

**Department of Health and Human Services  
Public Health Service**



**APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS (COMMISSIONED OFFICERS)**

Type or print. Forward original (with signature) to PHS Shipping Officer serving your station. Retain a copy for your records.

1. TO: (Name and Address of Shipping Officer) (Type or print)	2. FROM: (Last name, first name, middle initial, and rank of applicant)	3. TELEPHONE NO. (Applicant)  OFFICE (    )  HOME (    )
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4. PRESENT PERMANENT DUTY STATION (Operating Division, Bureau, Division, City, State, Zip)

5. I hereby request that my household goods be transported as authorized by attached copy of

<input type="checkbox"/> PERSONNEL ORDER <input type="checkbox"/> TRAVEL ORDER      NUMBER _____ DATED _____	NO. ROOMS	APPROX. WT.
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THIS ORDER AUTHORIZES SHIPMENT TO (City and State)      This order  DOES  DOES NOT separate or inactivate me from active duty.

6. (a) I have previously shipped under order listed in Item 5 above  YES  NO  
(b) If YES, list shipment(s) made below

DATE	FROM	TO	G.B.L. NO. (If known)	WT. SHIPPED (If known)

7. SHIPMENT TO BE MADE FROM (Street Address, City, State, Zip)	8. TO BE SHIPPED TO (Street Address, City, State, Zip)	9. DATE REQUESTED FOR PICKUP  10. DESIRED DATE OF APPROVAL
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11. EXTRA LOCAL PICKUP (Street Address, City, State, Zip)	12. EXTRA LOCAL DELIVERY (Street Address, City, State, Zip)
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13. MY MAILING ADDRESS WHILE GOODS ARE IN TRANSIT WILL BE	14. PERSON TO RECEIVE GOODS AT DESTINATION OR DESIGNATED AGENT	15. I REQUEST THAT MY GOODS BE PLACED IN STORAGE AT (City and State)
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16. REMARKS OR ADDITIONAL INFORMATION

17. I certify that:

(a) The above requested shipment will consist of household goods in my possession prior to the effective date of my orders.  (b) The following items are necessary in the performance of my official duties: Professional books _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Professional papers _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other (specify) _____	(c) The following appliances will need technical servicing for safe transportation: 1. _____ 3. _____ 2. _____ 4. _____  (d) I will immediately notify the origin shipping officer if my orders are modified or cancelled and affect this shipment.  (e) I will pay all excess costs incurred as a result of this shipment. (This agreement will not prejudice my right to appeal such costs after payment is made.)	(f) I have not and will not make claim for trailer allowance.  (g) Shipment of approximately _____ pounds of my allowance by expedited mode is required to carry out assigned duties or prevent undue hardship to me and/or my dependents.  _____ (Signature of Applicant)  _____ (Date)
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**FOR ADMINISTRATIVE USE ONLY**

REPRESENTATIVE CONTACTED	DATE	REPRESENTING (Name of Company or Agent)
SHIPMENT CONFIRMED PER	DATE	PICK-UP DATE
G.B.L. NO.	NAME OF TRANSPORTATION COMPANY	TENDERED TO (Name of Agent)

<input type="checkbox"/> _____ Lot/s Household Goods <input type="checkbox"/> Gross _____ Tare _____ Net _____ <input type="checkbox"/> Weight includes _____ lbs. professional books, papers, etc. <input type="checkbox"/> SIT-NTE 90 days at (Name, address, and telephone number of Agent)	<input type="checkbox"/> Excess distance _____ miles      Excess charges _____ <input type="checkbox"/> Excess weight _____ pounds      Excess charges _____ <input type="checkbox"/> Unauthorized services (specify) _____      Excess charges _____ Total amount to be paid by commissioned corps member to Shipping Officer prior to shipment of goods (when appropriate). _____
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REMARKS:

NOTES:

## PRIVACY ACT STATEMENT

for

Form PHS-4013-1

### 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 or 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.