



# 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: \_\_\_\_\_