

**FORT RILEY TRANSPORTATION OFFICE**  
**UNIT MOVEMENT**  
**STANDARD OPERATING PROCEDURES (SOP)**  
**HOURS OF OPERATION: 0800-1630 M-F**  
**BLDG 1502 PH: 239-8868/2329**

**1. PURPOSE.** The purpose of this Standard Operating Procedure (SOP) is to prescribe the policies and guidance for Unit Movement from the 407<sup>th</sup> AFSBn Transportation Office. The intent of these established requirements is to minimize personnel resources and expedite inbound and outbound shipments at Fort Riley, KS. Information contained herein will serve to foster efficient operations and administrative actions through standardization of procedures.

**2. SCOPE.** The provisions outlined in this SOP are applicable to all units deploying and redeploying Fort Riley Kansas and AR 5-9 Area of Responsibility units.

**3. GENERAL.** The Unit Movement operating hours are Monday through Friday, excluding federal holidays, 0800-1630.

**4. APPLICABILITY.**

A. The contents of this 407<sup>th</sup> AFSBn SOP and all associated references are applicable to all DOD civilians, contractor personnel, military personnel and all other individuals working for or coordinating through 407<sup>th</sup> AFSBn Transportation Division.

B. This 407<sup>th</sup> AFSBn SOP is directive in nature and in case of conflict(s), Army Regulations take precedence.

C. Immediately, report through command channels any conflict regarding the contents of this SOP with instructions contained in publications of higher headquarters.

D. Immediately, report through command channels any abuse of organizational equipment, personal equipment; any known or discovered shortages; and any violations of this SOP.

**Guidance to Commanders**

It is in the unit commander's best interest to appoint the right leader to effectively perform Unit Movement Officer (UMO), Air Movement Control Officer (AMCO), HAZMAT Certifier, Container Control Officer (CCO) and Load Team duties in support of the unit's readiness and deployment requirements. Additionally, not having enough trained personnel in these categories could, and in most cases will, degrade the unit's ability to effectively deploy. Furthermore, refresher training conducted at the unit level is highly encouraged to maintain proficiency within the formation.

## Table of Contents

|                                                           |    |
|-----------------------------------------------------------|----|
| 1. Purpose.....                                           | 1  |
| 2. Scope.....                                             | 1  |
| 3. General.....                                           | 1  |
| 4. Applicability .....                                    | 1  |
| 5 Unit Movement data .....                                | 3  |
| 6. Equipment Preparation Standards .....                  | 4  |
| 7. Blocking, Bracing, Packing, Crating, and Tie Down..... | 4  |
| 8. General Cargo and Loading Principles .....             | 5  |
| 9. Installation Inspection .....                          | 5  |
| 10. Line Haul Operations .....                            | 5  |
| 11. Rail Operations .....                                 | 7  |
| 12. Container Management.....                             | 9  |
| 13. Group Movement.....                                   | 11 |
| 14. Air movement.....                                     | 12 |
| 15. Convoy Operations .....                               | 14 |
| 16. Hazardous Material Transport (HAZMAT).....            | 15 |
| 17. Deployment/Mobility Website/Links .....               | 16 |
| 18. Port Support Activity (PSA) .....                     | 17 |
| 19. Points of Contact (POCs) .....                        | 18 |
| 20. References.....                                       | 18 |
| <b>APPENDIX:</b>                                          |    |
| A. Form Examples .....                                    | 21 |
| B. MSL, RFID Tag and Packing List placement.....          | 34 |
| C. Vehicle/Container Movement Checklist .....             | 36 |
| D. Blocking Bracing (BBPCT).....                          | 37 |
| E. Container Marking .....                                | 39 |
| F. Line Haul Support Requirement/Plan.....                | 40 |
| G. Rail Personnel Support Requirements .....              | 41 |
| H. Rail Safety Brief.....                                 | 43 |
| I. Rail Staging Plan .....                                | 44 |
| J. Rail Requirements Checklist .....                      | 45 |
| K. Rail Support Plan.....                                 | 46 |
| L. Automated Movement Flow Tracker (AMFT).....            | 47 |

## 5. Unit Movement Data.

A. Transportation Coordinators' Automated Information for Movements System II (TC-AIMS II): Units are required to have at a minimum of two (2) TC-AIMS II trained operators per Brigade, Battalion, and Company with 1-year retain ability. Classes are conducted by Barton Community College and can be obtained by signing up through ATRRS. To obtain access personnel must complete the AMIS DD Form 2875 SAARS request and forward to the Installation Transportation Office (ITO) Unit Movement Section through the Brigade Mobility section or separate BN/CO S4 to the ITO BMC who will submit to the ITO UMC [usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil](mailto:usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil). You can also request the most up to date AMIS DD Form 2875 SAARS request from the same email above.

B. Organizational Equipment List (OEL): Units are required to update their OEL every 90 days and before a major deployment or training exercise. The TCAIMSII PDF report will be digitally signed by the company commander and forwarded to the Installation Transportation Office (ITO) Unit Movement Section through the Brigade Mobility section or separate BN/CO S4 to the ITO BMC who will submit to the ITO UMC.

C. Unit Deployment List (UDL): The UMO will create UDLs from the OEL and ensure that the associated secondary loads and container contents are contained in the OEL and review TC-AIMS II databases as necessary and make corrections. The TCAIMSII PDF report will be digitally signed by the company commander and forwarded to the ITO Unit Movement Section through the Brigade Mobility section or separate BN/CO S4 to the ITO BMC who will review and submit to the ITO UMC. The Unit Movement Section UMC will verify that the Movement Plans/UDL has been completed and are accurate prior to plans being submitted to Higher HQs.

- **UDL is the driving factor in determining and ordering transportation conveyances.**
- **Units on deployment orders will submit their initial TC-AIMS II UDL 180 days prior to LAD in accordance with FORSCOM Regulation 55-2.**
- **Final Deployment TC-AIMS II UDL will be submitted 70 days prior to RLD along with SDDC Export Traffic Release Request (ETRR), and Funds Verification (FUVA) for validation with FORSCOM at RLD – 60.**
- **CTC Rotations or other training CONUS, units will submit their initial TC-AIMS II UDL 120 days prior to LAD.**
- **Final CTC TC-AIMSII UDL will be submitted 70 days prior to RLD with FUVA.**

- See Appendix A for Form Examples

F. Integrated Booking System (IBS)/Air Load Plan: Once the UDL has been validated and pushed from COMPASS to JOPES by FORSCOM (book dimensions and weights), units will have to change the UDL weights and dimensions in TC-AIMSII to actual data for booking cargo for surface or air movement to keep equipment from getting frustrated in transit.

G. Military Shipping Labels (MSL): All equipment (100%) that requires space on transport assets will have two MSLs. MSLs will be placed on equipment in accordance with ATP 3-35. It is the responsibility of the deploying units to have enough MSLs to deploy and redeploy. Any item missing a MSL will be frustrated cargo causing delay.

- See Appendix B for MSL, RFID Tag and Packing List placement

H. All old MSLs must be removed from equipment before new MSLs are applied.

I. Radio-Frequency Identification Tags (RFID Tags): RFID Tags give the command the capability to monitor the movement of the equipment as it moves through the transportation system. It is the unit's responsibility to have enough RFID-Tags on hand for all equipment and containers deploying.

## **6. Equipment Preparation Standards.**

A. Preparation of equipment is a unit responsibility. This process is completed in unit motor pools and the unit marshaling area under the direction of the UMO and the unit's chain of command. Vehicles are cleaned, loaded, and reduced to the required deployment configuration. Every effort should be made to conform to the commander's guidance in support of the concept of operations.

B. Depending on the mode of lift for deployment, full reduction may or may not be necessary. When preparing equipment for transport, unit personnel must ensure equipment conforms to clearance and space restrictions established in the port call message. Normally units configure vehicles as reduced for the type of transport used. At a minimum all mirrors are folded in, secondary loads are secured IAW mode of transport, and antennas are removed.

C. Built-up vehicle shelters must be removed and cannot be moved on vessels or commercial conveyance without prior Army Command (ACOM) approval. These types of vehicles typically have overhead clearance problems along rail lines and in aircraft or vessel compartments. When authorized by the ACOM, shelters may stay in place; however, contents must be documented and dimensions must be accurately reported on the OEL and UDL.

- See appendix C for Vehicle/Container Movement Checklist.

## **7. Blocking, Bracing, Packing, Crating, and Tie Down.**

A. BBPCT: "Blocking, Bracing, Packing, Crating, and Tie-down in Support of Full Mobilization" is the official title for the program. It includes all materials required to protect vehicles, equipment and other cargo from damage or loss during transit.

B. BBM: Blocking and Bracing Material includes tie-down materials and is the term applied to materials required for rail and truck movement but does not normally include packing and crating materials. It may also be referred to as "BBT" (blocking, bracing and tie-down) material.

C. Units must ensure required materials are available in time to comply with movement orders.

- See appendix D for Blocking Bracing (BBPCT) information.

D. Unit Movement Section will assist deploying units with the **requirements** of deployment related BBPCT.

## **8. General Cargo and Loading Principles:**

### **A. Containerization IAW TB 55-23**

- See appendix E Container Marking for additional information.

B. Vehicle Load: Secondary load not to exceed cross country weight and only authorized IAW appropriate TEA manual for mode of transport.

- SDDCTEA MI 55-19 Rail Tie Down
- SDDCTEA TB 55-20 Truck Tie Down
- SDDCTEA TB 55-23 Container Tie Down
- SDDCTEA TB 55-24 VEH & EQ Preparation for Fixed Wing Air Movement

C. Fuel levels will be  $\frac{3}{4}$  full pending Port Call or mode of transport.

## **9. Installation Inspection.**

A. All vehicles will be inspected by ITO with assistance of the unit or MCT personnel prior to movement to a staging area. Vehicles that are not ready for loading will be frustrated at inspection area and not move till ready for loading.

B. Wheeled vehicles will be inspected at either BLDG 88312 or 1986 prior to movement to line haul or rail staging area.

C. Tracked vehicles will be inspected in unit location prior to movement to staging area.

D. Container will be inspected in unit motor pool prior to movement to staging area.

E. Line haul equipment will be staged at BLDG 1671 in load configuration IAW line haul staging plan.

F. Rail equipment will be staged at BLDG 1502 IAW rail staging plan.

## **10. Line Haul Operations.**

A. Line Haul Operations are Monday through Friday, excluding federal holidays, 0800-1630. If Units plans to load outside of normal operation hours a request must be submitted through Division G4 to 407<sup>th</sup> AFSBn.

B. Provide accurate request for shipment, to include actual measurements and weight of items to be shipped. Submit completed requests to the following box <mailto:usarmy.riley.407-afsb.mbx.lrc-ito-freight@mail.mil> via ASC LRC Form 4408, Request for Shipment; DD Form 1348, Issue Release/Receipt Document; or DD Form 1149, Requisition and Invoice/Shipping Document.

C. Provide all supporting documentation with request for shipment (e.g. lateral transfer directive, turn-in directive, and funds verification sheet).

D. Properly prepare package or crate items intended for shipment. Blocking, Bracing, Packing, Crating & Tie-down (BBPCT) materials are a unit responsibility.

E. Hazardous Material (HAZMAT) shipments, provide complete and accurate DD Form 2890, DoD Multimodal Dangerous Goods Declaration, HAZMAT certification card, and a copy of the HAZMAT Appointment orders for the individual completing the DD Form 2890.

F. Provide accurate POC information for origin and destination. POC data must include a 24-hour telephone number for sensitive item shipments.

G. Provide request for shipment and transportation account code (TAC) to 40<sup>th</sup> AFSBn Freight Office personnel NLT 15 government business days (GBD) prior to the earliest arrival date (EAD) of shipment at destination. Shipment requests received within 15 GBD may not meet the EAD.

H. Coordinate Material Handling Equipment (MHE) support, if needed, at origin and destination.

I. Complete customs documents and any other necessary documentation when shipping items Outside Continental United States (OCONUS).

J. Follow instructions provided for small package and less than truckload carrier pickup.

K. Provide personnel to receive inbound shipments on Fort Riley.

- USAR, Exercise, and unit moves. (additional requirements):
- Coordinate with the Freight Office at the Installation Transportation Office and establish a Central Receiving and Shipping Point (CRSP) Yard operations. Exercise designated CRSP personnel will manage all inbound and outbound equipment requirements.
- The CRSP personnel will establish and provide guidance on procedures for exercise units to draw inbound equipment from the CRSP Yard.
- The CRSP personnel will establish and provide guidance on procedures for exercise units to prepare outbound equipment prior to staging in the CRSP Yard.
- Provide a copy of the signed CBL for outbound shipments to Freight and CRSP Yard personnel prior to releasing equipment in the CRSP Yard for shipment.
- Freight Office personnel will allow staging of sensitive items in the CRSP Yard unit will provide guard force.
  - see Appendix F. Line Haul Support Requirement/Plan

L. Request Material Handling Equipment (MHE) Support.

- Fill out Standard Transportation Request (STR) Form, Request for MHE Support.
- Upon approval the freight office will coordinate with the requestor and provide MHE support as requested.

M. Inbound shipments.

- Ensure marking of the CBL and shipment equipment items for the ultimate consignee (include unit name, POC name and number, exercise or training event, and building number).
- Provide the ITO Freight Office with POC and phone number.
- Must provide unit representative name and phone number to the freight office prior to shipping equipment to Fort Riley.
- The unit will have personnel on ground at Fort Riley Freight Office to receive and offload shipments.
- Freight personnel do not have the authority to sign for or receive any loads.

N. Installation Transportation Office Responsibilities:

- Determine proper freight classification, rates, charges, rules, and regulations pertinent to freight traffic.
- Receive and review requests for shipment for accuracy.
- Ship freight by using Best Value principles that will meet the required delivery date (RDD).
- Issue Commercial Bills of Lading (CBLs) and supporting documents.
- Issue Transportation Control and Movement Documents (TCMD) for export shipments.
- Provide guidance, to include cost estimates, for shipment planning via highway, rail, river, and ocean modes of transportation.
- Process Transportation Discrepancy Reports (TDRs).
- Provide support for small package shipments.
- Provide instructions for small package and less-than-truckload carrier pickup.

## 11. Rail Load Operations.

A. Unit Responsibilities:

- 45 Days out coordinate, plan and conduct an initial IPR with the ITO.
- 30 Days out provide by name list of detail personnel,
  - see Appendix J. Rail Requirement Checklist
- 14 Days out conduct a conditions check IPR with the ITO.
- 7 Working days out coordinate, plan and conduct Rock Drill with the ITO.
- 3 days prior sign for tools, radios, emplace spanners, inspect rail cars, and position chains.
- Rail Load Operations are Monday through Friday, excluding federal holidays, 0800-1630. If Units plans to load outside of normal operation hours a request is required to be submitted through Division G4 to 407<sup>th</sup> AFSBn.
- 3 Working days prior to rail operations begin, unit will sign for all tools, sign for Radios (OIC, NCOIC, Safety OIC, Medic, Maintenance, Call Forward, Dock NCO), place spanners in position, inspect rail cars and position chains in advance of operations.
- Responsible to provide and enforce the use of the following PPE:  
**ACH, leather palmed gloves, reflective vest/belt, boots, and eye protection.**
- Responsible for establishing uniform requirements based upon forecasted weather conditions.

- The unit is required to provide a copy of their established Deliberate Risk Management Assessment (DRM) to the ITO. The signature of the Unit Commander must be on the DRM.
- Units must complete blocking, bracing, packing, crating, and tie down (BBPCT) procedures in unit areas prior to arrival at the TIP.
- Ensure serviceability of all rail cars prior to loading.
- Provide safety OIC (Maj and above)/NOCIC (MSG or above) onsite during rail load operations. The unit commander will appoint the Unit Safety Officer/NCOIC in writing. The unit safety officer will ensure all rail operations fully comply with Chapter 5 of TM 4-14.21, Rail Safety and local policy.
  - see Appendix G. Rail Personnel Support Requirements
- Conducts Rail safety briefs and briefs DRM to all individuals entering Rail Head to include Serials that arrive for staging and loading. IAW TM 4-14.21, Rail Safety, Feb 2015.
  - see Appendix H. Rail Safety Brief
- Establish communication links with operating personnel. OIC and NCOIC will sign for handheld radios from the ITO Unit Movement Supervisor.
- Responsible for providing medical support personnel (at a minimum a certified combat lifesaver with CLS bag, sole responsibility) with a dedicated evacuation vehicle.
- Responsible for signing for and managing rail tools and equipment from the ITO.
- Provide a maintenance contact team with recovery capability.
- Responsible for marshaling equipment for rail upload.
  - see Appendix I. Rail Staging Plan
- Responsible for moving, emplacing, securing and removing spanners from spanner container area and rail cars. Recommend use of Unit owned vehicles/MHE with ground guides to accomplish this task
- Provide trained unit load teams. Teams consist of: trained tie down crews/Teams, licensed drivers, ground guides, safety NCOs, inspection, correction, spanner, spotter and documentation teams, Tool Room NCO, Call Forward NCOs, Traffic Control Point (TCP) personnel, NCOIC and OIC.
  - see Appendix J. Rail Personnel Support Requirements Checklist
- Responsible posting and maintaining a guard force during operations and while equipment remains on the installation. Guard requirements will be determined during operations based on where the equipment is staged for onward movement. Ensure exterior lighting systems are in operation no later than 30 minutes prior to sunset and turn off no earlier than 30 minutes after sunrise.
- Provide all Class I support needed during rail operations to include warming/cooling beverages, and ice. - see Appendix K. Rail Support Plan
- Unit establishes warming tents - see Appendix K. Rail Support Plan
- Unit coordinates for chemical latrines. - see Appendix K. Rail Support Plan
- Responsible for policing, cleaning and clearing of Rail facilities through the ITO, i.e. Outside Latrines, trash cans, rail cars and cleaning any spillage on the ramp area.

- Responsible for submitting work orders/service orders, and damage statements for any damages to the facilities or surrounding areas. Responsible for service order for grading of staging areas and along rail spurs after operations are complete. Provide work orders/service orders, and damage statements to the Logistics Operations Center (LOC) 239-8868
- B. Installation Transportation Office Responsibilities:
- Responsible for ordering the appropriate quantities and types of rail cars. Develops and publishes the staging plan prior to rail operations based off the information received from the UDL and liaison officers (LNOs) from the unit.
  - Build train Load Plan based off UDL provided by the unit NLT 45 days prior to RLD.
  - Prepare and submit DD Form 1085/7A to SDDC Negotiation branch with load plans for required car types based off the UDL.
  - Coordinate with railroad Government Services, Logistics Coordinator, Hub Managers, and Local railroad personnel for required support.
  - Ensure publication and briefing of the rail loading schedule to the UMO and unit chain of command.
  - Organize and operate a rail staging area near the railhead.
    - Publish the Unit/ITO Deliberate Risk Management Assessment (DRM) and ensure the units Rail OIC/NCOIC briefs the risk assessment prior to commencing operations.
    - Ensure Unit conducts a rail safety briefing every day prior to starting operations.
    - Ensure Unit conduct safety brief to serials upon arrival at the rail head prior to loading and staging vehicles.
    - Ensure all personnel participating in rail operations attend the safety briefing.
    - Ensures conduct of all rail operations in compliance with TM 4-14.21, Rail Safety.
    - Oversee all operations at the rail head. NCOIC and OIC report to ITO Representative at the rail head.
    - Ensure exterior lighting systems are in operation no later than 30 minutes prior to sunset and turn off no earlier than 30 minutes after sunrise.
  - Responsible for receiving/documenting rail car data for Government/Commercial Bill of Lading (GBL/CBL). Prepares and submits GBL/CBL.
  - Coordinates with rail road personnel for final acceptance of rail cars in accordance with American Association of Railroad (AAR) open top loading rules.
  - Ensure inspection of all rail cars for serviceability.
  - Provide necessary tie-down tools.
  - Provide Material Handling Equipment (MHE) operators and equipment to load containers.

## **12. Container Management Operations.**

A. Request for issue of deployment containers from the Unit Movement Section will go through the ITO BMCs at BLDG 88312, 1986, or the Unit Movement Supervisor at BLDG 1502.

B. Requests must be submitted in a memorandum format through the Brigade S4 Mobility Section to the respective ITO BMC. At a minimum, a request will include the following;

- Requesting Unit
- The requested delivery date (memo must be turned in 7 working days prior to delivery date).
- Point of Contact (POC, SFC or above)
- Justification for requirement.
- Telephone Number.
- Delivery Location (only unit motor pool)
- Defense Activity Address Codes (DODDACs)
- Date anticipated return to ITO (30 days after redeployment)
- Signed by Company Commander endorsed by Brigade S4.
- Provide Unit CCO Appointment Orders

C. Once a request has been validated at the ITO Unit Movement Section, a DA Form 2062 will be sent to the unit for signature before containers will be delivered.

D. Customers will acknowledge on DA Form 2062 and sign that these containers are part of the Fort Riley ITO contingency stock. They are not to be placed on the unit's commander's property book, and are not authorized to make any modifications; i.e., changing or painting any part of the container, or making any holes in the containers for any reason.

E. Container Issue.

- Containers will **not** be issued or delivered until DA Form 2062 is returned signed.
- Container will only be delivered to unit motor pools. Do not move containers after delivery to reduce damage to containers.
- Units must schedule to have all containers inspected by the Unit Movement Section to ensure cargo is in compliance with shipping regulations.

F. Turn-in of Containers.

- The Containers will be free of trash, swept clean, and any MSL, placards, packing list envelopes and stickers removed.
- Units will return containers NLT 14 days after CONUS redeployment and NLT 30 days after OCONUS redeployment
- In the event that containers must be returned to a destination other than the issuing ITO office, the unit must return a signed copy of the DA Form 3161, Request for Issue or Turn-In (Temp Hand Receipt), or turn in documentation along with a written explanation, naming the deployment/exercise and specific location where the container was left. Include POC, phone number, email address, and DODAAC.

G. Management.

- Containers will be inspected and certified, using the guidelines set forth in the MIL-STD-3037, Guide to Container Inspection.
- The Installation Container Control office will maintain inspection records until the next re-inspection is complete IAW DOD 4500.9-R.

- The ITO will maintain an adequate supply of serviceable containers on hand to accommodate deployment missions. This is why it is imperative for units to return containers to the ITO upon redeployment so that the containers can be repaired, re-inspected, recertified, and put back into the operational on-hand inventory.
- Upon receipt of containers the CCO must verify location of all containers in their possession in JCM and list them as “in-transit” status upon deployment/redeployment.
- Upon delivery and arrival in theater CCO will update location in JCM.

#### H. Unit Owned Containers:

- Unit commanders must appoint the CCO at their respective level.
- Unit CCOs will ensure unit-owned and unit-controlled containers are accounted for accurately; inventoried; and correctly added and maintained in the Integrated Booking System/Container Management Module.
- Unit-owned containers (CKs, SATS, BOHs, tactical and communications shelters, BOH Expeditionary Container Authorized Stockage List (ECASL) containers, etc.) will be maintained in JCM for CSC Certification and life-cycle management (location, condition, maintenance, inspection, and disposal) by the designated unit CCO.
- Unit, theater, or installation-owned specialty containers (for example, field pack units, ISO-configured shelters, dedicated program use containers, and so on) are maintained on unit-, installation-, or theater-level property books and also reported to AIDPMO and maintained/reported in JCM.
- The majority of unit-owned general-purpose containers are TRICONs, BICONs containers, and QUADCONs; however, any unit-funded intermodal assets are accountable through the property book officer in the Property Book and Unit Supply-Enhanced, and also reported to AIDPMO and maintained/reported in JCM.
- Prior to shipment unit will provide copy of maintenance records for dedicated platforms not in the CSC program.

### 13. Group Movement.

A. Unit Movement Section will process all unit requests for travel by commercial/charter air and charter bus, to meet mission requirements.

B. The requesting unit/agency must submit a Fort Riley, FR Form 249 Group Movement Request (GMR), 30 days prior to travel for Continental United States (CONUS) moves.

- Transportation may be requested for group movement of 100 or more passengers for air travel and 20 or more passengers for charter bus due to cost advantageous to the government.
- All cancelations/changes to the original Group Movement Request must be submitted to the Unit Movement Section in writing NLT 72 hours for bus and 10 working days for air prior to travel or additional charges may occur.

C. A cost estimate will be given for the group move. Before the request can move forward a signed Funding Memorandum or Military Interdepartmental Purchase Request (MIPR) containing appropriate fund cite must be provided.

**14. Air Movement.** Fort Riley ITO is responsible for the preparation, coordination, and execution of operations supporting deployment and redeployment of the airfield Arrival/Departure Airfield Control Group (A/DACG).

A. Passenger Deployment: The APOE is the transition point for Army units deploying by air. There are four distinct functions. The pre-manifest (unit location), manifest site BLDG 88312 or 1986 (DACG-R), baggage detail, and passenger loading detail (DACG-F) associated with an APOE. The following paragraphs outline the tasks performed by the deploying unit at each of the areas. Units will schedule an IPR with the ITO Unit movement Section 30 days prior to first scheduled movement date to ensure a smooth operation.

- See appendix L. Automated Movement Flow Tracker (AMFT)
- For AMC chartered flights, passengers are authorized 1 carry-on bag (22x14x9 inches), two checked pieces not to exceed 70 pounds each or 62 linear inches, and a government-owned individual weapon.
- Planeload CDR or Chalk Leader must adhere to DTR Regulation Part III Appendix T and BB governing their duties and responsibilities.
- The troop CDR or group leader must certify on the passenger manifest that all checked and carry-on baggage was inspected and this inspection was made. The following statement will be entered on the last page of the manifest (or the reverse) by the troop CDR: (*"I certify that no unauthorized weapons or ammunition, explosive devices, or other prohibited items have been found in the possession, to include carry-on or stowed baggage of those personnel for whom I am the designated troop CDR or group leader. All personnel have been made aware of the penalties for violation under 49 CFR."*)
- Pre-manifest checks are completed by unit and Chalk Commander and will include travel orders or passport to effect entry into final destination, ID Tags, ID Card, Carry-on Bag size limitation (22x14x9 inches), two checked pieces not to exceed 70 pounds each or 62 linear inches, and Prohibited Item Brief.
- Bus escort (1 NCO & 1 soldier with TMP vehicle) with PT Belt, will inspect and pick-up the buses at BLDG 1502 and escort to unit location and onto the manifest site. Must adhere to published timelines.
- Manifest site (1 NCO & 4 soldiers) with PT Belt, assist ITO with manifest procedures.
- Baggage detail (1 NCO & 30 soldiers with TMP bus) with PT Belt, Eye PRO, Ear PRO, Gloves, and dressed for weather, will load baggage onto ITO provided baggage truck and follow to manifest site and onto the APOE and load baggage onto the aircraft.
- Passenger Loading detail (1 NCO & 2 soldiers ride with ITO personnel) with PT Belt, Eye PRO, Ear PRO, Gloves, and dressed for weather assist ITO with loading of personnel onto aircraft.
- ITO is responsible to coordinate for commercial buses for flights departing Topeka and Salina Regional Airports (Manhattan Regional Airport unit responsible for TMP buses), baggage truck, and SRP personnel for card swipe.

B. **Passenger Re-deployment:** The APOD is the transition point for Army units redeploying by air. There are four distinct functions. The redeployment ceremony site BLDG 88312 or 1986, reverse manifest site BLDG 628 (Primary), or 88312, and 1986 (DACG-R), baggage detail, and passenger unloading detail (DACG-F) associated with an APOE. The following paragraphs outline the tasks performed by the deploying unit at each of the areas. IPR will be conducted with the unit 30 days prior to first scheduled movement date.

- See appendix L. Automated Movement Flow Tracker (AMFT)
- Redeployment Ceremony site (1 Officer, 1 NCO, and 8 soldiers with TMP Bus) The unit will contact Building and Grounds to secure Flag Set to include GO flags, Podium, Red Carpets, Big Red One floor markers, smoke machine, and Ceremony Book. Site will be set up 5 days prior to first ceremony for inspection and walk thru with the DIV G3 Ceremony personnel (Mr. Ray Fuller). The NCO will have the soldiers set up the site IAW the 11D Redeployment Ceremony SOP.
- Bus escort (1 NCO & 1 soldier with TMP vehicle) with PT Belt, will pick up busses at the inbound gate used and escort to manifest site and then to the ceremony location. Escort should have cell phone to be notified when the busses turn off of I70.
- Reverse manifest site (1 NCO & 4 soldiers) with PT Belt, assist ITO with reverse manifest procedures.
- Baggage detail (1 NCO & 30 soldiers with TMP bus) with PT Belt, Eye PRO, Ear PRO, Gloves, and dressed for weather, will follow the Passenger Load detail to the airport and off load baggage from aircraft onto ITO provided baggage truck and follow the baggage truck to ceremony location and down load bags.
- Passenger Loading detail (1 NCO & 2 soldiers ride with ITO personnel) with PT Belt, Eye PRO, Ear PRO, Gloves, and dressed for weather assist ITO with unloading aircraft onto busses.
- All personnel will reverse manifest at established reverse manifest site to include all attached personnel.

C. Strategic Airlift (STRAT):

1) Air Movement Control Officer (AMCO)/Air Load Planners

- Two (2), AMCO/Air Load Planners (one Primary, E-6 and above and one Alternate, E-5 and above) will be appointed in writing by the Commander for each Battalion, Brigade, and those specialty units (Company/Detachment) that deploy on their own; e.g., Airborne units, Explosive Ordnance Disposal (EOD), Military Police (MP), MCT, Army Engineer units, and Special Forces Operational Detachment Alpha and Bravo (ODA/ODB) that deploy via Strategic Airlift (STRAT-Air). These personnel must attend and pass the Air Deployment Planners Course / Air Load Planners Course with ICODES.

2) The AMCO is responsible for supervising all unit activities during the STRAT-Air portion of a unit deployment including, but not limited to:

- Serving as liaison between the deploying unit and AMC and/or A/DACG personnel.
- Supervising all unit deployment activities at the A/DACG.

- Assisting the UMO with the preparation of unit equipment offered for transportation on military or civilian aircraft.
- Preparation and certification of unit air load plans in ICODES.
- Preparation, certification, and documentation of all hazardous cargo offered for shipment on military or civilian aircraft.
- Supervision of unit load teams at the A/DACG.
- Preparation of all necessary documentation (packing lists, load diagrams, MSL, ATTLA Certification Letter, etc.)
- Ensuring necessary supplies are on-hand prior to deployment (chains, devices, cargo straps, dunnage, shoring, HAZMAT placards/labels, etc.)
- Manifesting of all passengers.
- Equipment needed, color printer and VPN enabled laptop.
- Pusher personnel needed 6-10 soldiers depending on amount of vehicles must be licensed on equipment, no profiles. Uniform will be PT belt, gloves, ear and eye pro, hydration system, and dress for the weather

## 15. Convoy Operations.

### A. Convoys are defined as follows:

- Any group of six or more vehicles, temporarily organized to operate as column, with or without escort, proceeding together under a single commander will be considered a convoy. During mobilization/deployment, vehicle infiltration is prohibited.
- Ten or more vehicles dispatched, per hour, to same destination, over same route.
- **One vehicle constitutes a convoy (Special Permit) if it exceeds width, height, or weight restrictions outlined in KDOT Regulations or is transporting ammunitions or hazardous materials over public highways.**
  - Width 102 inches (not including mirrors)
  - Height 162 inches (13 feet, 6 inches.)
  - Weight 20,000 pounds for single axles
  - 34,000 pounds for tandem axles.
  - 80,000 pounds for gross weight
  - Length 42 feet for single vehicles
  - Length 65 feet for vehicle/trailer combinations

### B. Convoy Clearance Requests and Special Hauling Permits

- 1) Requests for convoy clearances are submitted on DD Form 1265. Requests for special hauling permits to move oversized/overweight vehicles on public roads are submitted on DD Form 1266. **All units are to utilize the convoy planning module of the TC-AIMS II enterprise system to submit requests for convoy clearances and special hauling permits.**
- 2) During peacetime, AC units are required by regulation to submit requests **35 days** prior to movement date to the installation ITO Logistical Operations Center (LOC) located at BLDG 1502, 12th Street Camp Funston [usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil](mailto:usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil). The LOC personnel will review the

request for accuracy and completeness and submit to the state Defense Movement Coordinator (DMC).

- 3) For crisis response movements, requests will be submitted as soon as possible prior to the movement. The Convoy Control Number (CCN) will be provided back through the chain of command to the unit as soon as the requests are processed, but NLT 24 hours prior to convoy movement. If the UMC is unable to contact the DMC and/or immediate action is required, the UMC is authorized to process AC unit requests, but will forward to the DMC as soon as possible.
- 4) The convoy commander should identify specific checkpoints, the required location and duration of each halt, coordinate overnight rest halts, and request any logistical support throughout the proposed route. The Convoy Movement Order (CMO) dictates the final approved route. Additionally, units are responsible for coordinating all logistics along the final approved route. The movement must be conducted as the clearance directs, i.e. routing, departure times, rest halts, etc. Deviations are not authorized without prior coordination with the DMC.

C. Convoy operations will be planned and conducted IAW ATP 3-35, ATP 4-11, ATP 4-16, and DTR 4500.9-R, Part III.

- 1) Vehicles operated in a convoy will be marked with the appropriate signs, flags, and CCN. Convoy vehicles will use headlights while moving on highways or halted on the shoulders. When halted on road shoulders, vehicles equipped with amber flashing lights and/or emergency flasher systems will operate these lights. While moving at night, or during periods of reduced visibility, lead and trail convoy vehicles, and those oversize and/or overweight vehicles separated from the main body and/or moving by infiltration will operate hazard lights. In addition, units will comply with other precautionary measures that may be required by the state or local authorities.
- 2) Weapons will be stowed, no show of force will be used during off post convoys.

**NOTE: No convoy movement will be made over public highways to include (HWY77, OLD HWY77, ETC) without prior approval, (once your unit leave the confines of Fort Riley you are off post).** The DMC through the State Movement Control Center (SMCC) in each State is the approving authority for all convoys and will issue the Convoy Clearance Number (CCN) which authorizes convoy movement. The DMC ensures convoy movements conform to federal, state, and local laws. If obtaining a CCN through normal procedures would delay the accomplishment of a required mission, an emergency movement may be approved telephonically by the appropriate SMCC. Requests for AC units must be submitted through the installation UMC.

## **16. HAZMAT.**

A. Commanders do not have the authority to waive statutory requirements concerning vehicle loads, especially concerning HAZMAT. The governing regulations are—

- 49 CFR for CONUS transports.
- The IMDG–Code for sea transport.

- Air Force Manual 24–204 (AFMAN) (I)/TM 38–250/NAVSUP PUB 505/MCO P4030.19/DLAI 4145.3 for military air transport.
- International Air Transport Association Dangerous Goods Regulation for commercial air transport.
- International Civil Aviation Organization Technical Instructions for the Safe Transport of Dangerous Goods by Air.

B. Units are required to have a primary and an alternate at a minimum trained and on orders to certify hazardous cargo at each level. The hazardous cargo certifying official is responsible for ensuring the shipment is properly prepared, packaged, and marked. The certifying official is also responsible for personally inspecting the item being certified and signing the hazardous material (HAZMAT) documentation. Hazardous cargo certifiers must be trained at a DOD approved school within the past 24 months and receive refresher training every two years. Upon training completion, they are authorized to certify documentation for commercial and military truck, rail, sea and air. A common mistake occurs when the HAZMAT certifier is sent with the advance party leaving no one to accomplish the HAZMAT inspections during departure operations.

C. HAZMAT training is required for personnel who perform the following tasks:

- Package HAZMAT.
- Mark or label packages containing HAZMAT.
- Prepare shipping papers for HAZMAT.
- Offer or accept HAZMAT for transportation.
- Handle HAZMAT.
- Mark or placard transport vehicles and bulk packages.
- Operate or crew transport vehicles, aircraft, or vessels transporting HAZMAT.

D. Shipping HAZMAT documentation:

- Shipping request DD Form 1149
- **Completed DD Form 2890** DOD Multimodal Dangerous Goods Declaration
- **Completed DD Form 2781** Container Packing Certificate or Vehicle Packing Declaration.
- **Appointment orders**
- **Emergency Response Guide Page (ERG)**

## 17. Deployment/Mobility Website/Links.

A. Rapid Expeditionary Deployment Initiative (REDI) Toolbox: The REDI program is a collaborative effort designed to aggressively pursue improvements to the deployment processes in order to advance, standardize, implement, and maintain Army deployment readiness and capability. This toolbox is a dynamic online repository of deployment and redeployment information and products designed to provide Army units with a centralized location of current, authoritative deployment information. The REDI Toolbox can be accessed through the United States Army Transportation Corps, DPMO home page: <http://www.transportation.army.mil/deploy/>

B. Air Force Air Transport Certificates (Air Certification Letters): The purpose of this Air Transport Certificate SharePoint site is to provide 24/7 access to the most current Internal

Air Transport Certification Letters. To access this NEW Site you must have an AFNET account. This site will also assist in providing guidance in the Air Transport Certification process. The Air Force's Air Transport Certificate SharePoint site can be accessed through the following link: [https://intelshare.intelink.gov/sites/attla/\\_layouts/15/start.aspx#/SitePages/Home.aspx](https://intelshare.intelink.gov/sites/attla/_layouts/15/start.aspx#/SitePages/Home.aspx)

C. Single Mobility System (SMS): SMS is a web-based computer system that provides visibility of air, sea, and land transportation assets and provides aggregated reporting of cargo and passenger movements. SMS does this by collecting air, vessel, and truck movement data from other computer systems such as IGC, CAMPS, GDSS, JALIS, DTTS, and ANGMU. SMS also provides requirement management and mission building services for Air Force Reserve. SMS can be accessed through the following link: <https://sms.transcom.mil/>

D. Integrated Computerized Deployment System (ICODES) Enterprise: ICODES is a fully integrated information system that provides multi-modal load planning capabilities to Department of Defense (DOD) Agencies and Services. The combined functionality of ship, air, truck, rail, and yard planning services provides commanders, planners, and operators with a single platform capable of producing and evaluating load plans and alternative actions for various sized units, employing various modes of transportation, in support of peacetime or wartime operations. ICODES can be accessed through the following link: **Must have a valid ICODES-Enterprise account within ETA to access.** <https://eta.sddc.army.mil/>

E. ISDDC Integrated Surface Deployment Distribution Command: ISDDC features a user friendly, flexible tool set that provides near real-time data visibility to integrated ocean cargo, freight, personal property, satellite-based commercial vessel visibility, financial data and operational-level data for container management. ISDDC's robust reporting includes highly customizable reports, search options and filters, all accessible via SDDC's Electronic Transportation Acquisition (ETA) single sign-on. <https://eta.sddc.army.mil/>

F. Radio Frequency-In-transit visibility (RFID-ITV): The RFID-ITV system combines data from the fielded RFID devices and the Satellite Tracking devices, processes it and redistributes it to numerous other systems such as S2MC, IGC, and GCSS-J. The RF-ITV site can be accessed through the following link: <https://national.rfitv.army.mil>

G. Sustainment Knowledge Network (SKN): The Sustain Warfighters' Forum provides Commanders, Staffs and Soldiers of Active and Reserve Component SUST BDEs, BSBs, TSCs, ESCs and other Sustainment and Logistics formations of the Operational and Generating Force with the means to collaboratively share experience, ask questions and discuss concerns with each other and supporting organizations. Utilize the following link: <https://www.us.army.mil/suite/designer>

H. JCM: Management in ACAMS includes maintaining ownership, current location, condition and status of each asset with drill down/roll up of information. The assets being managed in ACAMS include twenty foot and forty foot general cargo intermodal shipping containers, TRICONs, QUADCONs, refrigerated containers, tactical shelters, and flat-racks. ACAMS Help Desk 618-220-5120 or 5223 ACAMS Help Desk Mailbox [usarmy.scott.sddc.mbx.acams-helpdesk@mail.mil](mailto:usarmy.scott.sddc.mbx.acams-helpdesk@mail.mil)

## 18. PSA: Port Support Activity.

A. The port support activity (PSA) is a flexible support organization designed to assist SDDC with the loading of equipment at seaports. SDDC provides PSA capability through Stevedore and Related Terminal Services contracts. SDDC will coordinate with IMCOM, FORSCOM, and supporting Army Service Component Command (ASCC) for requirement outside of SDDC capabilities. SDDC also has the capability to assist deploying units with documentation, ITV, and vehicle inspection.

B. A small investment by the unit in maintaining visibility throughout the deployment/redeployment pipeline can be rewarded by having vehicles and equipment delivered to the right place at the right time.

C. Recommended unit PSA is UMO and HAZMAT certifier to fix frustrated cargo.

## 19. POCs.

- Unit Movement Supervisor 785-239-2329
- Installation Unit Movement Coordinator 785-239-3441
- Logistics Operation Center 785-239-8868/240-6205
- BLDG 88312 Unit Movement Coordinator 785-239-6690/240-3047
- BLDG 1986 Unit Movement Coordinator 785-239-8902/1669
- Installation Transportation Officer 785-240-1999
- Group Email Box: [usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil](mailto:usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil)

## 20. References.

### A. ARMY TECHNIQUES PAMPHLETS and FIELD MANUALS

- ATP 4-11 Army Motor Transport Operations
- ATP 4-12 Army Container Operations
- ATP 4-16 Movement Control
- ATP 3-35 Army Deployment and Redeployment
- FM 3-35.1 Army Pre-positioned Operations
- FM 4-01 Army Transportation Operations
- FM 4-01.41 Army Rail Operations
- American Association of Railroads (AAR)
- General Code of Operating Rules (Rail GCOR)

### B. DEFENSE, ARMY and FORSCOM REGULATIONS

- DOD 4500.9 Defense Transportation Regulation (DTR)
- DOD 5100.76 Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives
- AFMAN 24-204 Preparing Hazardous Material for Military Air Shipments
- AR 525-93 Military Operations: Army Deployment and Redeployment
- AR 700-80 Army In-Transit Visibility
- AR 600-8-14 Identification Cards for Members of the Uniformed Services, their Family Members, and Other Eligible Personnel
- FORSCOM/ARNG REG 55-1 Unit Movement Planning
- FORSCOM/ARNG REG 55-2 Unit Movement Data Reporting

#### C. ARMY TECHNICAL BULLETINS AND MANUALS

- TB 55-46-1 Standard Characteristics (Dimensions, Weight, and Cube) for Transportability of Military Vehicles and Other Outsize/Overweight Equipment
- TB 55-46-2 Standard Characteristics (Dimensions, Weight, and Cube) for Military Vehicles and Equipment (Online)
- TM 55-2200-001-12 Application of Blocking, Bracing, and Tiedown Materials for Rail Transport
- TM 4-14.21 Rail Safety

#### D. FORT RILEY FORM

- FR Form 249 Fort Riley ITO - Group Movement Request (GMR)

#### D. DEPARTMENT OF DEFENSE FORMS

- DD Form 603 Registration of War Trophy
- DD Form 626 Motor Vehicle Inspection
- DD Form 836 Emergency Instructions for Motor Vehicle Drivers and Initial Responders
- DD Form 1149 Requisition and Invoice/Shipping Document
- DD Form 1253 Military Customs Inspection (Label)
- DD Form 1253-1 Military Customs Inspection (Tag)
- DD Form 1265 Request for Convoy Clearance
- DD Form 1266 Request for Special Hauling Permit
- DD Form 1387 Military Shipment Label
- DD Form 1387-1 Military Shipment Tag
- DD Form 1387-2 Special Handling Data/Certification
- DD Form 1750 Packing List
- DD Form 1854 US Customs Accompanied Baggage Declaration
- DD Form 1907 Signature and Tally Record
- DD Form 2130 Cargo Manifest
- DD Form 2131 Passenger Manifest
- DD Form 2133 Joint Airlift Inspection Record
- DD Form 2271 Decontamination Tag
- DD Form 2327 Unit Aircraft Utilization Plan
- DD Form 2775 Pallet Identifier
- DD Form 2781 Container Packing Certificate
- DD Form 2890 DOD Multimodal Dangerous Goods Certification
- DD Form 2890C DOD Multimodal Dangerous Goods Certification Continuation Sheet

#### E. DEPARTMENT OF THE ARMY FORMS

- DA Form G44 Army-Funded Transportation
- DA Form 285 US Army Accident Investigation Report
- DA Form 1970 Motor Vehicle Utilization Record
- DA Form 2404 Equipment Inspection and Maintenance Worksheet
- DA Form 5748R Shipment Unit Packing List and Diagram

#### F. MISCELLANEOUS PUBLICATIONS AND FORMS

- 49 CFR Title 49, Parts 100-199, Transportation
- FORSCOM Form 285-R Vehicle Load Card
- FORSCOM Form 285-5-R Rail Load Card
- International Air Transport Association-Dangerous Goods Regulation (IATA-DGR)
- International Maritime Dangerous Goods Code (IMDGC)
- SDDCTEA MI 55-19 Rail Tiedown Handbook
- SDDCTEA TB 55-20 Truck Tiedown Handbook
- SDDCTEA PAM 56-1 Marine Terminal Lifting Guidance
- SDDCTEA PAM 700-2 Logistics Handbook for Strategic Mobility Planning
- SDDCTEA PAM 700-4 Vessel Characteristics Pamphlet for Ship loading
- MIL-STD-3037 Inspection Criteria for International Organization for Standardization (ISO) Container and Department of Defense Standard Family of ISO Shelters

POC for this SOP is Matt Holloway 407<sup>th</sup> AFSBn Unit Movement Supervisor 785-239-2329 or [Matthew.w.holloway8.civ@mail.mil](mailto:Matthew.w.holloway8.civ@mail.mil).

  
Paul Z. Licata  
LTC, LG  
Commanding

APPENDIX A. FORM EXAMPLES  
Export Traffic Release Request

| Export Traffic Release Request (ETRR)         |                      |
|-----------------------------------------------|----------------------|
| Container                                     | Flat rack Break-bulk |
| Document Identifier                           |                      |
| For FMS Cargo Only                            |                      |
| FMS SUPPAD                                    |                      |
| FMS DEL Terms Code                            |                      |
| Requestor DODAAC                              |                      |
| Requestor Name                                |                      |
| Requester Address                             |                      |
| Requester City, State, Zip                    |                      |
| Requestor Point of Contact                    |                      |
| Requestor Commercial Phone Number             |                      |
| Requestor Email Address                       |                      |
| Consignor (Shipper) DODAAC or Zip Code        |                      |
| Consignor (Shipper) Name                      |                      |
| Consignor (Shipper) Address                   |                      |
| Consignor (Shipper) City, State               |                      |
| Consignor (Shipper) Point of Contact          |                      |
| Consignor (Shipper) Commercial Phone Number   |                      |
| Consignor (Shipper) Email Address             |                      |
| Number of Vans (CONTAINERS)                   |                      |
| Van Size                                      |                      |
| Van Type                                      |                      |
| Govt Leased                                   |                      |
| Temp State                                    |                      |
| Temp Variance                                 |                      |
| Transportation Account Code (TAC)             |                      |
| Consignee DODAAC (Destination)                |                      |
| Consignee Name                                |                      |
| Consignee Address                             |                      |
| Consignee City, Country                       |                      |
| Consignee Point of Contact                    |                      |
| Consignee Commercial Phone Number             |                      |
| Consignee Email Address                       |                      |
| Lading Terms                                  |                      |
| Available Date                                |                      |
| Required Delivery Date                        |                      |
| Spot Date                                     |                      |
| POC Name (Person completing form)             |                      |
| POC Commercial Phone/Fax                      |                      |
| POC DSN Voice/Fax                             |                      |
| Delivery Information for Carrier to know      |                      |
| Remarks to Booker                             |                      |
| Commodity Code                                |                      |
| Type Code                                     |                      |
| Handling Code                                 |                      |
| Type Pack                                     |                      |
| TCNs (BREAKBULK)                              |                      |
| Total Pieces (list each on cargo detail tab)  |                      |
| Weight (lbs) for each piece or container load |                      |
| Cube for each piece or container load         |                      |
| Dims (list each on cargo detail tab)          |                      |
| Project Code                                  |                      |
| Accessorial IND                               |                      |
| Stop Off IND                                  |                      |
| Hazardous Cargo included                      |                      |

[illegible]

|  <h1 style="margin: 0;">Army-Funded Transportation</h1> <h2 style="margin: 0;">Funds Verification &amp; Use Authorization</h2>                                                                                                                                                                                                                                                          |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Authority:</b> Financial Management Regulation (FMR), Volume 10, Chapter 13, Paragraph 130202                                                                                                                                                                                                                                                                                                                                                                         |                                 |
| <i>Purpose: The unit/organization directing cargo movement will coordinate to have the appropriate funds manager (FM) complete this form to provide a written authorization to use their Line of Accounting (LOA) and associated Transportation Account Code (TAC) for specific shipments for a specified time period. The shipping customer will provide this completed/signed form to the servicing transportation office prior to requesting a movement/shipment.</i> |                                 |
| <b>1. From: Shipping customer (unit/organization) that is requesting cargo movement</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                 |
| A. Request Date                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 03/15/18                        |
| B. POC (rank/name)                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SFC MILLER, THOMAS R            |
| C. POC Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (785)240-3025                   |
| D. Command / Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1ST SMC, 1SB, 1ID               |
| E. UIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WB33AA                          |
| F. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8025 APENNINES DR               |
| G. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT RILEY                      |
| H. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | KS                              |
| I. Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 66442                           |
| J. POC Email                                                                                                                                                                                                                                                                                                                                                                                                                                                             | thomas.r.miller.mil@mail.mil    |
| K. Description of requested shipment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                  | L. Estimated Cost               |
| 6 Vehicles and 1 Shipping Container (20' Milvan) from Beaumont, TX Port to Buehring, KU port by way of sea vessel                                                                                                                                                                                                                                                                                                                                                        | \$85,920.00                     |
| <b>2. Thru: Funds Manager (FM) authorizing use of a specified TAC and certifying fund availability</b>                                                                                                                                                                                                                                                                                                                                                                   |                                 |
| A. Command / Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                               | USARCENT G8, THIRD ARMY         |
| B. OA                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |
| C. Certifying FM Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAJ DAVID C. BUCKHANNON         |
| E. FM Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 312-889-8242                    |
| D. Certifying FM Position                                                                                                                                                                                                                                                                                                                                                                                                                                                | STRAT Lift Desk Officer         |
| F. FM Email                                                                                                                                                                                                                                                                                                                                                                                                                                                              | david.c.buckhannon.mil@mail.mil |
| G. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 Gabreski Drive                |
| H. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Shaw AFB                        |
| I. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SC                              |
| J. Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 29152                           |
| K. This Certification is valid for:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
| <input checked="" type="checkbox"/> One Shipment                                                                                                                                                                                                                                                                                                                                                                                                                         | Originating before 04/16/18     |
| <input type="checkbox"/> Multiple Shipments                                                                                                                                                                                                                                                                                                                                                                                                                              | Originating before              |
| L. Authorized TAC                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |
| <b>M. Special instructions and/or shipment restrictions</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |
| TAC is approved for the movement of Army personnel or equipment in support of emerging operations within Afghanistan and for the deployment/redeployment of Army personnel or equipment to/from the ARCENT AOR. RESET and RETROGRADE of equipment is not authorized.                                                                                                                                                                                                     |                                 |
| N. Funds Manager Signature                                                                                                                                                                                                                                                                                                                                                                                                                                               | O. Date                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 03/16/2018                      |
| <b>3. Provide completed, signed form to servicing Transportation Office</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                 |
| Transportation Office: acknowledgement of receipt                                                                                                                                                                                                                                                                                                                                                                                                                        | C. Date received                |
| A. Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |
| D. Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |
| B. Position                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E. Email                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |
| Version 2, 5 May 2011. OPR: DA G44(D)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |
| <div style="display: inline-block; border: 1px solid black; padding: 5px 20px; margin: 0 10px;">Email Form</div> <div style="display: inline-block; border: 1px solid black; padding: 5px 20px; margin: 0 10px;">Print Form</div>                                                                                                                                                                                                                                        |                                 |

## DD Form 1750

[illegible]

# DA Form 2890 DOD Multimodal Dangerous Goods Declaration

## DD Form 2890 Job Aid

| DOD MULTIMODAL DANGEROUS GOODS DECLARATION                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This form may be used as a dangerous goods declaration as it meets the requirements of SOLAS 74, Chapter VII, regulation 54; MARPOL 79/78, Annex III, Regulation 4.                                                                                                                                                                                  |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 1. SHIPPER/CONSIGNOR/SENDER<br>UNIT(ex.B Co. 1-36 CAV, 4th ID)<br>Location (where you are currently at), Telephone #                                                                                                                                                                                                                                 |                                                                                                                      | 2. TRANSPORT<br>DOCUMENT NUMBER                                                                                                       | 3. PAGE 1<br>OF<br>1 PAGES                                                                                                                                                                                                                      | 4. SHIPPER'S REFERENCE (TCN)<br>A[UIC]S0[SUN]0XX                                                                                                                                                                                     |
| 5. FREIGHT FORWARDER'S<br>REFERENCE                                                                                                                                                                                                                                                                                                                  | 6. CONSIGNEE<br>UIC or same as block 1 with destination location                                                     |                                                                                                                                       | 7. CARRIER (To be completed by the carrier)                                                                                                                                                                                                     |                                                                                                                                                                                                                                      |
| 24-HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS: <b>CIRCLE ALL APPLICABLE</b>                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| DOD<br>NON-EXPLOSIVE<br>HAZMAT:<br>(800) 851-8061/<br>(804) 279-3131<br>AT SEA:<br>COLLECT:<br>(804) 279-3131                                                                                                                                                                                                                                        | DOD HAZ CLASS 1<br>(EXPLOSIVES) ONLY:<br>COLLECT:<br>(703) 695-4695/4696<br>or DSN: 225-4695/4696<br>(Watch Officer) | CHEMICAL/BIOLOGICAL<br>WARFARE MATERIAL:<br><br>(410) 436-6200<br><br>DSN:<br>584-6200                                                | DOD SECURE HOLDING:<br>(800) 826-0794<br>(For TSPs/drivers emergency<br>secure holding issues, accidents,<br>delays, and incidents)<br>OIL/CHEMICAL SPILLS:<br>NRC & TERRORIST HOTLINE:<br>(800) 424-8802<br>AT SEA:<br>COLLECT: (202) 267-2675 | DOD RADIOACTIVE<br>MATERIALS: COLLECT<br>ARMY: (703) 695-4695/4696<br>USAF: (301) 981-5058<br>DLA: (800) 851-8061<br>AT SEA:<br>COLLECT: (804) 279-3131<br>USN/MC: Use 24-hour<br>emergency response number<br>provided by activity. |
| 8. THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR: (X as applicable)                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                                       | 9. CONTAINER PACKING CERTIFICATE OR<br>VEHICLE PACKING DECLARATION,<br>DD FORM 2781, IS ATTACHED<br>(X if applicable) <b>This is a separate form</b>                                                                                            |                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> MILITARY VESSEL <input checked="" type="checkbox"/> COMMERCIAL VESSEL <input checked="" type="checkbox"/> HIGHWAY/RAIL                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 10. VOYAGE DOCUMENT NUMBER AND<br>SAILING DATE (To be completed by the carrier)                                                                                                                                                                                                                                                                      |                                                                                                                      | 11. PORT/PLACE OF LOADING<br>Port the container is put on the vsl                                                                     |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 12. PORT/PLACE OF DISCHARGE<br>Por the container is taken off the vsl                                                                                                                                                                                                                                                                                |                                                                                                                      | 13. DESTINATION<br>Final location that the shippment is going to                                                                      |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 14. SHIPPING<br>MARKS                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | DESCRIPTION OF GOODS (UN No., PSN, HC, SHC, PG, number and kind of package, and additional information<br>as required by regulations) |                                                                                                                                                                                                                                                 | NET MASS/QT<br>(kg/l)                                                                                                                                                                                                                |
| UN 1863, Fuel Aviation, Turbine Engine, 3, PG III, (FP 38° C, c.c.), 10 Jerricans                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | Residue                                                                                                                                                                                                                              |
| UN 1219, Isopropanol, 3, PG II, LTD QTY, (FP 38° C, c.c.), 2 boxes<br>8 bottles each containing less than 1 L                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 4 L                                                                                                                                                                                                                                  |
| UN 3090, Lithium Metal Batteries, 9, PG II, 8 boxes<br>100 BA-5590 B/U batteries                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 2.5 kg                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 30.00                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 6.00                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 102.00                                                                                                                                                                                                                               |
| 15. CONTAINER IDENTIFICATION NO./<br>VEHICLE REGISTRATION NO.<br>ex. USAU 123456 7                                                                                                                                                                                                                                                                   |                                                                                                                      | 16. SEAL NUMBER(S)<br>taken from the seals used<br>when the doors are closed                                                          |                                                                                                                                                                                                                                                 | 17. CONTAINER/VEHICLE AND TYPE<br>Quadcon/Tricon/Bicon/20' Container/Tanker/Flatrack/etc.                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 | 18. TARE<br>MASS (kg)<br>800.00                                                                                                                                                                                                      |
| 19. ADDITIONAL HANDLING INFORMATION<br>UN 1863, ERG 128 Attached, EmS F-E, S-E UN 1219, ERG 129 Attached, EmS F-E, S-D UN 3090 ERG 138 Attached, EmS F-A, S-I<br>Add entry for each different UN Number listed in block 14: UN ####, ERG ### Attached, EmS #-#, #-#                                                                                  |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 20. RECEIVING ORGANIZATION RECEIPT<br>Received the above number of packages/containers/trailers in apparent good order and condition, unless stated hereon:                                                                                                                                                                                          |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| a. RECEIVING ORGANIZATION REMARKS                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| b. HAULER'S NAME                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| c. VEHICLE REGISTRATION<br>NO.                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| d. SIGNATURE AND DATE                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| e. DRIVER'S SIGNATURE                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| 21. SHIPPER PREPARING THIS FORM                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| SHIPPER'S DECLARATION. I hereby declare that the contents of this consignment are fully and accurately described above by the Proper Shipping Name, and are classified, packaged, marked, and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national government regulations. |                                                                                                                      |                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| a. NAME OF COMPANY/MILITARY UNIT<br>Same as block 1 (ex.B Co. 1-36 CAV, 4th ID)                                                                                                                                                                                                                                                                      |                                                                                                                      | b. NAME/STATUS OF DECLARANT/CERTIFIER<br>Name of the HAZMAT Certifier (ex. John Smith/HAZMAT Certifier)                               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| c. PLACE AND DATE<br>Same as block 1 & Date (ex. Ft. Hood, TX 20 Oct 2016)                                                                                                                                                                                                                                                                           |                                                                                                                      | d. SIGNATURE OF DECLARANT/CERTIFIER                                                                                                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |

DD FORM 2890, SEP 2015

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 9.0

Latest Edition

## DD Form 2781 Job Aid

| CONTAINER PACKING CERTIFICATE<br>OR<br>VEHICLE PACKING DECLARATION                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|
| Person responsible for packing the cargo transport unit (vehicle/container) will complete the checklist. Cross out "vehicle" or "container", as applicable. After completion, sign the certificate. <b>(Initial all blocks that apply)</b>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| 1. It is declared that the undersigned has visually inspected (Container/ <del>Vehicle</del> ) Number: <u>USAU 123456 7</u><br>(cross out whichever item does <b>NOT</b> apply) and it has been loaded/packed in accordance with the provisions of 5.4.2. 1 (IMDGC) and CFR 49 and that (indicate "N/A" for all items that do <b>NOT</b> apply): |                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | a. The cargo transport unit (container/ <del>vehicle</del> ) was clean, dry, and apparently fit to receive the goods.                                                                                                                                                                                                                            |                                                                                       |                                        |
| N/A                                                                                                                                                                                                                                                                                                                                              | b. If the consignment includes goods of class 1, other than 1.4, the cargo transport unit (container/ <del>vehicle</del> ) is structurally serviceable in conformity with 7.4.6 (IMDGC).                                                                                                                                                         |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | c. Goods that should be segregated, have not been packed together onto or in the cargo transport unit (container/ <del>vehicle</del> ) (unless approved by the competent authority concerned in accordance with 7.2.2.3 (IMDGC)).                                                                                                                |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | d. All packages have been externally inspected for damage, leakage, or sifting, and only sound packages have been packed.                                                                                                                                                                                                                        |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | e. Drums have been stowed in an upright position, unless otherwise authorized by the competent authority.<br><b>N/A if no drums in the container</b>                                                                                                                                                                                             |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | f. All packages have been properly packed onto or in the cargo transport unit (container/ <del>vehicle</del> ) and secured.                                                                                                                                                                                                                      |                                                                                       |                                        |
| N/A                                                                                                                                                                                                                                                                                                                                              | g. When dangerous goods are transported in bulk packagings, the cargo has been evenly distributed.                                                                                                                                                                                                                                               |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | h. The cargo transport unit (container/ <del>vehicle</del> ) and packagings therein are properly marked, labeled, and placarded.                                                                                                                                                                                                                 |                                                                                       |                                        |
| N/A                                                                                                                                                                                                                                                                                                                                              | i. When solid carbon dioxide (CO <sup>2</sup> - dry ice) is used for cooling purposes, the cargo transport unit (container/ <del>vehicle</del> ) is externally marked or labeled in a conspicuous place, such as the door, and with the words: " <b>DANGEROUS CO<sup>2</sup> - GAS (DRY ICE) INSIDE. VENTILATE THOROUGHLY BEFORE ENTERING</b> ". |                                                                                       |                                        |
| FML                                                                                                                                                                                                                                                                                                                                              | j. The dangerous goods transport document required in 5.4.1 (IMDGC) has been received for each dangerous goods consignment packed in the cargo transport unit (container/ <del>vehicle</del> ).                                                                                                                                                  |                                                                                       |                                        |
| <b>2. PERSON RESPONSIBLE FOR PACKING</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| a. PRINTED NAME ( <i>Last, First, Middle Initial</i> )<br>Little, Francis M.                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                  | b. RANK/GRADE<br>E-5/SGT                                                              | c. TITLE<br>Sergeant/ Hazmat Certifier |
| d. ORGANIZATION<br>B. Co 1-36 CAV, 4th ID                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| e. PLACE PACKED<br>Fort Hood, TX                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  | f. SIGNATURE<br><b>Initials in the boxes and<br/>Signature should be hand written</b> |                                        |
|                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  | g. DATE (YYYYMMDD)<br>20131024                                                        |                                        |

DD FORM 2781, AUG 2013

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 9.0


**Latest Edition**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| <b>SIGNATURE AND TALLY RECORD</b><br>(See DoD 4500.9-R for guidance)<br>(Use of equivalent carrier-furnished signature and tally record is acceptable.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | OMB No. 0702-0027<br>OMB approval expires<br>Jun 30, 2012 |                                                  |
| The public reporting burden for this collection of information is estimated to average 3 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 this burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0702-0027). 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. |                                             |                                                           |                                                  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS DIRECTED IN THE DISTRIBUTION INSTRUCTIONS BELOW.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                           |                                                  |
| <b>DISTRIBUTION INSTRUCTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                           |                                                  |
| (1) The SHIPPER will print two copies, retain one copy and give one to the Origin Carrier.<br>(2) The ORIGIN CARRIER will deliver one copy with original signatures to the Destination Carrier.<br>(3) The DESTINATION CARRIER will attach one copy (reflecting all original signatures) and Standard Form 1113, Public Voucher for Transportation Charges, to the original Commercial Bill of Lading and forward for payment. Reproduced completed copy of DD Form 1907 will be delivered to the Consignee and one will be retained.<br>(4) The CONSIGNEE will ensure Destination Carrier surrenders a reproduced copy of completed form with all signatures.                                                                                                                                                                                                                                     |                                             |                                                           |                                                  |
| <b>SECTION I - TO BE COMPLETED BY THE SHIPPER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                           |                                                  |
| 1a. SHIPPER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | b. ORIGIN                                                 |                                                  |
| 2. PROTECTIVE SERVICE REQUESTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | 3. COMMERCIAL BILL OF LADING NUMBER                       |                                                  |
| 4a. CONSIGNEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | b. DESTINATION                                            |                                                  |
| 5. PERMIT NUMBER (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | 6. TRANSPORTATION CONTROL NUMBER                          |                                                  |
| 7. ROUTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | 8. WEIGHT                                                 | 9. CUBE                                          |
| 10. SPECIAL INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                           | 11. DATE SHIPMENT TENDERED TO CARRIER (YYYYMMDD) |
| 12. NAME OF CARRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                           | 13. NUMBER OF PIECES                             |
| 14. TYPE OF PACKAGE(S) (For unsealed loads only) OR CONVEYANCE IDENTIFICATION AND SEAL NUMBERS (For sealed loads only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | 15. FREIGHT CLASSIFICATION DESCRIPTION                    |                                                  |
| <b>SECTION II - TO BE COMPLETED BY EACH PERSON ACCEPTING CUSTODY OF CLASSIFIED OR PROTECTED MATERIAL REQUIRING THE USE OF TRANSPORTATION PROTECTIVE SERVICE DURING TRANSIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                           |                                                  |
| 16. CUSTODY RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                           |                                                  |
| PRINT NAME OF PERSON AND COMPANY REPRESENTED<br>a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATION INTERCHANGE POINT DESTINATION<br>b. | SIGNATURE OF PERSON ACCEPTING CUSTODY<br>c.               | TIME ACCEPTED<br>d.                              |
| DATE ACCEPTED<br>e.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                           |                                                  |

DD FORM 1907, OCT 2010
PREVIOUS EDITION IS OBSOLETE.
Adobe Designer 8.0

## DD Form 626 Motor Vehicle Inspections (Transportation of Hazardous Materials)

| <b>MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS)</b><br><i>(Read Instructions before completing this form.)</i>                                                                                                                      |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-----------------------------------------|----------------------------------------|--|--------------------------------------------------------------------|--|----------------------------------------|--------------------------|-------------------------|--|
| <b>This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.</b>                                                                                                                                        |  |                                   |                                         |                                        |  | <b>1. GOVERNMENT BILL OF LADING/ TRANSPORTATION CONTROL NUMBER</b> |  |                                        |                          |                         |  |
| <b>SECTION 1 - DOCUMENTATION</b>                                                                                                                                                                                                                   |  |                                   |                                         |                                        |  | <b>ORIGIN</b><br>a.                                                |  |                                        | <b>DESTINATION</b><br>b. |                         |  |
| <b>2. CARRIER/ GOVERNMENT ORGANIZATION</b>                                                                                                                                                                                                         |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>3. DATE/ TIME OF INSPECTION</b>                                                                                                                                                                                                                 |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>4. LOCATION OF INSPECTION</b>                                                                                                                                                                                                                   |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>5. OPERATOR(S) NAME(S)</b>                                                                                                                                                                                                                      |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>6. OPERATOR(S) LICENSE NUMBER(S)</b>                                                                                                                                                                                                            |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>7. MEDICAL EXAMINER' S CERTIFICATE*</b>                                                                                                                                                                                                         |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>8. (X if satisfactory at origin)</b>                                                                                                                                                                                                            |  |                                   |                                         |                                        |  | <b>9. CSA DECAL DISPLAYED ON EQUIPMENT*</b>                        |  |                                        |                          |                         |  |
| a. MILITARY HAZMAT ENDORSEMENT                                                                                                                                                                                                                     |  |                                   | d. ERG OR EQUIVALENT COMMERCIAL:        |                                        |  | YES                                                                |  | NO                                     |                          |                         |  |
| b. VALID LEASE*                                                                                                                                                                                                                                    |  |                                   | e. DRIVER' S VEHICLE INSPECTION REPORT* |                                        |  |                                                                    |  | a. TRUCK/TRACTOR                       |                          |                         |  |
| c. ROUTE PLAN                                                                                                                                                                                                                                      |  |                                   | f. COPY OF 49 CFR PART 397              |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>SECTION II - MECHANICAL INSPECTION</b><br><i>All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.</i>                                                      |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>10. TYPE OF VEHICLE(S)</b>                                                                                                                                                                                                                      |  |                                   |                                         |                                        |  | <b>11. VEHICLE NUMBER(S)</b>                                       |  |                                        |                          |                         |  |
| <b>12. PART INSPECTED</b><br><i>(X as applicable)</i>                                                                                                                                                                                              |  | <b>ORIGIN</b><br>(1)<br>SAT UNSAT |                                         | <b>DESTINATION</b><br>(2)<br>SAT UNSAT |  | <b>ORIGIN</b><br>(1)<br>SAT UNSAT                                  |  | <b>DESTINATION</b><br>(2)<br>SAT UNSAT |                          | <b>COMMENTS</b><br>(3 ) |  |
| a. SPARE ELECTRICAL FUSES                                                                                                                                                                                                                          |  |                                   |                                         |                                        |  | k. EXHAUST SYSTEM                                                  |  |                                        |                          |                         |  |
| b. HORN OPERATIVE                                                                                                                                                                                                                                  |  |                                   |                                         |                                        |  | l. BRAKE SYSTEM*                                                   |  |                                        |                          |                         |  |
| c. STEERING SYSTEM                                                                                                                                                                                                                                 |  |                                   |                                         |                                        |  | m. SUSPENSION                                                      |  |                                        |                          |                         |  |
| d. WINDSHIELD/WIPERS                                                                                                                                                                                                                               |  |                                   |                                         |                                        |  | n. COUPLING DEVICES                                                |  |                                        |                          |                         |  |
| e. MIRRORS                                                                                                                                                                                                                                         |  |                                   |                                         |                                        |  | o. CARGO SPACE                                                     |  |                                        |                          |                         |  |
| f. WARNING EQUIPMENT                                                                                                                                                                                                                               |  |                                   |                                         |                                        |  | p. LANDING GEAR*                                                   |  |                                        |                          |                         |  |
| g. FIRE EXTINGUISHER*                                                                                                                                                                                                                              |  |                                   |                                         |                                        |  | q. TIRES, WHEELS, RIMS                                             |  |                                        |                          |                         |  |
| h. ELECTRICAL WIRING                                                                                                                                                                                                                               |  |                                   |                                         |                                        |  | r. TAILGATE/DOORS*                                                 |  |                                        |                          |                         |  |
| i. LIGHTS AND REFLECTORS                                                                                                                                                                                                                           |  |                                   |                                         |                                        |  | s. TARPULIN*                                                       |  |                                        |                          |                         |  |
| j. FUEL SYSTEM*                                                                                                                                                                                                                                    |  |                                   |                                         |                                        |  | t. OTHER (Specify)                                                 |  |                                        |                          |                         |  |
| <b>13. INSPECTION RESULTS (X one) ACCEPTED</b>                                                                                                                                                                                                     |  |                                   |                                         |                                        |  | <b>REJECTED</b>                                                    |  |                                        |                          |                         |  |
| <i>(If rejected give reason under "Remarks" . Equipment will be approved if deficiencies are corrected prior to loading.)</i>                                                                                                                      |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>14. SATELLITE MOTOR SURVEILLANCE SYSTEM: (X one) ACCEPTED</b>                                                                                                                                                                                   |  |                                   |                                         |                                        |  | <b>REJECTED</b>                                                    |  |                                        |                          |                         |  |
| <b>15. REMARKS</b>                                                                                                                                                                                                                                 |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>16. INSPECTOR SIGNATURE (Origin)</b>                                                                                                                                                                                                            |  |                                   |                                         |                                        |  | <b>17. INSPECTOR SIGNATURE (Destination)</b>                       |  |                                        |                          |                         |  |
| <b>SECTION III - POST LOADING INSPECTION</b><br><i>This section applies to Commercial and Government/ Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.</i> |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
|                                                                                                                                                                                                                                                    |  |                                   |                                         |                                        |  | <b>ORIGIN</b><br>(1)<br>SAT UNSAT                                  |  | <b>DESTINATION</b><br>(2)<br>SAT UNSAT |                          | <b>COMMENTS</b><br>(3 ) |  |
| <b>18. LOADED IAW APPLICABLE SEGREGATION/ COMPATIBILITY TABLE OF 49 CFR</b>                                                                                                                                                                        |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT</b>                                                                                                                                                                                               |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>20. SEALS APPLIED TO CLOSED VEHICLE; TARPULIN APPLIED ON OPEN EQUIPMENT</b>                                                                                                                                                                     |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>21. PROPER PLACARDS APPLIED</b>                                                                                                                                                                                                                 |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>22. SHIPPING PAPERS/ DD FORM 836 FOR GOVERNMENT VEHICLE SHIPMENTS</b>                                                                                                                                                                           |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>23. COPY OF DD FORM 626 FOR DRIVER</b>                                                                                                                                                                                                          |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>24. SHIPPED UNDER DOT EXEMPTION 868</b>                                                                                                                                                                                                         |  |                                   |                                         |                                        |  |                                                                    |  |                                        |                          |                         |  |
| <b>25. INSPECTOR SIGNATURE (Origin)</b>                                                                                                                                                                                                            |  |                                   |                                         |                                        |  | <b>26. DRIVER(S) SIGNATURE (Origin)</b>                            |  |                                        |                          |                         |  |
| <b>27. INSPECTOR SIGNATURE (Destination)</b>                                                                                                                                                                                                       |  |                                   |                                         |                                        |  | <b>28. DRIVER(S) SIGNATURE (Destination)</b>                       |  |                                        |                          |                         |  |

## HAZMAT Placards



## ERG Example

| GUIDE<br>128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FLAMMABLE LIQUIDS<br>(NON-POLAR/WATER-IMMISCIBLE) | ERG2004 | ERG2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FLAMMABLE LIQUIDS<br>(NON-POLAR/WATER-IMMISCIBLE) | GUIDE<br>128 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------|
| <b>POTENTIAL HAZARDS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |         | <b>EMERGENCY RESPONSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |              |
| <b>FIRE OR EXPLOSION</b> <ul style="list-style-type: none"> <li><b>HIGHLY FLAMMABLE:</b> Will be easily ignited by heat, sparks or flames.</li> <li>Vapors may form explosive mixtures with air.</li> <li>Vapors may travel to source of ignition and flash back.</li> <li>Most vapors are heavier than air. They will spread along ground and collect in low or confined areas (sewers, basements, tanks).</li> <li>Vapor explosion hazard indoors, outdoors or in sewers.</li> <li>Those substances designated with a "P" may polymerize explosively when heated or involved in a fire.</li> <li>Runoff to sewer may create fire or explosion hazard.</li> <li>Containers may explode when heated.</li> <li>Many liquids are lighter than water.</li> <li>Substance may be transported hot.</li> <li><b>If molten aluminum is involved, refer to GUIDE 169.</b></li> </ul> |                                                   |         | <b>FIRE</b> <p><b>CAUTION:</b> All these products have a very low flash point: Use of water spray when fighting fire may be inefficient.</p> <p><b>CAUTION:</b> For mixtures containing a high percentage of an alcohol or polar solvent, alcohol-resistant foam may be more effective.</p> <p><b>Small Fires</b></p> <ul style="list-style-type: none"> <li>Dry chemical, CO<sub>2</sub>, water spray or regular foam.</li> </ul> <p><b>Large Fires</b></p> <ul style="list-style-type: none"> <li>Water spray, fog or regular foam.</li> <li>Use water spray or fog; do not use straight streams.</li> <li>Move containers from fire area if you can do it without risk.</li> </ul> <p><b>Fire involving Tanks or Car/Trailer Loads</b></p> <ul style="list-style-type: none"> <li>Fight fire from maximum distance or use unmanned hose holders or monitor nozzles.</li> <li>Cool containers with flooding quantities of water until well after fire is out.</li> <li>Withdraw immediately in case of rising sound from venting safety devices or discoloration of tank.</li> <li>ALWAYS stay away from tanks engulfed in fire.</li> <li>For massive fire, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from area and let fire burn.</li> </ul> |                                                   |              |
| <b>HEALTH</b> <ul style="list-style-type: none"> <li>Inhalation or contact with material may irritate or burn skin and eyes.</li> <li>Fire may produce irritating, corrosive and/or toxic gases.</li> <li>Vapors may cause dizziness or suffocation.</li> <li>Runoff from fire control or dilution water may cause pollution.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |         | <b>SPILL OR LEAK</b> <ul style="list-style-type: none"> <li>ELIMINATE all ignition sources (no smoking, flares, sparks or flames in immediate area).</li> <li>All equipment used when handling the product must be grounded.</li> <li>Do not touch or walk through spilled material. • Stop leak if you can do it without risk.</li> <li>Prevent entry into waterways, sewers, basements or confined areas.</li> <li>A vapor suppressing foam may be used to reduce vapors.</li> <li>Absorb or cover with dry earth, sand or other non-combustible material and transfer to containers. • Use clean non-sparking tools to collect absorbed material.</li> </ul> <p><b>Large Spills</b></p> <ul style="list-style-type: none"> <li>Dike far ahead of liquid spill for later disposal.</li> <li>Water spray may reduce vapor; but may not prevent ignition in closed spaces.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |              |
| <b>PUBLIC SAFETY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |         | <b>FIRST AID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |              |
| <ul style="list-style-type: none"> <li><b>CALL Emergency Response Telephone Number on Shipping Paper first. If Shipping Paper not available or no answer, refer to appropriate telephone number listed on the inside back cover.</b></li> <li>As an immediate precautionary measure, isolate spill or leak area for at least 50 meters (150 feet) in all directions.</li> <li>Keep unauthorized personnel away.</li> <li>Stay upwind.</li> <li>Keep out of low areas.</li> <li>Ventilate closed spaces before entering.</li> </ul>                                                                                                                                                                                                                                                                                                                                           |                                                   |         | <ul style="list-style-type: none"> <li>Move victim to fresh air. • Call 911 or emergency medical service.</li> <li>Give artificial respiration if victim is not breathing.</li> <li>Administer oxygen if breathing is difficult.</li> <li>Remove and isolate contaminated clothing and shoes.</li> <li>In case of contact with substance, immediately flush skin or eyes with running water for at least 20 minutes.</li> <li>Wash skin with soap and water. • Keep victim warm and quiet.</li> <li>In case of burns, immediately cool affected skin for as long as possible with cold water. Do not remove clothing if adhering to skin.</li> <li>Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |              |
| <b>PROTECTIVE CLOTHING</b> <ul style="list-style-type: none"> <li>Wear positive pressure self-contained breathing apparatus (SCBA).</li> <li>Structural firefighters' protective clothing will only provide limited protection.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |              |
| <b>EVACUATION</b> <p><b>Large Spill</b></p> <ul style="list-style-type: none"> <li>Consider initial downwind evacuation for at least 300 meters (1000 feet).</li> </ul> <p><b>Fire</b></p> <ul style="list-style-type: none"> <li>If tank, rail car or tank truck is involved in a fire, ISOLATE for 800 meters (1/2 mile) in all directions; also, consider initial evacuation for 800 meters (1/2 mile) in all directions.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |              |

Page 204

Page 205

# FR Form 249 Group Movement request

| <b>FORT RILEY ITO - GROUP MOVEMENT REQUEST (GMR)</b><br><small>Note: This is only a request. Funding must be allocated prior to submission to SDDC. <b>SUBMIT REQUEST TO:</b><br/>           ITO Unit Movement Section, BLDG 1502 B. Street, Fort Riley, Kansas 66442.<br/>           Phone: (785) 239-3441, DSN: 856-3441 or (785) 239-8868, DSN: 856-8868.<br/>           Email: <a href="mailto:usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil">usarmy.riley.407-afsb-lrc.mbx.lrc-ito-movements@mail.mil</a><br/>           For use of this form, see (Defense Transportation Regulation (DTR) 4500.9-R, Part 1, Chapters 101, 102, 103 and 104).<br/>           The proponent agency is the Logistics Readiness Center (LRC).</small> |                                                    |                                                                                     |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Date: <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | Exercise Name or Purpose: <input style="width: 350px;" type="text"/>                |                                                                                                 |
| Unit: <input style="width: 150px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POC: <input style="width: 150px;" type="text"/>    | Office #: <input style="width: 100px;" type="text"/>                                |                                                                                                 |
| Cell #: <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FAX: <input style="width: 100px;" type="text"/>    | E-mail: <input style="width: 250px;" type="text"/>                                  |                                                                                                 |
| <b>MODE OF TRAVEL</b> <input type="checkbox"/> Bus <input type="checkbox"/> Charter Air <input type="checkbox"/> Both <input type="checkbox"/> Equipment <input type="checkbox"/> Round Trip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                                     |                                                                                                 |
| # Passengers: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Origin: <input style="width: 150px;" type="text"/> | Destination: <input style="width: 150px;" type="text"/>                             |                                                                                                 |
| Date of Travel (Origin)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DTG: <input style="width: 150px;" type="text"/>    | PAX: <input style="width: 150px;" type="text"/>                                     |                                                                                                 |
| Required Arrival at (Destination)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DTG: <input style="width: 150px;" type="text"/>    |                                                                                     |                                                                                                 |
| Date of Travel (Return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DTG: <input style="width: 150px;" type="text"/>    | PAX: <input style="width: 150px;" type="text"/>                                     |                                                                                                 |
| Required Arrival at (Destination)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DTG: <input style="width: 150px;" type="text"/>    |                                                                                     |                                                                                                 |
| Weapons: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #: <input style="width: 50px;" type="text"/>       | Baggage: <input style="width: 50px;" type="text"/>                                  | #: <input style="width: 50px;" type="text"/> Weight: <input style="width: 100px;" type="text"/> |
| <b>Commercial Bus</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                     |                                                                                                 |
| Pick Up Location: <input style="width: 550px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                                     |                                                                                                 |
| Drop Off Location: <input style="width: 550px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                     |                                                                                                 |
| Bus Required to Remain with Unit? <input style="width: 50px;" type="text"/> Baggage? <input style="width: 50px;" type="text"/> #: <input style="width: 50px;" type="text"/> Weight: <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                     |                                                                                                 |
| <b>EQUIPMENT: Attach DD Form 1149 and Equipment Spreadsheet</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                     |                                                                                                 |
| Pieces of Equipment: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Origin: <input style="width: 150px;" type="text"/> | Destination: <input style="width: 150px;" type="text"/>                             |                                                                                                 |
| Date of Travel (Origin)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date: <input style="width: 150px;" type="text"/>   | Time: <input style="width: 100px;" type="text"/>                                    |                                                                                                 |
| Required Arrival at (Destination)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date: <input style="width: 150px;" type="text"/>   | Time: <input style="width: 100px;" type="text"/>                                    |                                                                                                 |
| REMARKS: <input style="width: 550px; height: 30px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                     |                                                                                                 |
| <b>FUNDING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                     |                                                                                                 |
| ITO: Estimated Cost of Trip: \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | Authorized Unit Signature: <input style="width: 250px; height: 40px;" type="text"/> |                                                                                                 |
| G8 Fund Cite: <input style="width: 550px; height: 30px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                     |                                                                                                 |
| Funding Authorized Signature: <input style="width: 550px; height: 30px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                     |                                                                                                 |

FR Form 249, Feb 2016

| REQUISITION AND INVOICE/SHIPPING DOCUMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------|-------------------|-------------------------------------|-----------------|---------------------------------------|----------------------------|-----------------------|----------------------------------------------------------------------------------|----------------------|---------------------------|----------------------|-----------------------|-----------------------|-------------------|-------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. FROM: (Include ZIP Code)<br>774th OD CO(EOD)<br>7050 Bullard Street<br>Fort Riley, KS 66442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                      | POC: 1LT Smith, Jodie      UIC: WB7HAA<br>PH: 785-239-5555<br>Email: jodie.smith.mil@mail.mil |                      |                       | SHEET NO.<br>1                                                                           |                   | NO. OF SHEETS<br>1                  |                 | 5. REQUISITION DATE                   |                            | 6. REQUISITION NUMBER |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. TO: (Include ZIP Code)<br>ITO Office Ft. Riley<br>Bldg 1502 B Street<br>Camp Funston<br>Ft. Riley Kansas, 66442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 7. DATE MATERIAL REQUIRED (YYYYMMDD)<br>20180413                                         |                   |                                     |                 | 8. PRIORITY                           |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 9. AUTHORITY OR PURPOSE<br>NTC                                                           |                   |                                     |                 | 11a. VOUCHER NUMBER & DATE (YYYYMMDD) |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 10. SIGNATURE<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. SHIP TO - MARK FOR<br>LSA WARRIOR<br>(DUST BOWL) RAMPS<br>Bldg 934 AVE G<br>FORT IRWIN, CA 92310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 12. DATE SHIPPED (YYYYMMDD)<br>20180410                                                  |                   |                                     |                 | b.                                    |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POC: 1LT Doe, Jane      UIC: WB7HAA<br>PH: 555-555-1234<br>EMAIL: jane.d.doe.mil@mail.mil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 13. MODE OF SHIPMENT                                                                     |                   |                                     |                 | 14. BILL OF LADING NUMBER             |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.                                        |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. APPROPRIATIONS DATA<br>TAC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 | AMOUNT                                |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 3%;">ITEM NO.<br/>(a)</th> <th style="width: 47%;">FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES<br/>(b)</th> <th style="width: 5%;">UNIT OF ISSUE<br/>(c)</th> <th style="width: 7%;">QUANTITY REQUESTED<br/>(d)</th> <th style="width: 7%;">SUPPLY ACTION<br/>(e)</th> <th style="width: 5%;">TYPE CONTAINER<br/>(f)</th> <th style="width: 5%;">CONTAINER NOS.<br/>(g)</th> <th style="width: 10%;">UNIT PRICE<br/>(h)</th> <th style="width: 10%;">TOTAL COST<br/>(i)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Container Shipping and Storage Tricon. NSN: 8145015093531, LIN: 47028N<br/>SNs: USAU0074377, USAU1967889, USAU1713185<br/>Dimensions: Weight: 5310 lbs, 5770 lbs, 4450 lbs. 8'L x 8'W x 6.5'H</td> <td>EA</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            | ITEM NO.<br>(a)       | FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES<br>(b) | UNIT OF ISSUE<br>(c) | QUANTITY REQUESTED<br>(d) | SUPPLY ACTION<br>(e) | TYPE CONTAINER<br>(f) | CONTAINER NOS.<br>(g) | UNIT PRICE<br>(h) | TOTAL COST<br>(i) | 1 | Container Shipping and Storage Tricon. NSN: 8145015093531, LIN: 47028N<br>SNs: USAU0074377, USAU1967889, USAU1713185<br>Dimensions: Weight: 5310 lbs, 5770 lbs, 4450 lbs. 8'L x 8'W x 6.5'H | EA | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ITEM NO.<br>(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES<br>(b)                                                                                                            | UNIT OF ISSUE<br>(c) | QUANTITY REQUESTED<br>(d)                                                                     | SUPPLY ACTION<br>(e) | TYPE CONTAINER<br>(f) | CONTAINER NOS.<br>(g)                                                                    | UNIT PRICE<br>(h) | TOTAL COST<br>(i)                   |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Container Shipping and Storage Tricon. NSN: 8145015093531, LIN: 47028N<br>SNs: USAU0074377, USAU1967889, USAU1713185<br>Dimensions: Weight: 5310 lbs, 5770 lbs, 4450 lbs. 8'L x 8'W x 6.5'H | EA                   | 3                                                                                             |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. TRANSPORTATION VIA AMC OR MSC CHARGEABLE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       | 17. SPECIAL HANDLING                                                                     |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18. CONTAINER STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ISSUED BY                                                                                                                                                                                   | TOTAL CONTAINERS     | TYPE CONTAINER                                                                                | DESCRIPTION          | TOTAL WEIGHT          | TOTAL CUBE                                                                               | 19. RECEIPT       | CONTAINERS RECEIVED EXCEPT AS NOTED | DATE (YYYYMMDD) | BY                                    | SHEET TOTAL                |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CHECKED BY                                                                                                                                                                                  |                      |                                                                                               |                      |                       |                                                                                          |                   | RECEIVED EXCEPT AS NOTED            | DATE (YYYYMMDD) | BY                                    | GRAND TOTAL                |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PACKED BY                                                                                                                                                                                   |                      |                                                                                               |                      |                       |                                                                                          |                   | POSTED                              | DATE (YYYYMMDD) | BY                                    | 20. RECEIVER'S VOUCHER NO. |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOTAL                                                                                                                                                                                       |                      |                                                                                               |                      |                       |                                                                                          |                   |                                     |                 |                                       |                            |                       |                                                                                  |                      |                           |                      |                       |                       |                   |                   |   |                                                                                                                                                                                             |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## DD Form 2775 Pallet Identifier

| PALLET IDENTIFIER                                  |  |                               |           |                    |
|----------------------------------------------------|--|-------------------------------|-----------|--------------------|
| 1. PALLET IDENTIFICATION NUMBER                    |  | 2. AIRCRAFT CONFIGURATION     |           |                    |
| 3. ORIGINATING STATION                             |  | 4. DESTINATION STATION        |           |                    |
| 5. NET WEIGHT (Lbs.)                               |  | 6a. STRAPS                    | b. CHAINS | c. DEVICES         |
| 7. MISCELLANEOUS INFORMATION/THIS PALLET CONTAINS: |  | 8. GROSS WEIGHT (Lbs.)        |           |                    |
| CARGO                                              |  | 9. SCALE WEIGHT CERTIFICATION |           |                    |
|                                                    |  | a. NAME                       | b. GRADE  | c. DATE (YYYYMMDD) |
|                                                    |  | 10. CUBE THIS PALLET          |           |                    |

DD FORM 2775, SEP 1998

REPLACES AF FORM 2279, MAY 84, WHICH IS OBSOLETE.

Reset

Adobe Professional 8.0

## DD Form 1387-2 Signature and Tally Record for STRAT Air

| SPECIAL HANDLING DATA/CERTIFICATION                                                                                                                                                                                                                                                                                            |                                    |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|
| 1. ITEM NOMENCLATURE                                                                                                                                                                                                                                                                                                           | 2. NET QUANTITY PER PACKAGE        | 3. TRANSPORTATION CONTROL NO. |
|                                                                                                                                                                                                                                                                                                                                | 4. CONSIGNMENT GROSS WEIGHT        | 5. DESTINATION                |
| 6. SUPPLEMENTAL INFORMATION                                                                                                                                                                                                                                                                                                    |                                    |                               |
| This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and in proper condition for transportation according to the applicable regulations of the Dept of Transportation. <b>THIS IS A U.S. DEPARTMENT OF DEFENSE SHIPMENT!</b> (Complete applicable blocks below) |                                    |                               |
| 7. DTR REFERENCE                                                                                                                                                                                                                                                                                                               |                                    |                               |
| 8. HANDLING INSTRUCTIONS                                                                                                                                                                                                                                                                                                       |                                    |                               |
| 9. ADDRESS OF SHIPPER                                                                                                                                                                                                                                                                                                          | 10. TYPED NAME, SIGNATURE AND DATE |                               |

DD FORM 1387-2, NOV 2004

PREVIOUS EDITION IS OBSOLETE.

Reset

Form Approved/OMB No. 0704-0188  
Adobe Professional 7.0

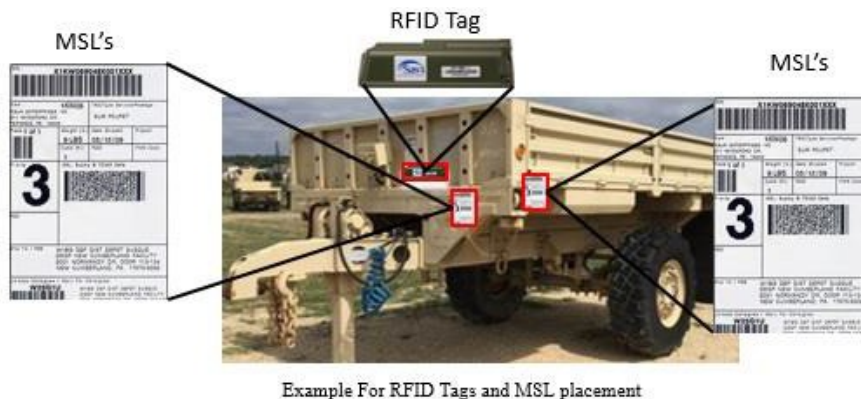
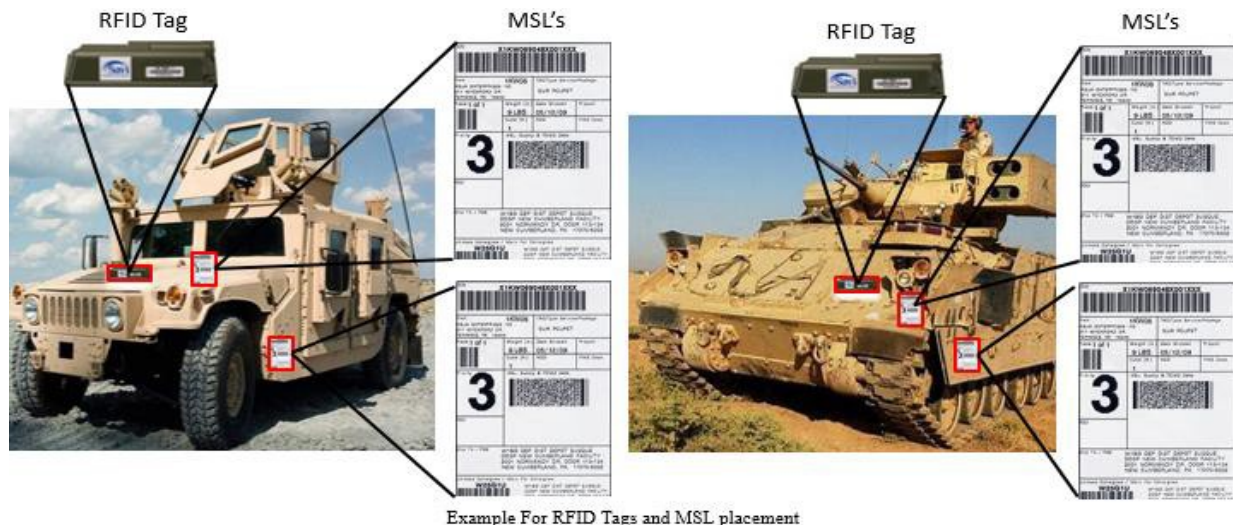
| SHIPPER'S DECLARATION FOR DANGEROUS GOODS                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                   |               |                                                                                                                                                                                        |              |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| SHIPPER<br>FOX FSC 2/34 BATTALION<br>FORT RILEY, KS 66442<br>DODACC: W907NB                                                                                                                                                                                                                                                                                                                                   |                                                        |                                                   |               | AIR WAYBILL NO. BMYA91785237                                                                                                                                                           |              |               |
| PHONE NUMBER:<br>(785) 239-7868 DSN: 312-856-7868                                                                                                                                                                                                                                                                                                                                                             |                                                        |                                                   |               | PAGE 1 OF 1 PAGES                                                                                                                                                                      |              |               |
| CONSIGNEE<br>FOX FSC 2/34 BATTALION<br>Topeka, KS 66442<br>DODACC: W907NB                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                   |               | SHIPPER'S REFERENCE NUMBER<br>TCN: AWJLDAA\$0D0001XX                                                                                                                                   |              |               |
| COMPLETED AND SIGNED COPIES OF THIS DECLARATION MUST BE HANDED TO THE OPERATOR                                                                                                                                                                                                                                                                                                                                |                                                        |                                                   |               | <b>WARNING</b><br>Failure to comply in all respects with applicable Hazardous Materials/Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties |              |               |
| <b>TRANSPORTATION DETAILS</b><br>THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR:<br>(DELETE NON-APPLICABLE)                                                                                                                                                                                                                                                                                           |                                                        |                                                   |               |                                                                                                                                                                                        |              |               |
| <input type="checkbox"/> PASSENGER AND CARGO AIRCRAFT                                                                                                                                                                                                                                                                                                                                                         |                                                        | <input checked="" type="checkbox"/> <b>XXXXXX</b> |               | AIRPORT OF DEPARTURE:<br>KSLN<br>Salina Regional Airport, Kansas                                                                                                                       |              |               |
| AIRPORT OF DESTINATION:<br>KFOE, Topeka Regional Airport, Kansas                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                   |               | SHIPMENT TYPE: (DELETE NON-APPLICABLE)<br><input type="checkbox"/> NON-RADIOACTIVE <input checked="" type="checkbox"/> <b>XXXXXX</b>                                                   |              |               |
| NATURE AND QUALITY OF DANGEROUS GOODS                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                   |               |                                                                                                                                                                                        |              |               |
| DANGEROUS GOODS IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                   |               | QUANTITY AND TYPE of PACKING                                                                                                                                                           | PACKING INST | AUTHORIZATION |
| UN or ID NO.                                                                                                                                                                                                                                                                                                                                                                                                  | PROPER SHIPPING NAME                                   | CLASS or DIVISION (SUBSIDIARY RISK)               | PACKING GROUP |                                                                                                                                                                                        |              |               |
| UN3166                                                                                                                                                                                                                                                                                                                                                                                                        | Engine, Internal Combustion, Flammable, Liquid Powered | 9                                                 |               | AN/TSQ-232V4<br>HQ102                                                                                                                                                                  | A13.5        |               |
| ADDITIONAL HANDLING INFORMATION<br>2 ea. batteries, wet, filled with acid, 8<br>2 ea. Fire Extinguisher, 2.2<br>1 ea. Bromotrifluoromethane, 2.2<br>Fuel, Aviation, Turbine Engine, 3, 47.5L                                                                                                                                                                                                                  |                                                        |                                                   |               |                                                                                                                                                                                        |              |               |
| EMERGENCY TELEPHONE NUMBER: (800) 851-8061 (804) 279-3131                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                   |               |                                                                                                                                                                                        |              |               |
| I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations. I declare that all of the applicable air transport requirements have been met. |                                                        |                                                   |               | NAME/TITLE OF SIGNATORY<br>SSG Cupof, Joe<br><br>PLACE AND DATE<br>Fort Riley, Ks Jan 1, 2018<br><br>SIGNATURE<br>(see warning above)                                                  |              |               |

AMC-IMT 1033, 20050204, V1

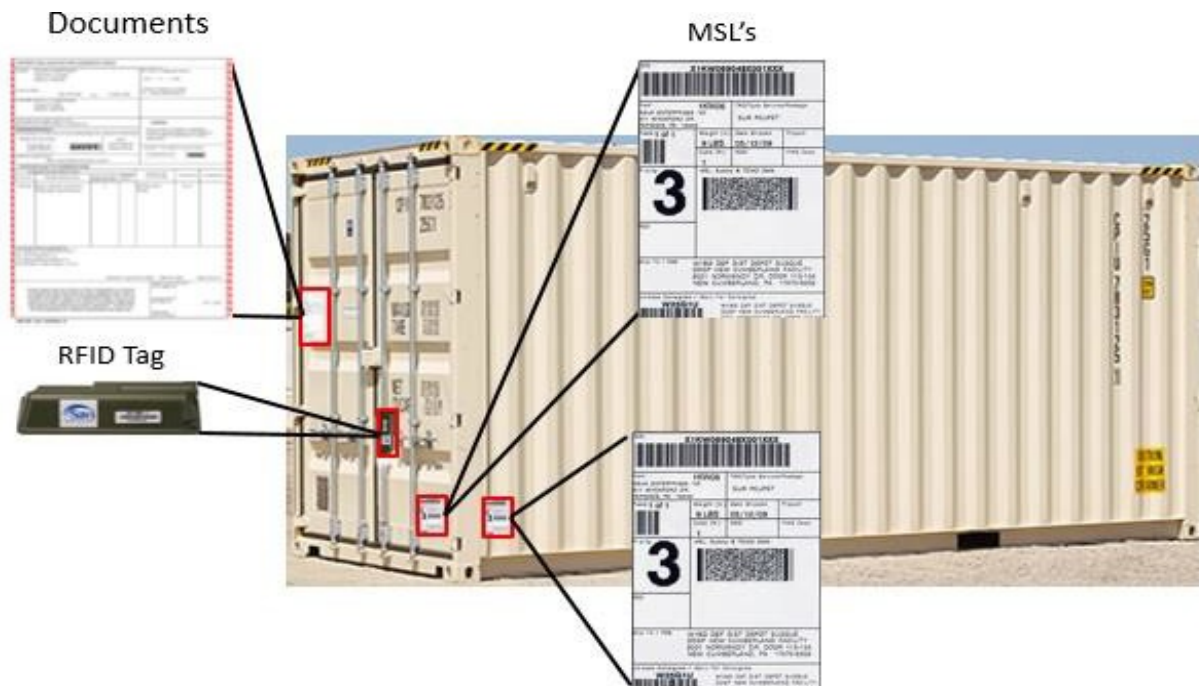
## APPENDIX B. MSL, RFID Tag and Packing List placement.

DD Form 1387 MSL, RFID TAG Placement, Packing List and associated documents placement on vehicles example

- RFID TAGS SHOULD BE SECURED SO THAT THEY WON'T BE DAMAGED OR KNOCKED OFF IN TRANSIT and should not be mounted on a vertical surface. Tied with Zip Strips that resist salt and sun light that breaks them down.



# DD Form 1387 MSL, RFID TAG Placement, Packing List and associated documents placement containers example



APPENDIX C. Vehicle/Container Movement Checklist

### Fort Riley Transportation Inspection Checklist

Unit: \_\_\_\_\_ Container/Vehicle Serial Number: \_\_\_\_\_ Seal#: \_\_\_\_\_

Unit Inspector: \_\_\_\_\_ TCN#:A \_\_\_\_\_ \$0 \_\_\_\_\_ 0XX

| Container/Vehicle - Interior                                                                                                                                       |                                                           |     |     | Yes | No  | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----|-----|-----|-----|-----|
| Internal Inspection                                                                                                                                                |                                                           |     |     |     |     |     |
| Marking, Labeling on Packages of HAZMAT                                                                                                                            |                                                           |     |     |     |     |     |
| Verify weight requirements and over pack marks and labels                                                                                                          |                                                           |     |     |     |     |     |
| Certify no HAZMAT for non HAZMAT containers                                                                                                                        |                                                           |     |     |     |     |     |
| HAZMAT and internal combustion engines are in the front of the container                                                                                           |                                                           |     |     |     |     |     |
| Generators (Internal Combustion Engines) have been verified to ship as non HAZMAT (No Fuel, Batteries Disconnected, Terminals and Cables Taped, Batteries secured) |                                                           |     |     |     |     |     |
| Correct Packaging for Hazardous material                                                                                                                           |                                                           |     |     |     |     |     |
| Blocked and Braced (No Movement in any Direction)                                                                                                                  |                                                           |     |     |     |     |     |
| Documentation                                                                                                                                                      |                                                           |     |     |     |     |     |
|                                                                                                                                                                    |                                                           |     |     |     |     |     |
| Container - Exterior                                                                                                                                               |                                                           |     |     | Yes | No  | N/A |
| Valid CSC Plate/Sticker                                                                                                                                            |                                                           |     |     |     |     |     |
| Structural Inspection                                                                                                                                              |                                                           |     |     |     |     |     |
| Marked and Placarded                                                                                                                                               |                                                           |     |     |     |     |     |
| Seals and Locks are secured on all accessible doors                                                                                                                |                                                           |     |     |     |     |     |
| Documentation                                                                                                                                                      |                                                           |     |     |     |     |     |
|                                                                                                                                                                    |                                                           |     |     |     |     |     |
| Vehicles - Exterior                                                                                                                                                |                                                           |     |     | Yes | No  | N/A |
| Marked and placarded                                                                                                                                               |                                                           |     |     |     |     |     |
| Seals and Locks are secured on all accessible doors                                                                                                                |                                                           |     |     |     |     |     |
| Remove all antennas, bows, and canvas                                                                                                                              |                                                           |     |     |     |     |     |
| All Shackles installed                                                                                                                                             |                                                           |     |     |     |     |     |
| Vehicle Configured for shipment                                                                                                                                    |                                                           |     |     |     |     |     |
| High dollar items removed                                                                                                                                          |                                                           |     |     |     |     |     |
| Fire Extinguisher installed in approved bracket                                                                                                                    |                                                           |     |     |     |     |     |
| Fuels levels for appropriate mode of transportation                                                                                                                |                                                           |     |     |     |     |     |
| Documentation                                                                                                                                                      |                                                           |     |     |     |     |     |
|                                                                                                                                                                    |                                                           |     |     |     |     |     |
| Documentation                                                                                                                                                      |                                                           |     |     |     |     |     |
| Must have 7 Complete Packets                                                                                                                                       |                                                           |     |     |     |     |     |
| Form                                                                                                                                                               | Description                                               | GEN | S/I | HAZ | Air | M/M |
| DD2890                                                                                                                                                             | DOD Multimodal Dangerous Goods Declaration                |     |     | X   |     | X   |
| SDDG                                                                                                                                                               | Shipper's Declaration For Dangerous Goods                 |     |     |     | X   | X   |
| DD2781                                                                                                                                                             | Container Packing Certificate/Vehicle Packing Declaration | X   | X   | X   |     | X   |
| ERG                                                                                                                                                                | Emergency Response Guide                                  |     |     | X   |     | X   |
| MSDS                                                                                                                                                               | Material Safety Data Sheet                                |     |     | X   | X   | X   |
| DD1750                                                                                                                                                             | Packing List                                              | X   | X   | X   | X   | X   |
| DD1907                                                                                                                                                             | Signature and Tally Record                                |     | X   |     |     |     |

Version 2

## APPENDIX D. Blocking and Bracing

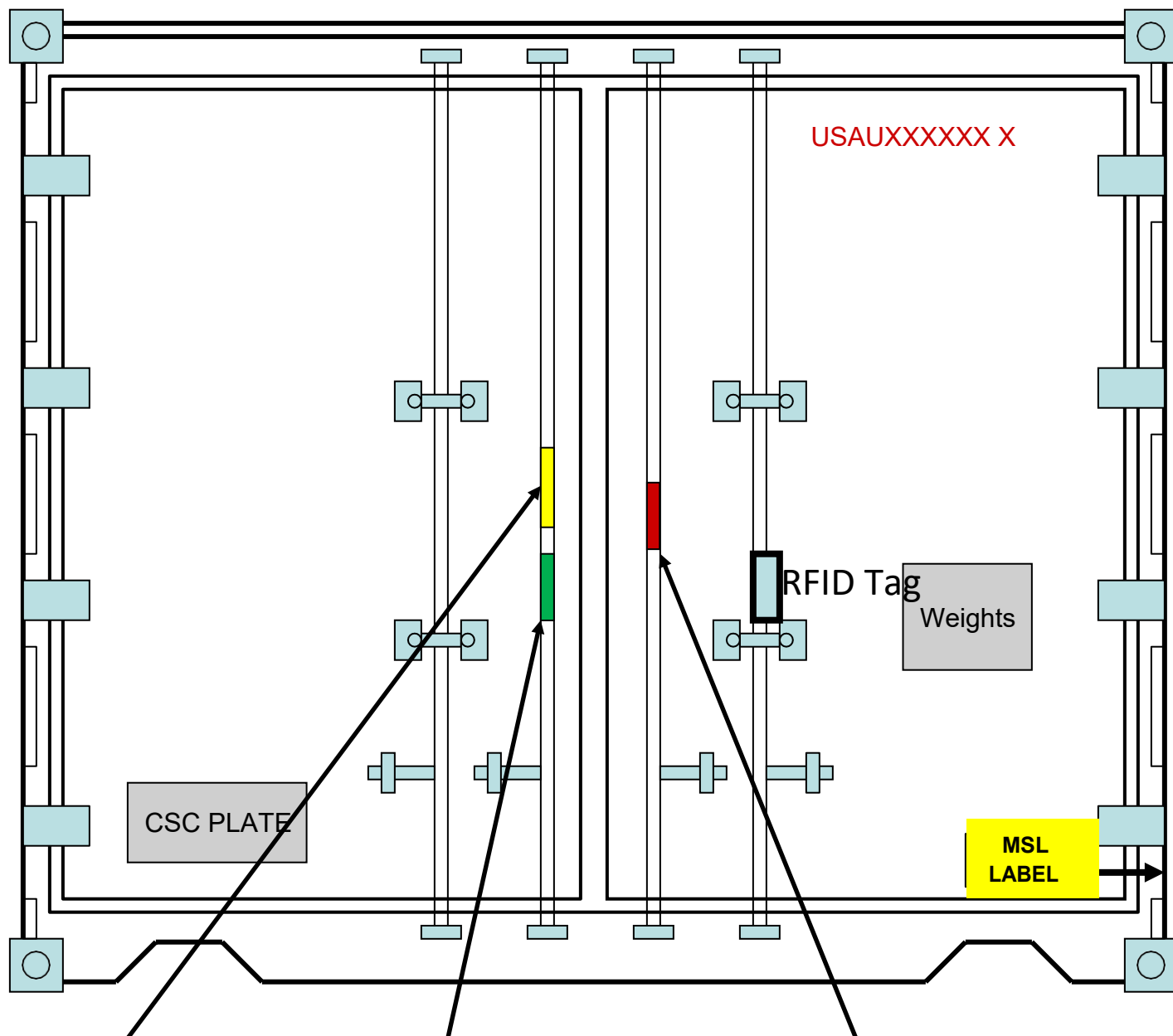
Below is a sample ABCT

| Item Description/Nomenclature                    | NSN              | U/I | Unit Price | Qty  | Total Cost   |
|--------------------------------------------------|------------------|-----|------------|------|--------------|
| TIEDOWN CARGO AIRCRAFT CGU-1/B                   | 1670-00-725-1437 | EA  | \$23.38    | 200  | \$4,676.00   |
| COVER CARGO PALLET (ROLL OF 10)                  | 3990-00-930-1480 | RL  | \$40.74    | 10   | \$407.40     |
| CHAIN TIE DOWN MB-1 (10K LB CAP)                 | 4010-00-516-8405 | EA  | \$30.69    | 0    | \$0.00       |
| ADJUSTER CHAIN MB-1 (BINDER 10K)                 | 1670-00-212-1149 | EA  | \$106.48   | 0    | \$0.00       |
| LUMBER (DUNNAGE) 4"X4"X8'                        | 5510-01-433-4200 | BF  | \$0.74     | 600  | \$444.00     |
| LUMBER (SHORING) 2"X12"X16'                      | 5510-01-433-3930 | BF  | \$0.73     | 200  | \$146.00     |
| LUMBER (BRACING) 2"X4"X16'                       | 5510-01-433-1244 | BF  | \$0.61     | 700  | \$427.00     |
| PLYWOOD CONSTRUCTION 4'X8'X3/4"                  | 5530-00-129-7833 | SH  | \$42.56    | 800  | \$34,048.00  |
| CUSHIONING MATERIAL 1/2" BUBBLE 24"X250"X2       | 8135-00-926-8991 | BD  | \$183.75   | 100  | \$18,375.00  |
| RFID TAGS ST-654-031                             | 6350-01-579-3126 | EA  | \$54.35    | 5000 | \$271,750.00 |
| BATTERIES LITHIUM (FOR RFID)                     | 6135-01-524-7621 | PG  | \$35.61    | 200  | \$7,122.00   |
| SEAL ANTIPIRFERAGE BOLT (PKG OF 25EA)            | 5340-01-260-9935 | BX  | \$34.34    | 80   | \$2,747.20   |
| SEAL ANTIPIRFERAGE FLAT SELF LOCKING             | 5340-00-081-3381 | HD  | \$7.92     | 20   | \$158.40     |
| STRAP TIEDOWN (ZIP TIES 8")                      | 5975-00-003-5303 | HD  | \$4.10     | 20   | \$82.00      |
| STRAP TIEDOWN (ZIP TIES 12")                     | 5975-00-899-4606 | HD  | \$2.88     | 20   | \$57.60      |
| SPRAY ADHESIVE                                   | 8040-00-995-7080 | CN  | \$13.93    | 144  | \$2,005.92   |
| SLEEVE SHIPPING 48"X40"X30"                      | 8115-01-444-0197 | EA  | \$20.88    | 2000 | \$41,760.00  |
| SLEEVE SHIPPING 48"X40"X45"                      | 8115-01-444-0198 | EA  | \$26.93    | 2000 | \$53,860.00  |
| PALLET BASE SHIPPING 48"X40"                     | 8115-01-444-0206 | EA  | \$40.00    | 2000 | \$80,000.00  |
| TOP NESTING SHIPPING                             | 8115-01-444-0211 | EA  | \$28.61    | 2000 | \$57,220.00  |
| WIRE ROPE 3/8" (3000' COIL)                      | 4010-00-269-9359 | RL  | \$1,104.89 | 1    | \$1,104.89   |
| CLAMP WIRE ROPE 3/8"                             | 4030-00-243-4439 | EA  | \$4.15     | 800  | \$3,320.00   |
| STRAP STEEL 5/8" (2600' COIL)                    | 8135-00-281-4071 | CL  | \$104.68   | 15   | \$1,570.20   |
| SEAL STRAPPING 5/8" (5K PER BX)                  | 8135-00-239-5291 | BX  | \$81.54    | 2    | \$163.08     |
| WIRE MECHANICS 16 GAUGE (LACING)                 | 9505-00-640-4290 | LB  | \$4.99     | 500  | \$2,495.00   |
| SHACKLE LIGHT VEHICLE/TRACKED VEH UP TO 30K LB   | 4030-01-369-7612 | EA  | \$47.46    | 50   | \$2,373.00   |
| SHACKLE MED VEHICLE/TRACKED VEH 30K TO 100K LB   | 4030-01-187-0964 | EA  | \$39.82    | 50   | \$1,991.00   |
| SHACKLE HEAVY VEHICLE 21T, TRACKED VEH > 100K LB | 4030-01-391-2790 | EA  | \$83.81    | 10   | \$838.10     |
| M88 FRONT SHACKLE                                | 4030-00-369-2955 | EA  | \$210.04   | 5    | \$1,050.20   |
| M88 REAR SHACKLE                                 | 4010-00-133-6517 | EA  | \$812.75   | 5    | \$4,063.75   |

Local Purchase Items

| Item Description/Nomenclature         | SOURCE OF SUPPLY | ITEM #       | U/I | Unit Price | Qty | Total Cost |
|---------------------------------------|------------------|--------------|-----|------------|-----|------------|
| PACKING LIST ENVELOPE (9"X12")        | ULINE            | S-11197      | BX  | \$101.00   | 3   | \$303.00   |
| MARKING STICKS BLACK                  | ULINE            | S19600BL     | EA  | \$1.20     | 100 | \$120.00   |
| MILITARY SHIPPING LABELS (4RLS/CS)    | ULINE            | S7995        | CS  | \$33.00    | 10  | \$330.00   |
| MSL PRINTER RIBBONS (12RLS/CS)        | BARCODE DISCOUNT | 12084106     | CS  | \$174.00   | 10  | \$1,740.00 |
| PLASTIC STRETCH WRAP                  | ULINE            | S14926       | CS  | \$12.00    | 16  | \$192.00   |
| SILVER DUCT TAPE (CB MARKINGS-AIR)    | ENVISION         | 81NSN1032254 | RL  | \$8.18     | 25  | \$204.50   |
| RADIOACTIVE I LABEL (500/RL)          | LABELMASTER      | HMSL14       | RL  | \$94.80    | 1   | \$94.80    |
| TOXIC LABEL (500/RL)                  | LABELMASTER      | HSC8         | RL  | \$96.88    | 1   | \$96.88    |
| OXIDIZER LABEL (500/RL)               | LABELMASTER      | HMSL110      | RL  | \$94.80    | 1   | \$94.80    |
| FLAMMABLE LIQUID LABEL (500/RL)       | LABELMASTER      | HMSL60       | RL  | \$94.80    | 1   | \$94.80    |
| FLAMMABLE GASD LABEL (500/RL)         | LABELMASTER      | HMSL70       | RL  | \$94.80    | 1   | \$94.80    |
| NON-FLAMMABLE GAS LABEL (500/RL)      | LABELMASTER      | HMSL45       | RL  | \$94.80    | 1   | \$94.80    |
| LITHIUM BATTERY HANDLING MARK         | LABELMASTER      | SLB435P      | RL  | \$159.70   | 3   | \$479.10   |
| CARGO AIRCRAFT ONLY LABEL             | LABELMASTER      | SL20R        | RL  | \$86.60    | 1   | \$86.60    |
| LIMITED QUANTITY LABEL                | LABELMASTER      | LQL40        | RL  | \$86.60    | 1   | \$86.60    |
| HAZARD CLASS 9 LITHIUM BATT LABEL     | LABELMASTER      | HMSLB90      | RL  | \$94.80    | 1   | \$94.80    |
| SHOULDER LABEL, UN1001                | LABELMASTER      | HLPR30       | RL  | \$165.00   | 1   | \$165.00   |
| SHOULDER LABEL, UN1072                | LABELMASTER      | HDT35        | RL  | \$112.41   | 1   | \$112.41   |
| MISCELLANEOUS DANGEROUS GOODS         | LABELMASTER      | Z-PVZ        | PK  | \$53.75    | 4   | \$215.00   |
| CORROSIVE PLACARD                     | LABELMASTER      | Z-PVR        | PK  | \$68.75    | 1   | \$68.75    |
| OXIDIER PLACARD                       | LABELMASTER      | Z-PVX        | PK  | \$68.75    | 1   | \$68.75    |
| FLAMMABLE LIQUID PLACARD              | LABELMASTER      | Z-PVF        | PK  | \$68.75    | 1   | \$68.75    |
| NONFLAMMABLE GAS PLACARD              | LABELMASTER      | Z-PVN        | PK  | \$68.75    | 1   | \$68.75    |
| FLAMMABLE GAS PLACARD                 | LABELMASTER      | Z-PVS        | PK  | \$68.75    | 1   | \$68.75    |
| EXPLOSIVE CLASS 1.1, 1.2, 1.3 PLACARD | LABELMASTER      | PSR32R       | PK  | \$75.00    | 1   | \$75.00    |
| EXPLOSIVE CLASS 1.4 PLACARD           | LABELMASTER      | PSR82-SP     | PK  | \$85.00    | 1   | \$85.00    |

## APPENDIX E. Container Marking



| Brigade Color |            | Battalion Color |            | Additional Marking |       |
|---------------|------------|-----------------|------------|--------------------|-------|
| DHHB          | Black      | 1-1/82 BEB      | Black      | SI                 | White |
| 1ST BDE       | Yellow     | 1-16/1-18 IN    | Blue       | HAZMAT             | Red   |
| 2nd BDE       | Green      | 2-34/1-63 AR    | Green      |                    |       |
| CAB           | Blue       | 3-66.2-70 AR    | Purple     |                    |       |
| SUS           | Purple     | 1-4/5-4 CAV     | Yellow     |                    |       |
| 97th MP       | Orange     | 1-5/1-7 FA      | Orange     |                    |       |
| Separates     | Neon Green | 101/299 BSB     | Light Blue |                    |       |
|               |            | 1-1 AVN         | Blue       |                    |       |
|               |            | 2-1 AVN         | Green      |                    |       |
|               |            | 3-1 AVN         | Purple     |                    |       |
|               |            | 1-6 AVN         | Orange     |                    |       |
|               |            | 601 CS          | Yellow     |                    |       |

## APPENDIX F. Line Haul Support Requirement/Plan



## APPENDIX G. Rail Personnel Support Requirements

**Rail \*minimum Personnel requirements and duties (recommend all take Rail safety interactive Multimedia course established by the Transportation Corps Rail Safety Chief) see instruction below**

- **OIC:** One MAJ or above
- **NCOIC:** One MSG or above
- **Safeties:** One Safety Officer and NCOIC appointed in writing plus one personnel per rail/spur.
- **Medic team with vehicle:** \*\* Two teams with vehicles. Can utilize vehicles that are deploying they will be loaded last.
- **Maintenance team:** One Contact / One Wrecker /M88 with crews (Unit is responsible for having their own tow bars and Jumper/NATO cables.)
- **Call Forward NCO:** To coordinate which ramp the equipment will load on and configure loads for each rail car for multiple spurs.
- **Dock NCO:** One per dock used to coordinate the flow of equipment onto rail cars, manage spotting, and chaining details, for their spur. \*\*\*Responsible for making sure the rail line/SPUR is ready for inspection. DOCK NCO will receive training prior to or on the first day of operations.
- **Traffic Control team:** NCOIC and 3 Personnel. Will receive inbound movements and direct movement into the staging area by equipment type/design.
- **Drivers/TC/Ground Guide:** Is responsible for tie down of vehicle IAW SDDC TEA MI 55-19 and TM for vehicle, Securement of doors, removal of pilfer able items, mirrors pushed in, air bags dumped if equipped, placement of blocking and bracing materials and battery switch is disconnected or off.
- **Inspection/Correction/Spotting team:** 1 NCO and 10 soldiers load team trained per rail spur to augment Driver and TC in spotting vehicle on the rail car and chaining. These personnel are responsible for acceptance inspection from Rail Carrier.
- **Documentation team:** 1 NCOIC and 6 soldiers to document equipment placed on the rail cars, will receive training prior to or on the first day of operations.
- **Spanning /correction team:** 1 NCO and 20 soldiers with LMTV (no canvas) to move spanners from spanner storage area to rail cars. Recommend they come the day prior to operations to set the first set of spanners so rail will be ready the first day of operations for loading. When not spanning they will assist with chain tiedown.
- **Guard Force:** Out Bound Rail: Unit is responsible for guarding their equipment until it departs the installation. Inbound Rail: Unit is responsible for guarding their equipment until the last item departs Camp Funston Area.

\* These are the minimum requirements, recommend you increase personnel dependent upon amount of cars being loaded.

\*\* Recommend Two teams so if one team has to run someone to the hospital, we won't have to suspend rail operations till their return.

\*\*\*No rail line/spur will be inspected by the ITO/Rail Carrier until the complete spur is ready for inspection.

1<sup>st</sup> Inspection DOCK NCO and unit.

2<sup>nd</sup> Inspection CO-inspection is with unit and ITO personnel.

Final inspections is with Rail Carrier, ITO, and Unit personnel.

## APPENDIX H. Rail Safety Brief

### Rail Safety Brief

#### Key Personnel:

OIC (Major or above)  
Flag Hat personnel  
Medics and location

NCOIC (MSG or above)  
Safety Personnel (1 per ramp Required)  
Maintenance/recovery assets and Location

#### Rail Orientation:

Location of Latrines  
Designated break area

Designated Smoking area  
Ramp Area

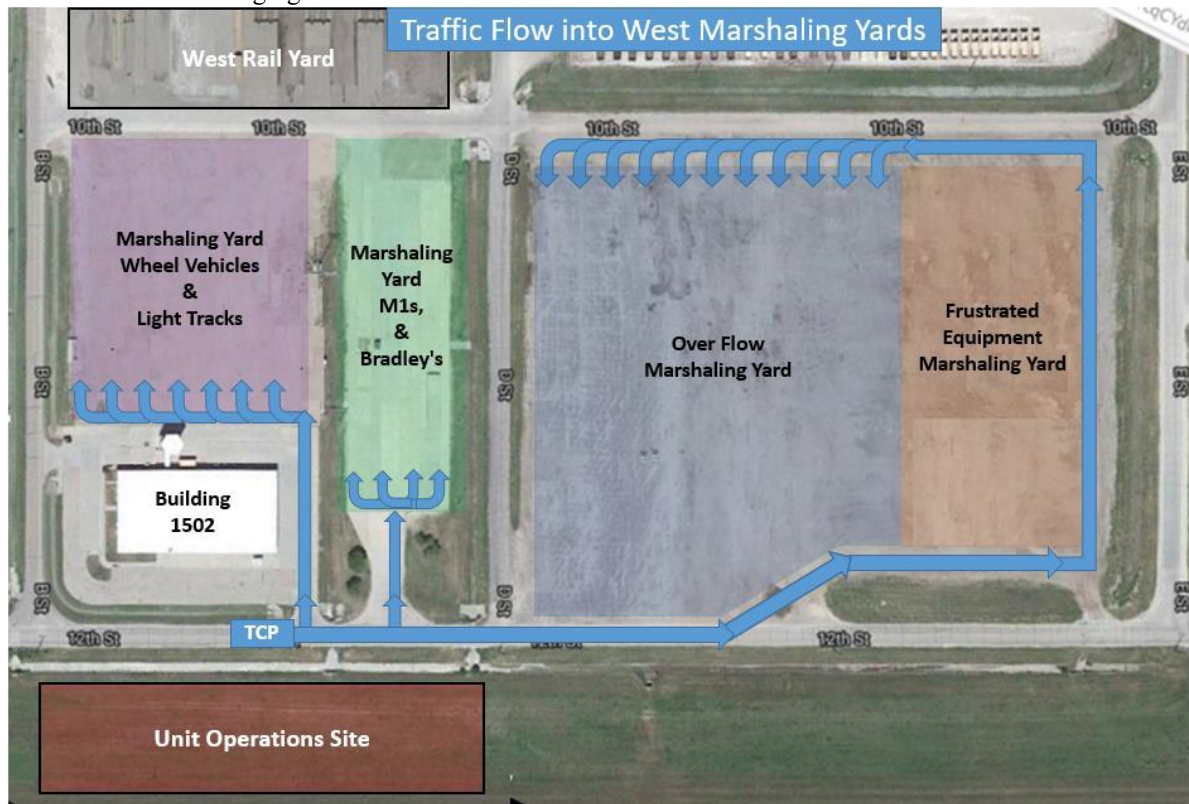
#### Safety:

- Everyone is a safety officer, if you see an unsafe act stop it and notify leadership immediately
- The required duty uniform on the rail site is: ACH/ECH, Leather gloves, Reflective over garment/belt, safety glasses.
- Blue Flag procedures are in place, Blue cone on ramp indicates track is safe to work on. Orange cone means stay off the railcars unsafe area.
- No Cell Phones allowed in use in the rail area, strictly Prohibited. Break area only place to use.
- Absolutely no horseplay, running, sitting, lying down, or sleeping in rail area. No jumping off of the rail cars, no walking backwards in the rail area. Always maintain 3 points of contact when skirting around, going over Equipment. No tools in your hands when skirting equipment.
- Do not crawl under or go in-between, or step on any parts of the rail car, except for the ladder and loading deck.
- Climb onto the rail cars by using a supplied ladder or the ladder on one of the four corners of the rail car.
- Maximum speeds: 5 mph in the staging yard, 3 mph or less on the rail cars.
- All equipment being loaded on the rail car will have a ground guide. The ground guide will never be on the same rail car that equipment is on, expect for spotting on the last car. Only the driver will be in the equipment being driven on the rail. They will take all commands from the ground guide. If driver loses sight of ground guide they will immediately cease all movement.
- A ground guide can only guide vehicles over 2 cars at a time max. Then dismount the railcar, watch, and if necessary adjust the spanners. The ground guide is responsible for ensuring the spanners are properly positioned and tight.
- In the event of inclement weather leadership will make a safety call. Lighting in the area will stop rail loading.
- No Loose clothing it is a safety hazard.
- Use 2-4 man lift when moving the spanners. Spanners are large, awkward, and heavy
- Do not back up a vehicle on the rail cars unless Safety personnel has said it is safe to do so.
- No food, No smoking, no tobacco use, no vaping in the rail area, use break area for these activities.

#### Hand and Arm signals for use by all rail ground guides: Demonstrate each:

Bring vehicle forward, Move to the left, Move to the Right, Slow down, Stop, Back up

## APPENDIX I. Rail Staging Plan



## APPENDIX J. Rail Requirement Checklist

### Fort Riley Rail Check List

#### **-45 days from rail loading meet with ITO on rail requirements.**

- Ensure and adhere to SDDCTEA MI 55-19 Tiedown Instructions for Rail Move.
- Ensure proper equipment preparation per SDDCTEA MI 55-19 and -10.
- Ensure RFID tags and MSL supplies have been ordered.
- Verify all shackles are present for vehicles that need them.
- Plan secondary loads according to equipment load capacity and using approved tie down methods.
- Ensure rail tie down teams are properly trained (driver and TC tie down own vehicle).
- Ensure drivers are properly licensed to operate equipment.
- Plan TMP bus support for rail detail and driver/TC shuttle
- No POV parking at rail site except Rail OIC and NCOIC.
- If planning on working outside normal duty hours (0800-1630 M-F) request must be submitted through G4 to the AFSBN-Riley.
- BLDG 1502 is off limits except for authorized area during inclement weather.
- Deliberate Risk Management Assessment planning.
- Order chemical latrines

#### **-30 days out IPR with ITO**

- OIC name and Number\_\_\_\_\_.
- NCOIC Name and Number\_\_\_\_\_.
- Safety OIC and NCOs\_\_\_\_\_.
- Call forward and Dock NCO's\_\_\_\_\_.
- Rail Tie down Inspection/Spotting teams (1 NCO and 10 soldiers per spur)
- Spanner team (1 NCO 20 soldiers with one LMTV/MTV)\_\_\_\_\_.
- Documentation Team Identified (2 NCO's, 6 soldiers)\_\_\_\_\_.
- Rail tool NCO\_\_\_\_\_.
- Brief Rail Load Plan
- Guard force requirements.
- Support (Water, Class 1, Maintenance/Recovery, and Medics)

#### **-14 days out IPR with ITO**

Conditions check and discuss rock drill

#### **-7 days prior**

Conduct Rock drill on rail operations. Turn in signed copy of the units DRM.

#### **-3 days prior to rail operations begin**

Sign for all tools,

Sign for Radios (OIC, NCOIC, Safety OIC, Medic, Maintenance, Call Forward, Dock NCO)

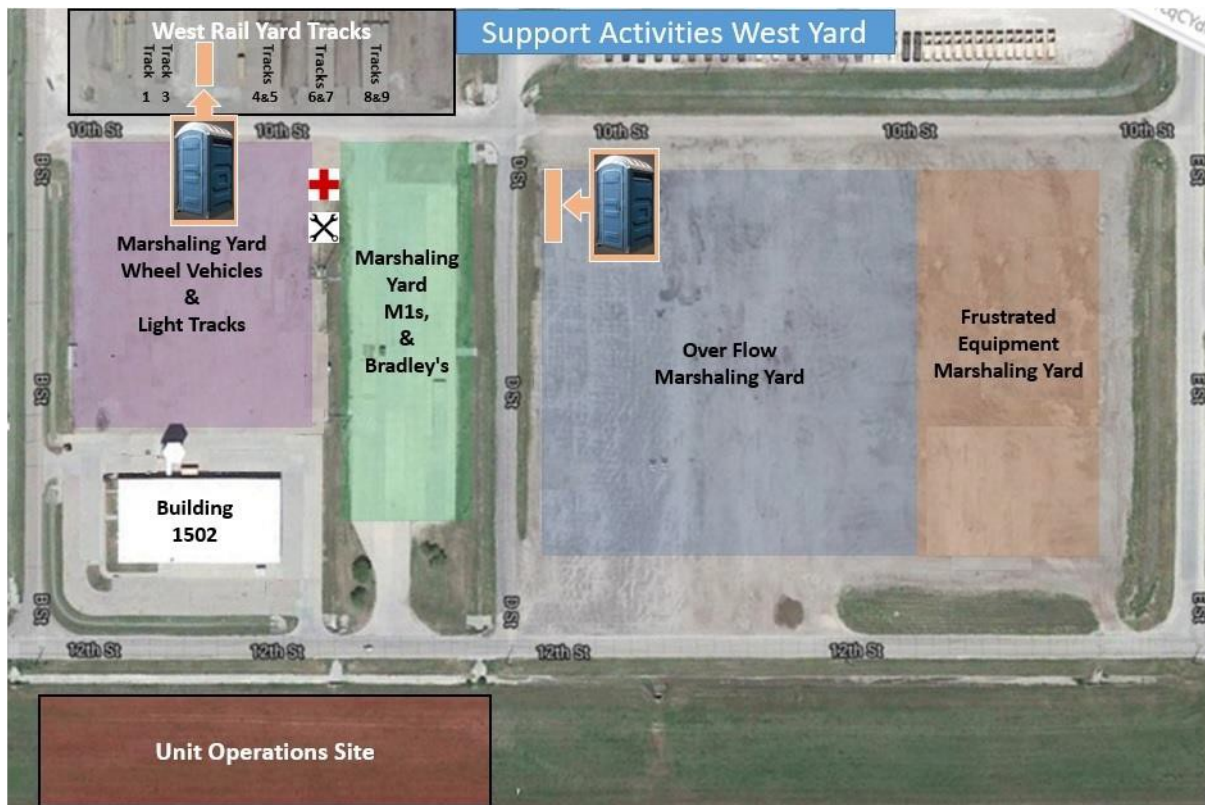
Place spanners in position,

Inspect rail cars and position chains in advance

#### **Daily and upon completion of all rail operations**

Conduct police call of rail area, empty trash cans, and clean latrines at Bldg. 1502. Ensure Tower is maintained in a professional manner.

## APPENDIX K. Rail Support Plan



## APPENDIX L. Automated Movement Flow Tracker (AMFT)

The AMFT is published by the Movement Section) as soon as TACC populates the Requirement. Units can check with their LNO (BMC) to see if any changes or other flights have come in.

### OUTBOUND

| UNCLASSIFIED // FOUO |                      |                       |               |            |            |             |                  |                |                |                              |
|----------------------|----------------------|-----------------------|---------------|------------|------------|-------------|------------------|----------------|----------------|------------------------------|
| APOE                 | Mission Number       | Carrier               | Aircraft      | ACL        | PAX        | DACG-F OIC  | Depart Bldg 1986 | DACG-F Estab   | TWO STOP?      | Wheels Down (m/d/yyyy hh:mm) |
| DACG-R Site          | Pax Pick up LOC/Time | Bags Pick up LOC/Time | Bus Spot 1502 | Bus Escort | DACG-R OIC | DACG-R Open | DACG-R Estab     | Pax Arv DACG-R | Pax Dpt DACG-R | Wheels Up (m/d/yyyy hh:mm)   |
|                      |                      |                       |               |            |            |             |                  |                |                |                              |

**APOE** = Airfield used; KFOE Topeka, KSLN Salina, KMHK Manhattan

**Mission Number** = Number assigned to mission by SDDC.

**Carrier** = Airline

**Aircraft** = type of aircraft; C17, B737, etc.

**ACL** = Amount of weight authorized.

**PAX** = Amount of personnel authorized on the flight.

**DACG-F OIC** = ITO LNO responsible for airfield operations.

**Depart Bldg** = Time DACG-F team departs BLDG 88312 or 1986 for airfield

**DACG-F Estab** = Time all personnel are on ground at airfield.

**Two Stop** = Indicates if there will be other PAX on the flight when it arrives.

**Wheels Down** = DTG aircraft lands (local time).

**DACG-R Site** = Manifest site.

**PAX Pickup** = Location and time PAX are to be picked up.

**Bags Pickup** = Location and time for Bag s to be picked up.

**Bus Spot** = Time busses will be @ bldg. 1502.

**Bus Escort** = Inspect busses and lead to pick up point and manifest site.

**DACG-R OIC** = ITO LNO responsible for DACG-R operations.

**DACG-R Open** = Time Bldg 1986 or 88312 open to weigh baggage truck(s) and other authorized personnel access

**DACG-R Estab** = Time Manifest site is operational.

**PAX Arv DCG-R** = Time PAX should arrive at manifest site.

**PAX Dpt DACG-R** = Time busses depart manifest site for APOD.

**Wheels Up** = Time aircraft is to depart.

## INBOUND

| UNCLASSIFIED // FOUO CLOSE HOLD |                |              |                |                 |               |                   |                     |                     |                   |                              |
|---------------------------------|----------------|--------------|----------------|-----------------|---------------|-------------------|---------------------|---------------------|-------------------|------------------------------|
| APOD                            | Mission Number |              | Carrier        | Aircraft        | PAX           | DACG-F OIC        | Depart Bldg 1986    | DACG-F Estab        | Bus Spot APOD     | Wheels Down (m/d/yyyy hh:mm) |
|                                 |                |              |                |                 |               |                   |                     |                     |                   |                              |
| DACG-R Site                     | DACG-ROIC      | DACG-R Estab | Pax Arv DACG-R | Bags Drop Point | Ceremony Site | Ceremony Site OIC | Ceremony Site Estab | Ceremony Start Time | Customs Required? | Wheels Up (m/d/yyyy hh:mm)   |
|                                 |                |              |                |                 |               |                   |                     |                     |                   |                              |

**APOD** = Airfield used KFOE Topeka, KSLN Salina, KMHK Manhattan.

**Mission Number**= Number assigned to mission by SDDC

**Carrier**= Airline

**Aircraft**= Type of aircraft; C17, B737, etc.

**PAX**= Number of PAX disembarking from the aircraft at our APOD.

**DACG-F OIC**= ITO LNO responsible for DACG-F operations.

**Depart Bldg**= Time DACG-F team departs BLDG 88312 or 1986 for airfield.

**DACG-F Estab**= Time DACG-F personnel are at the airfield.

**Bus Spot APOD**= Time busses staged at airfield.

**Wheels Down**= DTG aircraft lands.

**DACG-R Site**= Location of reverse manifest activities.

**DACG-R OIC**= ITO LNO responsible for DACG-R operations.

**DACG-R Estab**= Time DACG-R has all personnel required.

**PAX Arv DACG-R**= Time PAX arrive at manifest site.

**Bag Drop Point**= Location to drop bags.

**Ceremony Site**= Location of Ceremony.

**Ceremony Site OIC**= ITO LNO at the ceremony site.

**Ceremony Site Estab**= Time site open (approx. 3hrs prior to wheels down).

**Ceremony Start Time**= Scheduled time for ceremony.

**Customs Required**= If customs are required or not.

**Wheels Up**= Time airline is scheduled to depart.

NOTE: The information listed on the AMFT is classified FOUO CLOSE HOLD and is not for open dissemination.