

APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS

TYPE OR PRINT THIS FORM. FORWARD COPY TO CDC SHIPPING OFFICER

1. <u>Name and address of Shipping Officer:</u> _____	2. Name of applicant: _____	E-mail address: _____
	Select one below: Commissioned Officer (<i>Rank</i>): _____ Civilian Other (<i>Specify</i>): _____	Phone numbers: (H): _____ (W): _____ Fax: _____

3. Requested pickup date: _____	Requested delivery date: _____	Storage needed? _____
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4. Shipment to be made from:	Shipment to be made to (city/state only if address is unknown):
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
County: _____ Zip Code: _____	County: _____ Zip Code: _____
Country: _____	Country: _____

5. Extra pickup:	Extra delivery:
Place: _____	Place: _____
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____

Note:
Commissioned Officers are entitled to an extra local pickup and delivery. Civilians and others may not be entitled. Check with the CDC shipping officer.

6. Comments:	Check below:
	1. # of bedrooms _____
	2. Living room _____
	3. Dining room _____
	4. Den _____
	5. Basement _____
	6. Attic _____
	7. Garage _____
	8. Shed _____
	9. Other _____

7. I certify that:	
A. Shipment will consist of household goods in my possession prior to the effective date of my orders.	
B. I will notify the shipping officer if my orders are modified or canceled.	
C. I will pay excess costs incurred as a result of this shipment (e.g. excess weight & extra insurance).	
D. I understand that the moving company is not to pack or pick up my goods until I am on orders.	
Signature of applicant: _____	Date: _____

GBL#: _____	(For CDC Transportation Office)
Notes:	

PRIVACY ACT STATEMENT

for
Form CDC 0.4013

Application for Shipment of Household Goods (Commissioned Officers)

General

This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579).

Authority for Collection of Information

Section 406, Title 37, United States Code.

Principal Purposes and Routine Uses

The information you are requested to supply on this form will be used in processing the authorization to ship your household goods and/or one privately-owned motor vehicle at government expense in connection with the change of duty station of a commissioned officer between the contiguous United States and a non-continental United States assignment area and return.

Except as indicated below, the information you provide on this form will not be disclosed outside the Department of Health and Human Services without your written consent:

To prospective employers of other organizations at the request of the individual; to other Federal agencies in the event of appointment of former officers; to Department of Defense in event of national emergency. Bureau of Prisons (Department of Justice), Coast Guard (Department of Transportation) and Environmental Protection Agency may obtain copies of personnel documents relating to commissioned officer assignments to those agencies. Records may be disclosed to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research (45 CFR, Part 5b, Appendix B, Item 101). Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

In the event of litigation in which one of the parties is (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States in which the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity in which the Justice Department has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to effectively represent such party, provided such disclosure is compatible with the purpose for which the records were collected.

Effects of Nondisclosure

The disclosure of the information requested on this form is voluntary; however, if the form is not completed, it will not be possible to process the shipment of your household goods and/or your motor vehicle at government expense