



*Please note:
Only fill this worksheet out if it's your
first move, a separation, retirement or a
local move.*



PERSONAL PROPERTY WORKSHEET

- Name (last, first, full middle): _____
- Rank/Grade: _____ DOB (MMM/DD/YY): _____/_____/_____
- SSN (Full): ____-____-____
- DODID (Full): _____
--PLEASE CIRCLE-- FIRST MOVE / SEP / RET / EARLY RETURN DEP / LOCAL MOVE
- **!! ORDERS REQUIRED !!**
- Branch of Service: _____
- Current duty station and location _____
- Duty Phone: _____ Home or Cell Phone: _____
- Email address (CIV): _____
- Alternate email address (mil): _____
- New duty station: _____
- Reporting date: _____
- Number of dependents 12 years and above: _____ Under 12 years: _____
- In-Transit Address (Mandatory in case of emergency): _____

- In-transit U.S. phone number: _____

HOUSE HOLD GOODS: Y / N

PLACE INTO STORAGE (NTS): Y / N

Shipping any lithium batteries Y / N

- Estimated weight: _____ LBS (Est. 1000 LBS per room)
- Pickup Address: _____
Postal Code and City: _____
- Destination (Address): _____
City and Zip Code: _____
- Pickup date: _____
- Prof. Books and Equipment (PBPE) weight: _____ LBS
- Oversized Items: (Piano, Jacuzzi, Shrunk/Large wall unit, Plasma TV, Grandfather Clock, Kayak or Canoes): _____
- High Value Items: _____

Please Note: Pickup date is the first day of a 7 day window on which the TSP can choose any date to do the actual pickup. TSP must inform you about the actual pickup date NLT 3 days after being awarded your shipment. Packing can start up to 4 days prior to the pickup date chosen by the TSP. You're required to be available for this entire period. (To determine pack/pickup number of days, estimate 4000 lbs per day)

- **Alcoholic Beverages? YES / NO**

- If YES, contact destination State ABC Board (<https://www.ttb.gov/wine/alcohol-beverage-control-boards>) for written authorization and tax payment, prepare a detailed inventory and provide documentation (US customs forms and PoA) to PPPO together with your orders and this worksheet we can't start preparing your HHG move without these documents. Initials: _____

- **Motorcycle? YES / NO**

Required proof of ownership: A copy of the US Title or Bill of Sale

Please initial: _____

- Make: _____ Model: _____ Year: _____
- Engine size: _____ Weight: _____ LBS
- Country of Manufacturer: _____
- VIN Number: _____

Shipping a POV? YES / NO Shipping firearms? YES / NO Do you have items in storage? YES / NO

UNACOMPANIED BAGGAGE (UB) YES / NO *No alcohol no furniture authorized in this shipment.*

- Estimated Weight: _____ LBS Pro gear(PBPE) weight: _____ LBS
- Pickup Address: _____
Postal Code and City: _____
- Destination Address: _____
City and Zip Code: _____
- Desired Pack/pickup Date: _____

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Please email this worksheet and a copy of your orders to our Transportation Office email:

52LRS.LGRDF.PersonalProperty@us.af.mil

Our office will call you to schedule an appointment (face to face brief) after you've sent this sheet and orders to our email above.

Shipment won't be completed until we have the face to face brief.

Hours of operations:

MONDAY- FRIDAY

0800-1100 & 1300-1500

Closed on the first Thursday of every month for training

Contact Information

DSN: 452-6065/6068 Commercial:

06565-61-6065/6068

BLDG. 103 ROOM: 18