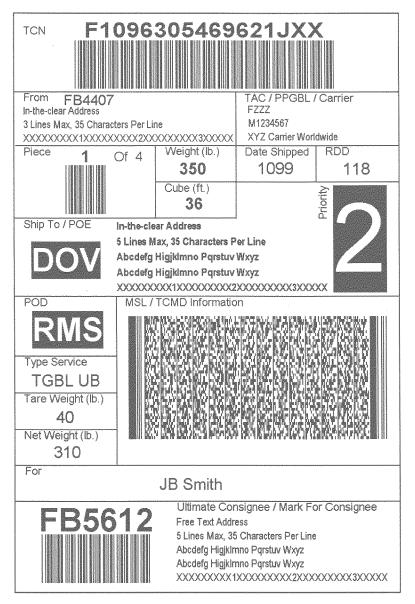


Figure G1-5. Military Shipping Label, Personal Property

Defense Transportation Regulation – Part IV Personal Property

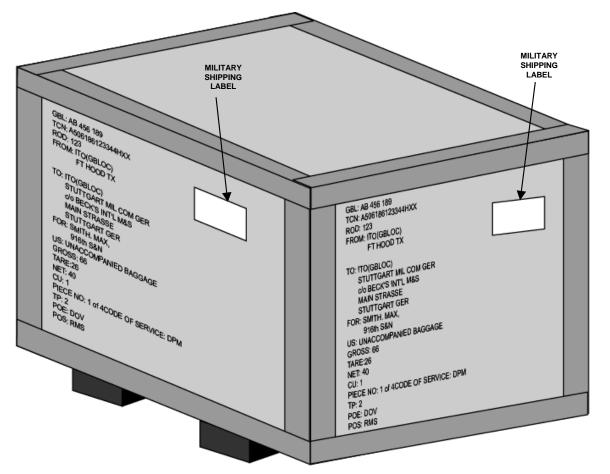


Figure G1-6. Markings of Unaccompanied Baggage

SECTION 8 - RECORD OF LOSS OR DAMAGE (To be completed jointy by member and carrier "scontractor's representative] 13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY. Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item C. Description of loss or damage (If missing, spindicate) Inv. No. b. Name of item S. ACKNOWLEDGMENT BY CARBIER'S/CONTRACTOR'S REPRESIDENT of the spin polecy in apparently good condition except as indicated above. Acontinuation sheet Is. ACKNOWLEDGMENT BY CARBIER'S/CONTRACTOR'S REPRESIDENT or was delivered in apparently good condition except as otherwase noted above. was was is not wased. I reserved marg frewowl of pa						
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301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 [SSN]. ROUTINE_USEDS: The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable thind parties. Notemation: The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable thind parties. CONTINUE OF the member or member's agent. The member or member's agent will not, under any clicumstances, by delay or otherwise hinder the payment of your claim. CONTENT OF WHER (Last, first, Model on all) 2. SOCAL SEQUENT VICE (Last, first, Model on all) SCITION & - GENERAL (Table completed parameterization) 3. RANK OR GRADE (A. MET WOT OF SIMPMENT (City and State/Country) SCORGIN OF SIMPMENT (City and State/Country) 5. DESTINATION OF SIMPMENT (City and State/Country) SCECION & RECORD OF LOSS OR DAMAGE (To be completed parameterization) 3. RANK OR GRADE (A. MET WOT OF SIMPMENT (City and State/Country) SCECION & RECORD OF LOSS OR DAMAGE (To be completed parameterization) 3. RANK OR GRADE (A. MET WOT OF SIMPMENT (City and State/Country) SCECION & RECORD OF LOSS OR DAMAGE (To be completed parameterization) 3. RANK OR GRADE (A. MET WOT OF SIMPMENT (City and State/Country) SCECION & RECORD OF LOSS OR DAMAGE (To be completed parameting supremotion by prom Ballow and proved advector's representative) SCECION & RECORD OF LOSS OR DAMAGE (To be completed parameting soft cas of damage as i					_	
BUTTINE USE(5): The information requested is used in the settlemant of claims for loss, damage or destruction of personal property and recovery from liable thind parties. Voluntary: however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim. CERCEDSURE: Voluntary: however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim. CERCEDSURE: Voluntary: however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim. CERCEDSURE: Voluntary: however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of network of the member's agent. The member's agent by the carrier's contractor's representative for each shipment. If no loss or damage is involved, write 'NONE' in description column. Station of Stelent of Stelent or member's agent. The member or member's agent the description of Stelent or member's agent. The member or member's agent by the carrier's contractor's representative for each shipment. If no loss or damage is involved, write 'NONE' Stelent's agent agent agent and stelecountry? Station of Stelent Of Stelent Out is agent		301, 31 U.S.C. 3721 et se	:q., 31 U.	S.C. 3711 et seq., a	nd EO 9397, Nove	ne following: 5 U.S.C. mber 1943 (SSN).
destruction of personal property and recovery from liable third parties. DISCLOSURE: Voluntary: however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim. GEXEAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the isgnature of the member's agent will not, under any clicumistances, sign a blank or partially completed DD Form 1840. The completed copies of DD Form 1840 and blank DD Form some biology and the ismobie's agent will not, under any clicumistances, sign a blank or partially completed member's agent will not, under any clicumistances, sign a blank of partially completed member's agent will not, under any clicumistances, sign a blank of partially completed member's agent will not, under any clicumistances, sign a blank of admage is involved, write 'NONE' in description column. StCTION 4 - REFERST (FDE completed copies of DD Form 1840 and blank DD Form 540 member and carrier/stcontractors) 9. NAME AND ADDRISS OF CARRIER/CONTRACTOR StCTION 4 - RECORD OF LOSS OR DAMAGE (fo be completed/sintly by member and carrier/stcontractor's representative] 9. NAME AND ADDRISS OF CARRIER/CONTRACTOR StCTION 4 - RECORD OF LOSS OR DAMAGE (frobe completer as applicable and sign below) 15. ACKNOWLEDGMENT BY CARRIER/StCONTRACTOR ACKNOWLEDGMENT BY MMBER (R A ACINT (K and complete as applicable and sign below) 10. Statement is surrendered that the shipment was accelered in apparently good condition except as indicated and sign below) 1. ACKNOWLEDGMENT BY MMBER (R A ACINT (K and completer as applicable and sign below) 1. Nate of inform.	And a second sec				2	
may delay or otherwise hinder the payment of your claim. GEREAL MASTRUCTORS: The carrier scontractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank ND Form 1840 and blank DD Form 1840 multiple provided the member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank ND Form 1840 multiple for each state of the member or demage is involved, write 'NDNE' in description column. Station A - GEREAL (To be completed yourier/loom/stato) 1. NAME OF OWNER(dast, First, Middle Ambal) 2. SOCIAL SCURITY NO. 3. RANK OR GRADE 4. MET WT OF SHIPMENT S. ORIGIN OF SHIPMENT (Cry and Statel/Country) 6. DESTINATION OF SHIPMENT (Cry and Statel/Country) 6. DESTINATION OF SHIPMENT (Cry and Statel/Country) SCECTION 8. RECORD OF LOSS OR DAMAGE (To be completed/south by member and carrier bicontractor's representative) 13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim; dams differ within 70 Gays by DD Form 18400 found on the everens side hereof. THE VALUE INDICATED IN BLOCK CLAIS TO BE USED FOR QUALITY CONTROL ONLY. Inv. No b. Name of item C Description of loss or damage (Imissing, so indicate) 3. Property was delived in apparently good condition except as indicated badve. Invened was mobed w. Acontinuation sheet S.		destruction of personal	property	y and recovery fror	n liable third part	ies.
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	g. Signature					f. Date Signed
D Form 1840, JAN 88 Previous editions are obsolete. PAGE OF PAGE	DD Form 1840, JAN 88			and antitioned and active		AGE OF PAGE

Figure G1-7. DD Form 1840, Joint Statement of Loss and Damage at Delivery

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	NOTICE OF L	OSS OR DAMAGE	
you find any loss or da only ball-point pen or OFFICE NOT LATER 1 REDUCTION OF THE A	mage not reported on DD Form typewriter. THE COMPLETED THAN 70 DAYS FROM DATE MOUNT PAYABLE ON YOUR s office. If more than one page	to inspect your property and not in 1840 at the time of delivery, con FORM MUST BE DELIVERED OF DELIVERY. FAILURE TO L CLAIM. Keep a copy of this for is needed, please number the pa	mplete Section A below. Use TO YOUR LOCAL CLAIMS DO SO MAY RESULT IN A m for your records, receipted
		be completed by member)	
1. STATEMENT OF PROPERTY a. Name of Member (Last, Fit		b. PPGBL/Order Number	c. Date of Delivery
a. wane or memoer (Last, Ph	ss, nuosie miciali	6. PPG8LJOrder Number	c. Date of Delivery
d. Origin of Shipment (City an	d State/Country)	e. Destination of Shipment (City and	f State/Country)
You are hereby extend	ded an opportunity to inspect t		d/or damage.
	DAMAGE (NOTE: Tracer action is re		
a. Inv. No. b. Name of Item	c. General Descripti	on of Loss or Damage (If missing, so inc	ficate)
			÷
(NOTE		completed by claims office) rier / contractor listed in item 9 on DD /	Form 1840)
3. TO (Home Office of Carrier)			
 Name and Address (Street 	t Address, City, State, and ZIP Code)		b. Date of Dispatch
4. YOUR REPRESENTATIVE MA	AY CONTACT THIS CLAIMS OFFICE F	OR ASSISTANCE	
a. Name and Address of Claim		b. Signature	
		c. Date Signed	d. Telephone Number
DD Form 1840R, JAN 88	Previo	us editions are obsolete.	PAGE OF PAGES

Figure G1-8. DD Form 1840R, Notice of Loss or Damage

					TRA	NSPOF	TAT	ION	CON	TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT	VEMENT	DOCUMEN	F				PA	PAGE NO.		
1. DOC	. DOC ID 2. YRLR CTR	t CTR 3	1.1	CONSIGNOR				4	. CON	4. COMMODITY SPECIAL HANDLING 5. AIR DIM 6. POE	ANDLING	5. AIR DIM	6. P(DE			7. POD			
8. MO	8. MODE 9. PACK	ж 10.		TRANSPORTATION CONTROL NO.	NOI	CONTRO	OL NO.		1. CO	11. CONSIGNEE		12. PRI 1	13, 8	13. RDD 14. PROJ 15. DATE SHPD 16. ETA	15. DATI	SHPD	16. ETA	17.	17. TR ACCT	5
18. 0	18. CARRIER	19.		FLIGHT-TRUCK-VOY-DOC NO20. REF 21. REMARKS	Y07-	-DOC NC	O20. R	EF 2	1. REI	MARKS					22. PIECES	8	23. WEIGHT	1	24. CUBE	
é	a. Transship Point	Point		b. Date Re	i e	Bay Whse	e d. De	te Sh	hpd e.	b. Date Rec c. Bay Whse d. Date Shpd e. Mode Carrier	f. Flight-Truck-Vey Dec No.	t-Vey Dec No.		g. Ref h. Stow Loc i. Split	ow Loc i. S		J. Cond k.	k. Signatura-Remarks	emarks	
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6	DD FORM 1384, OCT 2000	384, 00	CT 20(00		•	ł	-		PREVIOUS EDITIONS MAY BE USED	NS MAY BE	USED.								1

Figure G1-9. DD Form 1384, Transportation Control and Movement Document (TCMD)