



OUTBOUND SHIPMENT FORM

Okinawa, Japan

Personal Information (Print Legibly):

Name: _____ Rank/ Grade: _____ FULL SSN: _____
(Last, First Middle Name)

Work Phone: _____ Cell Phone#: _____ DOB (mm/dd/yyyy): _____
(Japanese Cell Phone Number)

Personal Email: _____ Work Email: _____

Tour Type (Circle One): Accompanied / Unaccompanied # of Dependents over age 12: ____ Under age 12: ____

Order Type (Circle One): PCS SEP RET ERD TAD Other: _____

Power of Attorney or Designated (Circle which applies): Releasing Agent or Receiving Agent:

Name: _____ Phone #: _____ Email: _____
(Last, First)

Shipment Information (Print Legibly):

Requested Pick-up Date (HHG): _____ / Alt Date: _____ Estimated Weight: _____ Pro Gear Weight: _____

Requested Pick-up Date (UB): _____ / Alt Date: _____ Estimated Weight: _____ Pro Gear Weight: _____

Pick-up Address (BLDG#, RM#, CAMP): _____

Additional Pick-up? Yes / No If yes, address: _____

Does your shipment contain a motorcycle? Yes / No If yes, year, make, model, VIN in remarks section / please complete additional MOTORCYCLE package (from DMO front desk)

Are you shipping a POV from Okinawa? Yes / No If yes, please complete additional POV package (from DMO front desk)

REMARKS: (Special crating, oversized, bulky items, flat screen TV, washer & dryer, etc.): _____

Mandatory In-Transit or Emergency Contact Address (Print Legibly):

Street: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____
(U.S. Phone Number)

Destination Info (Print Legibly) / (If you don't have an address, list the Base Name and State):

Street: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____

NAVY Shore Duty Sea Duty Name of Ship: _____

Customer Responsibilities:

Initial All:

_____ I have registered for a DPS account (www.move.mil)

_____ I have been counseled on unauthorized items, mold prevention, and PBP&E (Handout given by DMO)

Signature: _____ Date: _____

Counselor Name: _____