

H&S BN, HQMC, HENDERSON HALL MOTOR TRANSPORT SUPPORT REQUEST

1. SUBMIT ALL REQUEST TO THE MT EMAIL ADDRESS BELOW.
2. All requests need to be submitted by 3:30 pm, at least (2) WORKING DAYS prior to date required.
3. You are required to call 24 HOURS prior to date required to confirm your request.
4. Vehicles will only be held for (1) HOUR after requested pick-up time, before being cancelled and reassigned as needed.
5. Officers must have prior written approval by the Installation Commander to operate a government vehicle.
6. Large groups (5 or more personnel) must provide a by-name roster to the dispatcher in addition to this support request form.
7. After normal working hours, all vehicles will be parked in the MT lot, and keys along with trip ticket turned in to the OOD.
8. Please call the dispatcher to cancel any request.

REQUEST HEADER

1. REQUESTED BY:		2. DATE REQUESTED:	
3. SECTION:		4. PHONE:	
		5. EMAIL ADDRESS:	

REQUEST TYPE / CARGO

6. TYPE OF REQUEST:		7. CARGO:	
VEHICLE	Type: _____ <small>(sedan, cargo van, mini-van, etc.)</small>	PERSONNEL	Qty: _____
DRIVER		GEAR	lbs: _____

PICK-UP INFORMATION

8. DATE REQUIRED:	9. TIME:	10. LOCATION:
11. POINT OF CONTACT:	12. SECTION:	13. CELL #:

SUPPORT INFORMATION

14. DESTINATION:		15. ESTIMATED RETURN TIME (enter date if not the same day):	
16. FLAG OFFICER:		17. SENIOR EXECUTIVE SERVICE (SES):	
YES	Qty: _____	YES	Qty: _____
19. IN SUPPORT OF (BREIF DESCRIPTION):		20. OTHER COMMENTS/SPECIAL REQUIREMENTS:	

DISPATCHER USE ONLY

21a. VEHICLE / DRIVER:	21b. VEHICLE / DRIVER ASSIGNED - CHANGE:
/	/

MOTOR TRANSPORT CONTACT INFORMATION

OOD: (703) 614-5973
 OFFICE: (703) 614-1632
 MT DISPATCHER: (703) 614-1332/1746
 FAX #: (703) 614-1555
 MT EMAIL ADDRESS: HNHL_MT@USMC.MIL (click link to email request)