|                                                                                                                                    |                                                        |                                          | PRIVATE                                        | VEHIC                              | LE SHIP                                         | PING [                                        | DOCUM       | ENT FO                                 | OR MO                    | TORCYC                        | LE                                  |                               |                    |       |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------|----------------------------------------|--------------------------|-------------------------------|-------------------------------------|-------------------------------|--------------------|-------|
| TCMD                                                                                                                               | 1. DOC ID (1-3) TP1 2. CONTAINER NO. (4-8)             |                                          | 3. CONSIGNOR (9-14)                            |                                    | 4. COMM EX (15-19) 5.                           |                                               | 5. POE (2   | 1-33)                                  | 6. POD (24-26)           |                               | 7. PACK (28-29)                     |                               |                    |       |
| 8. TRANSPORTAT                                                                                                                     |                                                        | OL NUMBE                                 | R (30-46)                                      |                                    | 9. CONSIGNE                                     | E (47-52)                                     | 10. RDD (5  | 54-56)                                 | <b>11. TR A0</b> (64-67) | COUNT                         | 12. PIECES (68-71)                  | 13.                           | 13. WEIGHT (72-76) |       |
| 14. CUBE (77-78)                                                                                                                   | 15. DOC ID                                             | (1-3) <b>TPB</b>                         | 16. POV YR, I                                  | IAKE (9-14)                        | )                                               |                                               | 17. OWNE    | R'S LAST N                             | AME (54-66               | 5)                            | 18. F & MI (67-68)                  | 19.                           | GRADE (6           | 9-70) |
| 20. STATE (71-72)                                                                                                                  | 21. LICEN                                              | ISE NUMBI                                | ER (73-77)                                     | 21. COLOR (78-80) 22. BODY T       |                                                 |                                               |             | TYPE                                   | 23. VEHIC                |                               | ATION NUMBER                        |                               |                    |       |
| 24. ODOMETER RI                                                                                                                    | EADING                                                 |                                          | 25. VESSEL (                                   | Voyage Nun                         | ber) 26. AUT                                    |                                               |             | RIZATION CHARGES PAID, ETC. 27. DATE L |                          |                               |                                     | OADED (YYYYMMDD)              |                    |       |
| 28. STOWAGE LOCATION 29                                                                                                            |                                                        |                                          |                                                |                                    | 29. BILLING A                                   | 29. BILLING ADDRESS FOR NOTIFICATION PURPOSES |             |                                        |                          |                               |                                     |                               |                    |       |
| 30. Inspected in my presence, condition<br>acknowledged as marked below, and<br>conditions governing shipment on back<br>accepted. |                                                        |                                          |                                                | f. (1) USER<br>CODE                |                                                 |                                               |             | ion - owner/                           |                          |                               |                                     |                               |                    |       |
| a. DATE (YYYYMMDD)                                                                                                                 |                                                        |                                          |                                                | <b>T</b>                           | T (b) POE use (Optional)                        |                                               |             |                                        |                          |                               |                                     |                               |                    |       |
| b. SIGNATURE OF                                                                                                                    | b. SIGNATURE OF OWNER OR AGENT                         |                                          |                                                |                                    |                                                 | (c) POE check in stow/condition               |             |                                        |                          |                               |                                     |                               |                    |       |
| c. NAME OF AGEN                                                                                                                    | c. NAME OF AGENT (Last, First, Middle Initial) (Print) |                                          |                                                |                                    |                                                 | (d) POD check in stow/condition               |             |                                        |                          |                               |                                     |                               |                    |       |
| d. STREET ADDRE                                                                                                                    | ESS                                                    |                                          |                                                |                                    | (e) Release of custody b<br>discharge stevedore |                                               |             | / by                                   |                          |                               |                                     |                               |                    |       |
| e. CITY, STATE, AI                                                                                                                 | ND ZIP CODE                                            | E                                        |                                                |                                    | *                                               | (f) POD use (Optional)                        |             |                                        |                          |                               |                                     |                               |                    |       |
| Retain this forr<br>31. AFTER INI                                                                                                  |                                                        |                                          |                                                |                                    | -                                               |                                               |             |                                        |                          |                               | Program particip                    | ation.                        |                    |       |
| FF                                                                                                                                 | RONT                                                   |                                          |                                                |                                    | LEF                                             | T SIL                                         |             | REAR                                   |                          |                               | GHT SIDE                            | Custo                         | oms use            | only) |
| POV<br>CONDITIC<br>CODES                                                                                                           |                                                        | Bent<br>Broken<br>Chipped                | DE                                             | R- Cracked<br>- Dent<br>D - Gougeo | M                                               | ) - Loose<br>A - Marrec<br>G - Missin         |             | MI - Milde<br>PF - Pair<br>RS - Rus    | nt Faded                 | RU - Ru<br>SC - So<br>SO - So | ratched V                           | <sup>-</sup> О - То<br>VО - В | orn<br>adly Worn   | 1     |
| 33. INTERIOR                                                                                                                       |                                                        | ON                                       | CODE                                           |                                    | CESSORIE                                        |                                               |             | IN BOX                                 | LOOSE                    | 35. PROC                      | ESSING SERV                         | ICE                           | POE                | POD   |
| a. FRONT SEATS<br>b. REAR SEAT                                                                                                     |                                                        |                                          |                                                | _                                  | LYTIC CONVER                                    | TER/PELL                                      | ETS         |                                        |                          | a. ADD/DI                     | RAIN FUEL                           |                               |                    |       |
| c. REAR MIRROR                                                                                                                     |                                                        |                                          |                                                | c. ANTE                            |                                                 |                                               |             |                                        |                          | b. CONNE                      | ECT/DISCONNE                        | ст                            |                    |       |
| d. FRONT SEAT B                                                                                                                    | ELTS                                                   |                                          |                                                | d. FAN E                           | d. FAN BELT                                     |                                               |             |                                        |                          | BATTE                         | ERY                                 |                               |                    |       |
| e. REAR SEAT BE                                                                                                                    | LTS                                                    |                                          |                                                | e. FENDER SKIRTS                   |                                                 |                                               |             |                                        |                          | c. PACK                       | ACCESSORIES                         | ;                             |                    |       |
| f. ASH TRAYS<br>g. FLOOR MATS                                                                                                      |                                                        |                                          |                                                |                                    |                                                 |                                               |             |                                        |                          | d. OTHER                      | s                                   |                               |                    |       |
| h. DOOR PANELS                                                                                                                     |                                                        |                                          |                                                | -                                  | g. FIRST AID KITS<br>h. CIGARETTE LIGHTER       |                                               |             |                                        |                          |                               |                                     |                               |                    |       |
| i. ARM RESTS                                                                                                                       |                                                        |                                          | i. HAND TOOLS/FLASHLIGHT                       |                                    |                                                 |                                               |             |                                        | -                        |                               |                                     |                               |                    |       |
| j. REAR SPEAKERS (Additional)                                                                                                      |                                                        |                                          | j. HUB CAPS                                    |                                    |                                                 |                                               |             |                                        |                          |                               |                                     |                               |                    |       |
| k. CUSHION                                                                                                                         |                                                        |                                          |                                                | k. JACK/LUG WRENCH                 |                                                 |                                               |             |                                        | -                        |                               |                                     |                               |                    |       |
| I. UPHOLSTERY<br>m. RADIO (AM, FM, Tape)                                                                                           |                                                        |                                          |                                                |                                    |                                                 |                                               |             |                                        |                          | -                             |                                     |                               |                    |       |
| n. CB RADIO                                                                                                                        |                                                        |                                          |                                                | m. LUGGAGE RACK                    |                                                 |                                               |             |                                        |                          | ł                             |                                     |                               |                    |       |
| o. CARPET                                                                                                                          |                                                        |                                          |                                                | o. WARNING TRIANGLE/TROUBLE LIGH   |                                                 |                                               | ELIGHT      |                                        |                          | 1                             |                                     |                               |                    |       |
| p. CLOCK                                                                                                                           |                                                        |                                          |                                                | p. SPARE TIRE                      |                                                 |                                               |             |                                        |                          | ]                             |                                     |                               |                    |       |
| 36. DOD POV IMPORT CONTROL PROGRAM (X appropriate box for all vehicles)                                                            |                                                        |                                          |                                                |                                    |                                                 |                                               |             |                                        |                          |                               |                                     |                               |                    |       |
| b. Was m                                                                                                                           | nanufactured<br>wner must p<br>nanufactured            | d after Jar<br>ost a bond<br>d after Jar | uary 1, 1978<br>d with US Cus<br>nuary 1, 1978 | toms prior                         | to vehicle rele                                 | ease at the                                   | e US Port o | of Entry,<br>certifying i              | its conforn              | nance with U                  | h US EPA emissio<br>S EPA emissions |                               |                    |       |
|                                                                                                                                    | SUDJECT TO TH                                          | e regulatio                              | under the                                      | Ciean Air                          | Act because i                                   | r was mar                                     | uraciured   | Jeiore Jan                             | uary 1, 19               | 10.                           |                                     |                               |                    |       |

| CONDITIONS GOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ERNING                                                                                                                                       | IG SHIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|
| <ul> <li>I UNDERSTAND AND ACCEPT THE TERMS UNDER WHICH THIS VEHICL REGULATION, i.e.:</li> <li>1. That only one (1) privately owned vehicle is being transported overseas under permanent change of station orders for the owner and/or his family as personal property, and that it is free of any legal encumbrance that would preclude its shipment and is not intended for resale. Owner must also retain a second (extra) set of keys.</li> <li>2. That this vehicle contains to personal property in excess of that authorized in regulations of the Service concerned. I further understand that personal property shipped will only include those items that can fit in the container normally provided for vehicular tools and accessories.</li> <li>3. That no land transportation is authorized at Government expense except as specified in Section 12 of the Missing Persons Act, as amended, and 10 USC Section 2634(a).</li> </ul> | E WILL I<br>4. Th<br>antifr<br>lower<br>the G<br>THIS<br>stora<br>and a<br>prope<br>the e<br>susp.<br>(2) by<br>not p<br>after<br>I<br>stora | <ul> <li>WILL BE TRANSPORTED OVERSEAS AS SET FORTH IN EXISTING</li> <li>4. That failure of the owner to provide sufficient permanent type antifreeze to protect the cooling system to minus 20 degrees F (or lower if determined to be necessary by the shipping port) relieves the Government of any liability for damage due to freezing.</li> <li>THIS CERTIFICATE constitutes authority for the placing in available storage chosen by the port, at the complete expense of the owner and at no cost whatsoever to the Government, the vehicle herein property of above named owner (1) by the port of embarkation in the event that shipment of privately-owned vehicles therefrom is suspended or terminated because of a national emergency, and (2) by the port of debarkation in the event that the automobile is not picked up by the owner or his agent within forty-five (45) days after dispatch of the notification of its arrival.</li> <li>I further understand that should the vehicle be placed in such storage, the Government, thenceforth, would not be responsible for</li> </ul> |      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              | release or return to the owner or agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| 37. DELIVERY RECEIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| a. EXCEPTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| (1) OWNER<br>b. TERMINAL SERVICE - PICKUP (X as applicable. If unsatisfactory, spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              | ERIFICATION OR DISAGREEMENT WITH REA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SONS |  |  |  |  |
| 38. MISCELLANEOUS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| 39. I HEREBY ACKNOWLEDGE RECEIPT OF MY VEHICLE IN THE CON<br>REPRESENTATIVE FOR TRANSSHIPMENT, EXCEPT AS NOTED A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| a. SIGNATURE OF OWNER OR AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              | b. DATE (YYYYM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MDD) |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · · · ·                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |
| 40. SIGNATURE OF VERIFYING U.S. GOVERNMENT REPRESENTATIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 'E  41                                                                                                                                       | 41. NAME OF PORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |  |  |  |