

# Understanding Move Forms

Understanding Move Forms is here to answer your questions about the paperwork you will be reviewing and signing on moving/ loading day. If are conducting a Personally Procured Move (PPM), this information does not apply to you. Check out the [PPM Tips & Ticks Guide](#) for your information.

There are two moving forms that will automatically be generated when you complete your move request in the Defense Personal Property System (DPS).

1. DD1299 – Application for Shipment and Storage of Personal Property  
Indicates that you have requested a shipment of personal property.
2. DD1797 – Personal Property Counseling Checklist  
Used to ensure that members and family members are informed of their personal property and storage entitlements.

You do not need these forms out on moving day but they should be a part of your PCS Binder that you keep with you.

There are six different forms that you will review at the end of the loading day and one form that is only for unloading day. You will typically review these forms with the driver after you have completed a walk through of the residence. During your last walk through, you should keep an eye out for any items left behind and any damaged to the residence caused by the movers. These seven documents are:

1. Government Bill of Lading
2. Moving Company Household Goods Bill of Lading
3. Statement of Services Performed, DD619
4. Residence Inspection
5. High Value Inventory
6. Descriptive Inventory
7. Notification of Loss or Damage, DD1840

All forms, except the Government Bill of Lading, should be triplicate multilayered carbon or carbonless forms. You will most likely receive the yellow or pink copies of the forms at the end of the day after you have signed them.

# Understanding Move Forms

## Government Bill of Lading

The government bill of lading is a required document created within the DPS system and provided to the Transportation Service Provider when a contract for HHG is awarded. The truck driver or head team member will have a copy and provide it to you. All the information will already be filled out. You should verify the information, but no other action is required. Note that your bill of lading number (B/L NO) for your HHG will be in the upper right-hand corner of the form. The B/L NO should be noted on all your moving forms.

BILL OF LADING		— PRIVATELY OWNED PERSONAL PROPERTY		B/L NO. [REDACTED]	
1. TRANSPORTATION COMPANY (& AGENT) (First Class Moving Systems Inc) TENDERED TO		2. SCAC WVLI	3. SERVICE CODE D	4. SHIPMENT NO. 2 / 2	5. DATE B/L PRINTED 20190530
6. REQUESTED PACKING DATE 20190603	7. REQUESTED PICKUP DATE 20190605	8. REQUIRED DELIVERY DATE 20190610	9. PRIVACY ACT DATA (5 USC 552a) THIS FORM SERVES AS A PROCUREMENT, ACCOUNTABILITY AND PAYMENT FORM IN THE SHIPMENT OF PRIVATELY OWNED PERSONAL PROPERTY FOR THE ACCOUNT OF THE U.S. INFORMATION THEREON MAY BE USED TO PREPARE RELATED DOCUMENTS OR COLLECT EXCESS COSTS. DISCLOSURE OF INFORMATION IS VOLUNTARY BUT ITS ABSENCE MAY PRECLUDE SHIPMENT OR PROPERTY.		
13. EXTRA PICKUP/DELIVERY (Complete address) SERVICE: NOT APPLICABLE		10. PROPERTY OWNER'S NAME, SOCIAL SECURITY NO., RANK AND PAY GRADE [REDACTED] WD Key West FL		11. AUTHORITY FOR SHIPMENT (Order No. par. No., HQ) [REDACTED]	
		14. DEPARTMENT/AGENCY United States Coast Guard		12. DATE OF ORDER 20190409	
				15. TRANSPORTATION CONTROL NO.	
16. RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, THE PROPERTY HERINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE. THIS BILL OF LADING IS GOVERNED BY THE REGULATIONS RELATING THERETO AS PUBLISHED IN TITLE 41, PART 102-118 OF THE CODE OF FEDERAL REGULATIONS. TERMS AND CONDITIONS ARE ALSO CONTAINED IN THE TENDER OF SERVICE.			17. FULL NAME OF SHIPPER JPPSO SOUTH CENTRAL		
18. CONSIGNEE (Name and destination delivery address) (See block 13.) [REDACTED]			19. FROM (Complete address of point of pickup) (See block 13.) [REDACTED]		
20. RESPONSIBLE DESTINATION INSTALLATION/OFFICE JPSO, FISC1 DET. NAS, KEY WEST, FL PO BOX 9054 NAVAL AIR STATION KEY WEST, FL 33040 305-293-2973			GBLOC: CQNL		21. BILL CHARGES TO (DEPT./AGCY., BUR., OFF., AND COMPLETE MAILING ADDRESS) [REDACTED]
22. VIA (Names of interlining carriers)		23. FOR CARRIER USE ONLY- WAYBILL/FREIGHT BILL NO.		24. APPROPRIATION CHARGEABLE [REDACTED]	
25. REMARKS (Special services, use reverse) The Shipment Contains Firearms.					
26. PACKAGES		27. DESCRIPTION OF SHIPMENT (Specify)		28. WEIGHT †	
NO.	KIND			FOR USE OF DESTINATION CARRIER ONLY	
1	LOT	Household Goods. Containers: 0 Shipment is released at full replacement protection as defined by the Defense Personal Property Program Claims and Liability Business Rules.		GROSS	SERVICES
				TARE	29. RATE
				NET	30. CHARGES
				† INCLUDES PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT WEIGHING	LINE-HAUL TRANSPORTATION
					PACKING/ UNPACKING
					OTHER/ACCESSORIAL SERVICES
					TOTAL
					31. TARIFF OR SPECIAL RATE AUTHORITIES 400NG-2019
* ISSUED AT LOWEST VALUATION CITED IN APPROPRIATE LENDER OR TARIFF UNLESS OTHERWISE STATED HEREON.		B/L NO. [REDACTED]		32a. ISSUING OFFICER (Name and title) [REDACTED] - TRANSPORTATION OFFICER	
CERTIFICATE FOR RECEIPT OF SHIPMENT AND ORIGINAL BILL OF LADING			32b. ISSUING OFFICE (name and complete address) JPPSO SOUTH CENTRAL JPPSO SOUTH CENTRAL, BFTACIMENT 3 250 HUGHES AVE, SUITE 100 LACKLAND AFB, TX 78736		GBLOC: HIAFC
33a. NAME OF TRANSPORTATION COMPANY (Agent Name) WORLD VAN LINES, INC (First Class Moving Systems Inc)		33b. DATE OF RECEIPT OF SHIPMENT		34. FOR USE OF PAYING OFFICER (Does not affect carrier charges.)	
33c. SIGNATURE OF AGENT/DRIVER		33d. PER		<input type="checkbox"/> UNAUTHORIZED ITEMS <input type="checkbox"/> EXCESS DISTANCE <input type="checkbox"/> EXCESS VALUATION <input type="checkbox"/> EXCESS WEIGHT <input checked="" type="checkbox"/> OTHER (Explain under remarks.)	
CERTIFICATE OF CARRIER BILLING FOR CHARGES - CONSIGNEE MUST NOT PAY ANY CHARGES ON THIS SHIPMENT					
35a. ON (Date)	35b. AI (Actual delivery point) †	35c. THE (Name of delivering carrier)			
35d. DELIVERED THIS CONSIGNMENT TO <input type="checkbox"/> STORAGE IN <input type="checkbox"/> RESIDENCE		35e. COMPLETE AND IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER.		<input type="checkbox"/> SHORTAGE <input type="checkbox"/> DAMAGE <input type="checkbox"/> CARRIER O3&D REPORT ATTACHED	
35f. NAME OF DESTINATION CARRIER (Carrier authorized to bill charges)			35g. SIGNATURE OF CARRIER'S AUTHORIZED AGENT		

† CARRIER TO EXECUTE AND ATTACH CERTIFICATE OF STORAGE AND LIABILITY FOR SHIPMENT PLACED IN STORAGE IN TRANSIT.

# Understanding Move Forms

## Household Goods Bill of Lading

The household goods bill of lading is the official receipt, contract, and record of your agreement with the moving company. Each moving company has their own form so the information contained within each form will be slightly different. Overall, the form will at least list your information, pick up address, and destination address. You will need to review the form to ensure all the information is correct and sign the form. You will sign at pick-up (origin) and at the delivery (destination). Depending on the length of your move and if two different moving companies are used, you may have two different bills of lading to sign. Without the bill of lading, by law the moving company cannot move your household goods.

Some companies also include their list of services provided. If so, you will need to review the information they have written down. There is no need to count every single box they used; use your own judgement and ensure there are no huge or erroneous numbers listed. Do not let the mover tell you they will fill in the information later. They should be filling it out as they go through the packing process. If you have issues, contact your [Transportation Officer](#) ASAP.

MILBURN PRINTING • 800-999-6600 • www.milburn.com

County Registration No. **BILL OF LADING / CONTRACT FOR SERVICES**  
US DOT #944769

COMMERCIAL ACCOUNT NUMBER  
LOT NUMBER  
DATE ESTIMATE

FIRST CLASS MOVING SYSTEMS, INC.  
6119 ANDERSON RD., STE 100, TAMPA, FL 33634  
OFFICE 813-985-0333 • 1-888-717-MOVE  
FAX 813-985-0382  
www.movewithclass.com

ESTIMATE DATE PACKING DATE  
LOADING DATE DELIVERY DATE

FIRST CLASS MOVING SYSTEMS, INC. is registered with the State of Florida as a Mover or Moving Broker. Registration No. 00001

NAME OF SHIPPER: [REDACTED]  
ORIGIN ADDRESS: [REDACTED] DESTINATION ADDRESS: [REDACTED]  
ORIGIN CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] DESTINATION CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
CONTACT PHONE NUMBER(S)- HOME: [REDACTED] WORK: [REDACTED] CELL: [REDACTED]  
AUTHORIZED AGENT: [REDACTED] PHONE: [REDACTED]

Store Shipment in Transit - Location: [REDACTED]

**PLEASE READ CAREFULLY: THIS BILL OF LADING/CONTRACT FOR SERVICES IS REQUIRED BY STATE LAW, AND BY COUNTY ORDINANCE, WHERE APPLICABLE, AND MUST INCLUDE THE TERMS AND COSTS ASSOCIATED WITH YOUR MOVE. IN ORDER FOR THE CONTRACT FOR SERVICE TO BE ACCURATE, YOU MUST DISCLOSE TO THE MOVER ALL INFORMATION RELEVANT TO THE MOVE. STATE LAW REQUIRES THAT A MOVER RELINQUISH POSSESSION OF YOUR GOODS AND COMPLETE YOUR MOVE UPON PAYMENT OF NO MORE THAN THE SPECIFIED MAXIMUM AMOUNT DUE AT DELIVERY.**

RELOCATION SERVICES:	CHARGES	BILLING INFORMATION
PREPARATION OF WRITTEN INVENTORY: <small>The shipper has the right to a written inventory (at the additional cost indicated) unless waived by initialing here:</small>	\$	BILL TO: [REDACTED]
ESTIMATED WEIGHT: _____ MILS:	\$	ADDRESS: [REDACTED]
HOURLY RELOCATION: VANS AND _____ MAN/MEN FOR _____ HOURS, PLUS _____ HOURS TRAVEL TIME	\$	CITY: _____ STATE _____ ZIP _____
FUEL SURCHARGE:	\$	ATTENTION: _____
DRAYAGE TO WAREHOUSE:	\$	<input type="checkbox"/> CASH ON DELIVERY <input type="checkbox"/> BILL <input type="checkbox"/> PREPAID
DRAYAGE FROM WAREHOUSE:	\$	<b>PAYMENT</b>
WAREHOUSE HANDLING:	\$	<small>The estimated charges must be paid in full prior to delivery, by either of the following forms of payment: (1) cash; customer's check; money order or traveler's check or (2) Visa, MasterCard, or AmEx. Arrangements to use a credit card must be made prior to the move date and the cardholder must be present for authorization. Personal Checks will not be accepted unless otherwise indicated.</small>
1ST MONTH STORAGE: _____ (EACH ADDITIONAL MONTH AT \$ _____)	\$	<b>DECLARATION OF VALUE:</b>
EXTRA STOPS: _____ (ORIGIN / DESTINATION / BOTH)	\$	<small>The Shipper hereby declares the value of all goods, including the contents of containers received or transported, or later received and/or transported for the Shipper, as indicated below.</small>
APPLIANCE SERVICES: TYPE: _____ (ORIGIN / DESTINATION / BOTH)	\$	<input type="checkbox"/> VALUATION PROTECTION (OPTIONAL) If any article is lost, destroyed, or damaged while in the mover's custody, subject to the limitations set forth in Section 1, Subsections A & C on the reverse side of this contract, the mover will either 1) replace the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you the cost of such repairs; or 2) replace the article with an article of the kind and quality, or pay for the cost of such replacement. However, any payment for loss related to this provision will be reduced by the amount of the deductible provided herein. An additional charge applies for this option. To select this option, you must write the lump sum declared dollar value below.
THIRD PARTY SERVICES: TYPE: _____ (ORIGIN / DESTINATION / BOTH)	\$	<b>THE VALUE OF MY SHIPMENT IS \$ _____</b>
ELEVATOR OR STAIR CARRY: _____ (ORIGIN / DESTINATION / BOTH)	\$	<input type="checkbox"/> RELEASED VALUE OF SIXTY CENTS (\$0.60 PER POUND PER ARTICLE (CARRIER'S MINIMUM LEGAL LIABILITY))
HOISTING OR PIANO CARRY: _____ (ORIGIN / DESTINATION / BOTH)	\$	<small>If you do not declare a value in the previous option, and, if any article is lost, destroyed, or damaged while in the mover's custody, the mover's liability is limited to sixty cents (\$0.60) per pound per article, based on the actual weight of the lost, destroyed, or damaged article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of the household goods.</small>
LONG CARRY: _____ (ORIGIN / DESTINATION / BOTH)	\$	
DISASSEMBLY/REASSEMBLY: _____ (ORIGIN / DESTINATION / BOTH)	\$	
EQUIPMENT: _____ (ORIGIN / DESTINATION / BOTH)	\$	
WAITING TIME: _____ (ORIGIN / DESTINATION / BOTH)	\$	
EXTRA LABOR: _____ MAN/MEN FOR _____ HOURS	\$	
OTHER CHARGES (EXPLAIN): _____	\$	

	CONTAINERS			PACKING			UNPACKING		
	QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT
BARREL, dish-pack drum, etc.			0.00			0.00			0.00
CARTONS: Less Than 2 cubic feet			0.00			0.00			0.00
1 1/2 cubic feet			0.00			0.00			0.00
3 cubic feet			0.00			0.00			0.00
4 1/2 cubic feet			0.00			0.00			0.00
6 cubic feet			0.00			0.00			0.00
6 1/2 cubic feet			0.00			0.00			0.00
Wardrobe Carton, Not less than 10 cu. ft.			0.00			0.00			0.00
Mattress Carter, Crb			0.00			0.00			0.00
Mattress Carton (Not exceeding 38" x 75")			0.00			0.00			0.00
Mattress Carton (Not exceeding 34" x 75")			0.00			0.00			0.00
Mattress Carton (Exceeding 38" x 80")			0.00			0.00			0.00
Mattress Carton (plastic or paper)			0.00			0.00			0.00
CONSOLIDATED CONTAINERS:			0.00			0.00			0.00
CHUTES:			0.00			0.00			0.00
Gross measurement of crate or container			0.00			0.00			0.00
Weight of Shipment (Weight tickets attached)				TOTAL CONTAINER CHARGES	0.00		TOTAL CONTAINER CHARGES	0.00	
Gross Weight _____ Lbs. Weighmaster _____				TOTAL CHARGES			TOTAL CHARGES		
Tare Weight _____ Lbs. Weighmaster _____				UNPACKING _____ hours @ _____			UNPACKING _____ hours @ _____		
Actual weight of shipment _____ lbs.				TOTAL \$ _____			TOTAL \$ _____		

**DECLARATION OF VALUE**  
If the shipper declines to sign this declaration of value and the shipment is accepted, the shipment will move at the depreciated value protection level and the shipper will be subject to the appropriate valuation charges.

RELEASED VALUE PROTECTION: Goods will be valued at 50 cents per lb. per article.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

DEPRECIATED VALUE PROTECTION: Goods will be valued at \$1.25 times the actual weight of the shipment. For each \$100.00, or fraction thereof, of declared value at \$1.25 times the weight of the shipment in lbs. or declared lump sum value, whichever is higher, the valuation charge shall be 50 cents per each \$100.00 of value.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

FULL VALUE PROTECTION: Goods will be valued at \$1.25 times the actual weight of the shipment. For each \$100.00, or fraction thereof, of declared value at \$1.25 times the weight of the shipment in lbs. or declared lump sum value, whichever is higher, the valuation charge shall be 50 cents per each \$100.00 of value.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

Lump Sum Value: \_\_\_\_\_

**ALL CHARGES PAYABLE IN CASH, CERTIFIED CHECK OR MONEY ORDER BEFORE PROPERTY IS RELEASED BY CARRIER.**

I have read this contract, understand and agree to the terms of liability as set forth above, to the provisions on both sides and received a copy. Goods received in good condition EXCEPT AS NOTED HEREON.

Sign Here: [REDACTED] Delivery Receipt # [REDACTED]  
Received for Goods: [REDACTED] Date: [REDACTED] Customer: [REDACTED]  
Received Payment For Company: [REDACTED] Date: [REDACTED]

ACCEPTED FOR THE MOVER: By \_\_\_\_\_

**BILL OF LADING** Confirmation of shipping instructions, agreement for services, rate quotation, shipping document and/or freight bill and evidence of insurance.

SERVICES ARE NOT PROVIDED AS AN AGENT OF ATLAS/WM LINE, INC. 47401

Date Serv. Req'd: \_\_\_\_\_ AM  
Pack Date: \_\_\_\_\_ PM  
Delivery Date Req'd: 4/20/21 AM  
Order Taken By: \_\_\_\_\_

ORDER NO. H2021713 SHIPPER IS REQUESTED TO READ THIS DOCUMENT BEFORE SIGNING AND ASK FOR AN EXPLANATION OF ANYTHING NOT CLEAR OR INCONSISTENT WITH ANY PREVIOUS REPRESENTATION. THIS WILL CONFIRM INSTRUCTIONS AND AUTHORITY YOU TO MOVE, SHIP, PACK, STORE AND/OR PERFORM THE SERVICES HEREON.

FROM: [REDACTED] Floor: [REDACTED] TO: [REDACTED] Floor: [REDACTED]  
Apt. No. [REDACTED] Apt. No. [REDACTED]  
KEY WEST NAVAL AIR, FL 33040 BLOOMINGTON, IN 47401  
Phone [REDACTED] Phone X [REDACTED]

**SPECIAL INSTRUCTIONS:**  
Notifying and Billing Address: [REDACTED]  
Shipper is requested to Supply and Address and Contact Method: (If no address or phone is available, write "None") [REDACTED]

DATE OF PICK UP REQUESTED: 4/20/21  
DATE OF DELIVERY REQUESTED: 4/20/21

ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED]  
Name of [REDACTED]  
Also subject to order of [REDACTED]  
Spec. Sigs. Instructions [REDACTED]

**STORAGE ORDERED**  
 Transit  Regular A charge will be made for handling in and out of storage and for wrapping, moth treating and accessorials services.  
NOTICE OF CHANGE OF ADDRESS OF DEPOSITOR MUST BE GIVEN TO COMPANY IN WRITING. GOODS MAY BE STORED IN ANY DEPOSITORY IN:

Description of Property:	CONTAINERS			PACKING			UNPACKING		
	QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT
BARREL, dish-pack drum, etc.			0.00			0.00			0.00
CARTONS: Less Than 2 cubic feet			0.00			0.00			0.00
1 1/2 cubic feet			0.00			0.00			0.00
3 cubic feet			0.00			0.00			0.00
4 1/2 cubic feet			0.00			0.00			0.00
6 cubic feet			0.00			0.00			0.00
6 1/2 cubic feet			0.00			0.00			0.00
Wardrobe Carton, Not less than 10 cu. ft.			0.00			0.00			0.00
Mattress Carter, Crb			0.00			0.00			0.00
Mattress Carton (Not exceeding 38" x 75")			0.00			0.00			0.00
Mattress Carton (Not exceeding 34" x 75")			0.00			0.00			0.00
Mattress Carton (Exceeding 38" x 80")			0.00			0.00			0.00
Mattress Carton (plastic or paper)			0.00			0.00			0.00
CONSOLIDATED CONTAINERS:			0.00			0.00			0.00
CHUTES:			0.00			0.00			0.00
Gross measurement of crate or container			0.00			0.00			0.00
Weight of Shipment (Weight tickets attached)				TOTAL CONTAINER CHARGES	0.00		TOTAL CONTAINER CHARGES	0.00	
Gross Weight _____ Lbs. Weighmaster _____				TOTAL CHARGES			TOTAL CHARGES		
Tare Weight _____ Lbs. Weighmaster _____				UNPACKING _____ hours @ _____			UNPACKING _____ hours @ _____		
Actual weight of shipment _____ lbs.				TOTAL \$ _____			TOTAL \$ _____		

**DECLARATION OF VALUE**  
If the shipper declines to sign this declaration of value and the shipment is accepted, the shipment will move at the depreciated value protection level and the shipper will be subject to the appropriate valuation charges.

RELEASED VALUE PROTECTION: Goods will be valued at 50 cents per lb. per article.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

DEPRECIATED VALUE PROTECTION: Goods will be valued at \$1.25 times the actual weight of the shipment. For each \$100.00, or fraction thereof, of declared value at \$1.25 times the weight of the shipment in lbs. or declared lump sum value, whichever is higher, the valuation charge shall be 50 cents per each \$100.00 of value.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

FULL VALUE PROTECTION: Goods will be valued at \$1.25 times the actual weight of the shipment. For each \$100.00, or fraction thereof, of declared value at \$1.25 times the weight of the shipment in lbs. or declared lump sum value, whichever is higher, the valuation charge shall be 50 cents per each \$100.00 of value.  
Shipper: \_\_\_\_\_ Date: \_\_\_\_\_

Lump Sum Value: \_\_\_\_\_

**ALL CHARGES PAYABLE IN CASH, CERTIFIED CHECK OR MONEY ORDER BEFORE PROPERTY IS RELEASED BY CARRIER.**

I have read this contract, understand and agree to the terms of liability as set forth above, to the provisions on both sides and received a copy. Goods received in good condition EXCEPT AS NOTED HEREON.

Sign Here: [REDACTED] Delivery Receipt # [REDACTED]  
Received for Goods: [REDACTED] Date: [REDACTED] Customer: [REDACTED]  
Received Payment For Company: [REDACTED] Date: [REDACTED]

# Understanding Move Forms

## Statement of Service Performed - DD619

This form is used by the moving company to note the services provided to you/ the government so that they properly bill the government. Some companies will not complete this form if they have included this information on their bill of lading form.

You will be required to verify the information on this form twice, at the origin and at the destination, and then sign the form. Do not let the mover tell you they will fill in the information later. They should be filling it out as they go through the packing process. They should at least note the number of packing materials used before they depart. Some companies may have you initial next to the numbers for verification purposes. If you have issues, contact your [Transportation Officer](#) ASAP.

**STATEMENT OF ACCESSORIAL SERVICES PERFORMED**

Form Approved  
OMB No. 0702-0022  
Expires May, 31, 2011

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate, (3122-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. GOVERNMENT BILL OF LADING NUMBER	2. DATE OF PICKUP AT ORIGIN (YYYYMMDD)	16. ACCESSORIAL SERVICES
3. NAME OF OWNER (Last, First, Middle Initial)	4. ORIGIN OF SHIPMENT	a. DISH PACK
5. SSN	6. DESTINATION OF SHIPMENT	b. CARTONS (Less than 3 cubic feet)
7. ORDERING ACTIVITY/INSTALLATION NAME	8. SCAC/NAME OF TRANSPORTATION SERVICE PROVIDER (TSP)	c. CARTONS (3 cubic feet)
9. NAME OF CARRIER	10. CARRIER'S SHIPMENT REFERENCE NO.	d. CARTONS (4-12 cubic feet)
11. SIGNATURE OF CARRIER'S REPRESENTATIVE	11. AGENT OR DRIVER CODE	e. CARTONS (13-12 cubic feet)
12. DATE	12. DATE	f. CARTONS (13-12 cubic feet)
13. CARRIER'S SHIPMENT REFERENCE NO.	13. AGENT OR DRIVER CODE	g. WARDROBE (Not less than 10 cubic feet)
14. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PAPER) INCLUDED IN SHIPMENT (If not included, write "None")	14. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PAPER) INCLUDED IN SHIPMENT (If not included, write "None")	h. MATTRESS, CRIB
15. STORAGE IN TRANSIT (SIT)	15. STORAGE IN TRANSIT (SIT)	i. MATTRESS (Not exceeding 30" X 75")
a. STORED AT (1) CITY (2) STATE	b. SIT SERVICES PROVIDED AT (X one)	j. MATTRESS (Not exceeding 54" X 75")
c. IN	d. ORDERED OUT	k. MATTRESS (30" X 90")
e. DELIVERED OUT	f. NUMBER OF DAYS	l. MATTRESS (Exceeding 54" X 75")
g. NET WEIGHT	g. NET WEIGHT	m. TOTAL
h. REQUESTED DELIVERY DATE (YYYYMMDD)	i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.	n. TOTAL SUBJECT MAX-PAK \$
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)	YES NO	o. GRANDFATHER CLOCK CARTONS
14. REWEIGH CERTIFICATION (if applicable)	a. NUMBER	p. CORRUGATED CONTAINERS (Special const.)
b. ORIGINAL GROSS	c. REWEIGH GROSS	q. BOXES - WOODEN CRATES (Not over 5 cu. ft.)
d. ORIGINAL TARE	e. REWEIGH TARE	r. BOXES (Over 5 cu. ft. incl over 8 cu. ft.)
f. ORIGINAL NET	g. REWEIGH NET	s. BOXES (Over 8 cu. ft.) (Gross cu. ft.)
15. APPLIANCES SERVICED (Customer must initial each entry separately.)	15. APPLIANCES SERVICED (Customer must initial each entry separately.)	t. CRATES (Cubic feet)
TYPE	MAKE/MODEL/NO./MANUFACTURER	u. CARTONS, DOUBLE WALL (PPP-8-1354) & TRIPLE WALL (PPP-8-640) (Not over 4 cu. ft.)
a.	b.	v. CARTONS (Over 4 cu. ft. less than 7 cu. ft.)
c.	d.	w. CARTONS (7 cu. ft. less than 15 cu. ft.)
e.	f.	x. TOTAL PACKING CHARGE
g.	h.	y. LABOR (Describe service in "Remarks")
i.	j.	z. (X as applicable)
k.	l.	aa. EXTRA PICKUP
m.	n.	ab. AUXILIARY SERVICES
o.	p.	ac. PIANO/ORGAN CARRY SERVICE
q.	r.	ad. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE
s.	t.	ae. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and included in item 15)
u.	v.	af. OTHER (Describe in "Remarks")
w.	x.	ag. TOTAL ACCESSORIAL SERVICE CHARGES
17. REMARKS	17. REMARKS	

**STATEMENT OF ACCESSORIAL SERVICES PERFORMED**

OMB No. 0704-0044  
OMB approval e  
Mar 31, 2022

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (3122-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

1. BILL OF LADING NUMBER	2. OWNER NAME (Last, First, Middle Initial)	3. RANK/GRADE
4. ORIGIN OF SHIPMENT	5. DATE OF PICKUP AT ORIGIN (DDMMYYYY)	6. DESTINATION OF SHIPMENT
7. ORDERING ACTIVITY/INSTALLATION NAME	8. SCAC/NAME OF TRANSPORTATION SERVICE PROVIDER (TSP)	9. NAME OF AGENT
10. TSP SHIPMENT REFERENCE NO.	11. SIGNATURE OF TSP REPRESENTATIVE	12. DATE (DD)
13. ADDITIONAL SERVICES (Enter additional information in item 14, "Remarks")		
a. CRATES (Indicate number of crates and name of item(s) in "Remarks")	b. THIRD PARTY SERVICES (i.e. Schrancks, pool table, etc. Must provide invoice to PPSO)	c. SHUTTLE SERVICE (Describe in "Remarks")
d. EXTRA PICKUP	e. EXTRA DELIVERY	f. OTHER (Describe in "Remarks")
14. REMARKS (Customer must initial next to each that apply)		
(M/I) = Members Initials		
Shuttle Destination Y/N (M) Third Party: (M)		
Bulky Article Y/N Item: (M)		
Full unpack and reassembly performed to satisfaction (M)		
Dust, declined full unpack, but wanted cartons placed in designated rooms (M)		
Unpacking Y/N		
Item:	Crate Dim: m m (M)	Unpacking
Item:	Crate Dim: m m	1.5
Item:	Crate Dim: m m	3.1
Origin SIT/Destination SIT (circle one)		
Shipment Storage At: 5.6		
Date in SIT:	Date Out SIT:	Number of Days: 6.1
SIT Control Number(s): SIT weight: C		
Reweigh: Y/N Original Weight W		
Gross: Gross: L		
Tare: Tare: T		
Net: Net: S		
Net: G		
BLOOMINGTON, IN		
47401		
15. STATEMENT OF OWNER		
a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED (X all that apply)		
<input type="checkbox"/> ORIGIN <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (Explain in "Remarks")		
b. SIGNATURE (Do not sign until the TSP has explained ALL that apply in item 13, "Additional Services")		
c. DATE (DDMMYYYY)		

# Understanding Move Forms

## Residence Inspection

Most moving companies will have their own residence inspection form. They are not required to provide this form, but most do to ensure that they are not held liable for damage they did not cause to your residence. Before the movers start packing and moving your goods, especially the large furniture out of the house, they should use protective material to ensure they do not cause any damage. Do not be afraid to ask them to put up or down extra material to protect your residence. Do a walk through with the truck driver or team lead to inspect the residence noting any damage and the condition before they start. Do this also at the destination before they start moving items into your new residence.

Once the day is done, conduct another walk through and note any damage on their form. The pictures provide two examples of Resident Inspection Reports.

**ORIGIN/DESTINATION RESIDENCE INSPECTION REPORT**

ATLAS VAN LINES, INC.  
1212 ST. GEORGE ROAD, P.O. BOX 509  
EVANSVILLE, INDIANA 47703-0509  
(800) 252-8855 / (812) 424-2222

CUSTOMER NAME: [REDACTED] ATLAS REGISTRATION NO: [REDACTED]

ORIGIN ADDRESS: [REDACTED] CITY: KEY WEST NAVAL AIR STATE: FL

Agent/Van Operator Walk Through Prior to Loading:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Van Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Code: \_\_\_\_\_ PVO Code: \_\_\_\_\_

Customer Inspection of Residence After Loading (check appropriate box):  
 I have inspected the origin residence and do not find any damages to the residence or property caused by Atlas.  
 I have inspected the origin residence after loading and found the following new damage:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Van Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Code: \_\_\_\_\_ PVO Code: \_\_\_\_\_

DESTINATION ADDRESS: [REDACTED] CITY: BLOOMINGTON STATE: IN

Agent/Van Operator Walk Through Prior to Unloading:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Van Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Code: \_\_\_\_\_ PVO Code: \_\_\_\_\_

Customer Inspection of Residence After Unloading (check appropriate box):  
 I have inspected the destination residence and do not find any damages to the residence or property caused by Atlas.  
 I have inspected the destination residence after unloading and found the following new damage:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature: [REDACTED] Date: 7/29/21  
Agent/Van Operator Signature: [REDACTED] Date: \_\_\_\_\_  
Agent Code: \_\_\_\_\_ PVO Code: \_\_\_\_\_

D.C. 21809

**First Class Moving Systems, Inc.** PROPERTY CONDITION REPORT

CUSTOMER: [REDACTED] SHIPMENT ID: [REDACTED]

ORIGIN: [REDACTED] DESTINATION: [REDACTED] EXTRA STOP: [REDACTED]

ADDRESS: [REDACTED] CITY/ST: [REDACTED] ZIP: [REDACTED]

\*\* TYPE: C- CARPET; W- WALLS; F- FLOORS; T- TRIM; S- STAIRWAY/RAILINGS; D- DOORS; X- CEILING;  
Y- DRIVEWAY/YARD; E- ELEVATOR; L- LOBBY; DA- DOCK AREA

**TO BE COMPLETED BY FCMS PERSONNEL**

** Type	Room Location of Condition	Description of Condition PRIOR to Services & Placement of Protection

WE HAVE CHECKED ALL AREAS LISTED ABOVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE DESCRIPTION OF THE CONDITION PRIOR TO SERVICES RENDERED

X [REDACTED] [REDACTED] [REDACTED] [REDACTED]  A.M. [REDACTED]  P.M. [REDACTED]

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ FCMS REP. \_\_\_\_\_

**TO BE COMPLETED BY CUSTOMER AFTER FINAL WALK THROUGH**

** Type	Room Location of Damages	Description of Damages At Conclusion of Services & Removal of Protection**

Additional Comments/Feedback: \_\_\_\_\_

List other contractors working on premises:  
 Property protection has been removed, we have completed the final walk through, and we have found the premises to be in the same condition as prior to services, unless specifically noted above.  
 Origin - All rooms, closets, cabinets, basements, and outdoor areas have been checked to ensure all items have been packed and/or loaded.  
 Destination - All items have been placed where needed and articles disassembled by the mover have been reassembled.  
 If new property damage is noted, call your Customer Service Representative to initiate a claim.  
**ALL PROPERTY DAMAGES MUST BE DOCUMENTED ON THE DAY OF SERVICE OR CLAIM COULD BE DENIED**

X [REDACTED] [REDACTED] [REDACTED] [REDACTED]  A.M. [REDACTED]  P.M. [REDACTED]

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ FCMS REP. \_\_\_\_\_

**\*\*\* IMPORTANT:** Any damages must be notated and signed for by BOTH parties prior to departure. Your participation in this process is needed to protect your rights. This form will be used in the investigation of any claim submitted for property damage.

1- ORIGINAL    2- CUSTOMER (Prior to Services)    3- CUSTOMER (Following Services)    4- SERVICE PROVIDER

# Understanding Move Forms

## High Value Inventory

The High Value Inventory (HVI) is a required form. This form is where you will list all items considered "high risk" or "high value". High value items include currency, coins, jewelry, silverware and silver sets, crystal, figurines, furs, collectables, art, manuscripts, collectable items, and rare documents with a value more than \$100 per pound. You should also list your firearms on this form. Provide as much information in the description or remarks as possible about each item. It is okay if you do not have the inventory number for each item. The most important thing is to list each item on the form. It is recommended that you prepare this list prior to moving day. There are multiple versions of the HVI form used so the form you fill out many not be the same as the examples provided.

HIGH RISK/HIGH VALUE INVENTORY						
OPTIONAL IDENTIFIERS:		TAG LOT NO:	TAG COLOR:	NOS:	THRU:	
TSP		AGENT			PAGE NO.	NO. OF PAGES
Brouwer Relocation, Inc.		AMJ CAMPBELL FLORIDA, INC.			TSP REFERENCE NO.	
SHIPPER'S NAME/GRADE/RATING					CONTRACT/BOL NO.	
ORIGIN LOADING ADDRESS (CITY, STATE, COUNTRY)		Key West Naval Air, FL, 33040, USA			GOVT. SERVICE ORDER NO.	
DESTINATION DELIVERY ADDRESS (CITY, STATE, COUNTRY)		Bloomington, IN, 47401, USA				
<p><b>IMPORTANT - READ CAREFULLY:</b> This form is required for all items considered to be "high risk" or "high value" by either the shipper or TSP and affords both the shipper and TSP the opportunity to monitor the tender and receipt of these items. High value items are limited to, currency, coins, jewelry, silverware and silver service sets, crystal, figurines, furs, objects of art, computer software programs, manuscripts, comic books, baseball cards, stamps, and other collectable items or rare documents that have a value in excess of \$100 per pound. For purposes of determining the TSP's liability, all such items shall be deemed to weigh at least one pound. A collection of compact disks (CDs) and digital video disks (DVDs) will not be considered high value items. However, individual CDs or DVDs with a value in excess of \$50 will be considered a high value item. IF YOU FAIL TO LIST YOUR HIGH RISK/HIGH VALUE ITEMS ON THIS FORM YOUR RECOVERY WILL BE LIMITED TO \$100 PER POUND.</p>						
INV. NUMBER	ARTICLE	DESCRIPTION	SEAL NO. (IF USED)	REMARKS	SHIPPER INITIAL ON RECEIPT	
		Peter Lik picture				
		Cornel by the sea painting				
		Glock				
		Sig Sauer				
		Springfield armory				
		rifle				
		Crystal glasses				
		China				
		jewelry in safe				
<b>TSP WILL LIMIT CLAIM SETTLEMENTS FOR HIGH RISK/ HIGH VALUE ITEMS NOT LISTED ON THIS FORM.</b>						
<b>ORIGIN</b>			<b>DESTINATION</b>			
<p><b>CAUTION: READ BEFORE SIGNING</b> This is a special inventory for high risk/high value items. Shipper and TSP acknowledge by signatures below that TSP has requested a complete list of high risk/high value items and that this is a true and complete list of high risk/high value items tendered.</p>			<p><b>CAUTION: READ BEFORE SIGNING</b> Before signing below, ensure that all items listed have been delivered and that seals (if used) are intact. Open all cartons, inspect and verify receipt of all contents. Note any loss or damage in Remarks column and on Notification of Loss or Damage at Delivery form. Your signature acknowledges receipt of all items except as noted. If you initial your receipt you may not claim later that this item is missing.</p>			
TSP/DRIVER SIGNATURE		DATE	TSP/DRIVER SIGNATURE		DATE	
		7/20/21				
SHIPPER/AUTHORIZED AGENT SIGNATURE		DATE	SHIPPER/AUTHORIZED AGENT SIGNATURE		DATE	
		7/20/21				

high risk high value inventory (7/04)

# Understanding Move Forms

## Descriptive Inventory

The descriptive inventory is a required form. Each moving company will have their own version of the form. The descriptive inventory is used to note all the items the moving company is taking possession of and the condition of the articles at origin. As the movers pack up your household goods, they will begin working on the descriptive inventory. Each box or item they do not put into a box, will be labeled with a number sticker. The truck driver or head team leader will then write down the description of the box or item next to the corresponding number and denote the condition. There are descriptive symbols that will be used to note the condition. The more you are on hand to answer questions about your goods and review things with the movers the better the chance things will go smoothly.

To avoid any issues when filing a damage claim, ask the person filling out the descriptive inventory to consult with you regarding existing damage before noting it on the form. There have been members who have been unable to file damage claims because the movers noted everything as broken on the descriptive inventory. Keep an eye out for this as you review the forms at the end of the day! This is also why it is critically important that you take pictures of and inventory all your goods prior to the movers arriving.

Once the truck is completed loaded and your residence is empty, you will review the inventory sheets with the driver and sign them. The number of descriptive inventory sheets you will have, will depend on how many items you have. Each sheet typically lists 30 items. Some moving companies may provide you with an inventory list for you HHG and one for your pro gear. Either way, make sure to verify the information on each sheet before signing.


Note, the numbers associated with each item are critical for unloading day and filing a damage claim. Do not dispose of the descriptive inventory forms until after you have filled a claim. Check out the Unloading Day Trips & Tricks ([Link](#)) to ensure you are prepared.

The picture shows a filled out descriptive inventory from a recent move. All the items listed in the example were located in the garage and movers did not pack them in a box, so each item got its own number.

# Understanding Move Forms

## Descriptive Inventory

The picture shows a filled out descriptive inventory from a recent move. All the items listed in the example were located in the garage and movers did not pack them in a box, so each item got its own number.



**ATLAS VAN LINES, INC.**  
1212 St. George Road  
P.O. Box 509  
Evansville, IN 47703  
Tele: (800) 252-8885  
MC-79658

**RELOCATION SERVICES  
DESCRIPTIVE INVENTORY**

REGISTRATION NUMBER  
[REDACTED]

Customer's Name [REDACTED]				Page No. <u>2</u>	No. of Pages
Origin Address [REDACTED]		City	ST	ZIP	Govt Bill of Lading No.
Destination Address		City	ST	ZIP	Van No.

DESCRIPTIVE SYMBOLS		EXCEPTION SYMBOLS			LOCATION SYMBOLS		
BW - Black & White TV	DBO - Disassembled by Owner	BE - Bent	M - Marred	SH - Short	1. Arm	8. Right	15. Seat
C - Color TV	PB - Professional Books	BR - Broken	MI - Mildew	SO - Soiled	2. Bottom	9. Side	16. Drawer
CP - Carrier Packed	PE - Professional Equipment	BU - Burned	MO - Motheaten	ST - Stained	3. Corner	10. Top	17. Door
PBO - Packed by Owner	PP - Professional Papers	CH - Chipped	P - Peeling	S - Stretched	4. Front	11. Veneer	18. Shelf
CD - Carrier Disassembled	MCU - Mechanical Condition Unknown	D - Dented	R - Rubbed	T - Torn	5. Left	12. Edge	19. Hardware
SW - Stretch Wrapped	CU - Contents & Condition Unknown	F - Faded	RU - Rusted	W - Badly Worn	6. Leg	13. Center	
		G - Gouged	SC - Scratched	Z - Cracked	7. Rear	14. Inside	
		L - Loose					

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	ARTICLES	CP	SW	PBO	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1	White Plastic Shelving	CP	SW	PBO	PIPES (ON 10)	
2	WASH RAKE	CP	SW	PBO		
3	Rug Roll	CP	SW	PBO	(SO)	
4	SHOVEL	CP	SW	PBO	(ON 2)	
5	RAKE	CP	SW	PBO		
6	Blue 6FT step ladder	CP	SW	PBO		
7	GARILLA LADDER	CP	SW	PBO	(MCU)	
8	RALEIGH BIKE Blue	CP	SW	PBO	(RU, SE) (MCU)	TIRES FAT
9	TRIK BIKE BACK	CP	SW	PBO	(RU, SC) (MCU)	
10	Beach Chair	CP	SW	PBO	(RU, F) (MCU)	
1	Beach Chair	CP	SW	PBO	(RU, F) (MCU)	
2	CHAIR IN A BAG	CP	SW	PBO	(BU, F)	
3	TOWER FAN	CP	SW	PBO	(MCU)	
4	Umbrella Stroller	CP	SW	PBO	(SO)	
5	STROLLER	CP	SW	PBO	(SO) (WHEELS RU)	
6	TOY PART Blue	CP	SW	PBO		
7	↓ GREEN	CP	SW	PBO	DBD	
8	↓ ORANGE	CP	SW	PBO	STOOLS	
9	4.5 TOTE	CP	SW	PBO		
10	TRICYCLE Red	CP	SW	PBO		
1	Round Folding Patio Table	CP	SW	PBO	(RU, F)	
2	FLYSTONE CAR	CP	SW	PBO		
3	STOOL	CP	SW	PBO		
4	TOY BOX	CP	SW	PBO		
5	2 WHEELER	CP	SW	PBO		
6	Hitch Bike Rack	CP	SW	PBO		
7	CHAIR IN A BAG	CP	SW	PBO		
8	WORK MATE WORK BENCH	CP	SW	PBO		
9	Beach Chair	CP	SW	PBO		
10	↓ CHAIR	CP	SW	PBO		

REMARKS/EXCEPTIONS:

Tape Lot No. \_\_\_\_\_ Tape Color yellow Nos. From \_\_\_\_\_ Through \_\_\_\_\_

Customer's signature at origin confirms the piece count and condition of goods released to carrier. \_\_\_\_\_

Customer's signature at destination means all items loaded have been received and obvious loss or damage has been noted. Signing the inventory does not waive any right to file a claim. \_\_\_\_\_

At Origin	WAS THERE ANY PROPERTY DAMAGE? Y/N		At Destination	WAS THERE ANY PROPERTY DAMAGE? Y/N	
	Customer Signature	Date		Customer Signature	Date
	Carrier Signature	Date		Carrier Signature	Date
	Agent Code:	PVO Code:		Agent Code:	PVO Code:

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# Understanding Move Forms

## Notification of Loss or Damage

The Notification of Loss or Damage is a required form. There are multiple versions in use so the version you see may not match the examples provided. The Notification of Loss or Damage form is filled out at the destination and is where you will note any damage or loss items you discovered during the unloading process. This does not/ will not be your final damage claim list; this form is only to note the items that you observed damaged or are deemed missing on the actual unloading day. You have 180 days to notify the TSP of damage through the Notification of Loss and Damage process and nine months to file your full damage claim in DSP. Check out the Damage Claim page for more information regarding the Notification of Loss and Damage and damage claim process. Make sure you list the inventory number, item description as listed on the descriptive inventory, and provide a description of damage. Take pictures of the damages items as they come off the truck or are unboxed.

This example shows what the Notification of Loss or Damage form looks like. The writing has faded but the form listed three boxes missing and no damaged items. However, damaged items were found after the truck left and were a part of the final damage claim submitted to the TSP.

Carbon must be removed & reversed before completing other side

**DEFENSE PERSONAL PROPERTY PROGRAM (DP3)  
NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY**

COMPLETED BY TSP:

NAME OF OWNER [REDACTED]		RANK/GRADE	BRANCH OF SERVICE	WEIGHT
BL NO. [REDACTED]	TSP REFERENCE NO. [REDACTED]	SCAC	PICK UP DATE	IS THIS A PARTIAL DELIVERY (Y OR N)

**PURPOSE AND GENERAL INSTRUCTIONS:**

- To provide the Transportation Service Provider (TSP) notice of loss or damage discovered AT the time of delivery.
- The customer (or their designated representative) and the TSP's delivery representative must jointly complete this document.
- List in **NOTED LOSS AND/OR DAMAGE** section below all damage and missing items noticed before TSP's representative departs.
- DO NOT leave blank. If no loss or damage is discovered at the time of delivery, write "NONE" in **DESCRIPTION OF DAMAGE**.
- THIS DOES NOT CONSTITUTE "FILING A CLAIM". CLAIM MUST BE FILED VIA DPS CLAIMS MODULE — <http://www.move.mil/>.

**NOTED LOSS AND/OR DAMAGE**

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)
58	B.	M.
96	B.	M.
233	B.	M.

**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 AT DELIVERY**  
By signing below, Customer acknowledges receipt of:

- One (1) copy of this NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY and one (1) copy of the NOTIFICATION OF LOSS OR DAMAGE AFTER DELIVERY.

Customer understands that he/she:

- Will receive from the delivering TSP a "NOTIFICATION OF LOSS OR DAMAGE AFTER DELIVERY" document to identify loss or damage found after delivery. This notification document will provide instructions on how to file a claim on-line.
- Can provide notification to the TSP within 75 days by entering the information from the AFTER Delivery document into the DPS on-line claims module or mail NOTIFICATION OF LOSS OR DAMAGE AFTER DELIVERY document to the TSP by certified return receipt, fax or electronic dispatch.
- 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.

Received for Delivery at:		Name/Address of Transportation Service Provider (TSP)	
Street Address			
City	State Zip		
Telephone Number	TSP Email		
Customer Email	Toll-Free Telephone Number	Fax Number	
Signature of Customer (or his/her Designated Representative)	Delivery Date	Delivering TSP Signature	Date

Form #1850/1851, 3/15  
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