ATTACHMENT G1

FIGURES

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ONTRACT			SCRIPTIVE INV	ENION	COLOR	н	OS	THRU	CAPRIES	'S REFER	ENCE NO.	
					I Machi	-						
		RATING AND NAM	IC							CT OR GE		
MIGIN LOA	DING AD	DRESS			CITY		STATE		GOVY, SI	ERVICE OF	IDER NO.	
ESTINATIO	44								WAN NU	MOER		
CP - Pack		CESCAPTIVE SYMBOL		96 - 9ast		EXCEPTION SYMBI	NS	50 - Enterd	\vdash	1.400	CATION SYMBOL	
PBO - Pack Own	ed By	by Owner Pit - Professional	Control of the Contro	BR: Broken BU- Burned OH- Oripped OU- Contents:	g.	Feded P. Gouged R.	Untheaten Peatro Rubbed Rusted	ST - Staked S - Stretched T - York		1. Arm 2. Sutton 3. Corner 4. Front 5. Left	A. Right D. Sole	14. Seet 15. Crawer 16. kraide
CD - Carri	r Dis- wheel	Papers	C - TV Color MCU - Mechanical Condition	CU- Contents of Condition MOTE: The on	and Mr. 1 Urdanouse MR. 1 National of States symbol	Marred SC Military 194	Stratched Short	W - Bedy Wors Z - Crecked		5. Left 0. Leg	7. Rear 8. Right 9. Sale 10. Rep 11. Venear 12. Edge	17. Oper 18. Shell
HO. ST	CL/		ARTICLES			CONDITIO	N AT ORIGIN		ROOM		EXCEPTIONS AT DESTIN	(IF ANY) ATION
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NAK ORCAZ	DALL THE	TONS LISTED AND NUMBER	MED ON THIS PRICE MICLUSING A	NO ADDROVEDED	FIRM INKS IS A TIME	AND COMPLETE US	FOR THE GOODS	TEMPORAD AND OF THE SE	DUE OF THE O	OUU-3	46-3/46. Mar	
AT ORIGIN	(Signet	NG HAULEN NAME. (10)	& NUMBER		DATE			HAULER NAME &				DATE
OUGN	(Signate	R OR AUTHORIZED	AGENY		DATE	DESTI- NATION	OWNER OR	AUTHORIZED AGE	MT			DATE
						1	(Signature)					

Figure G1-1. Household Goods Descriptive Inventory

PACKING LIST O	of househo	LD GOODS							Page 1 of
SHIPPING ACTIV	ITY	OWNER	(Name)			(Rank	or rate)		
PACKED BY		LOT NO.				DATE	3		
CONSIGNED TO	(Name and co	mplete address)							
METHOD OF SH	IPMENT								
Rail (LCL)	Air Freigl	ht Moto	r Freigh	ıt		7	Water		Other
									(S pecify)
Container	*Type of	Contents		Inv	Wt.		Loca		Cubic
No.	Container			No.	(Lbs.)	o: Cond		feet
							Cond	idon	
		<u> </u>	*ABB	REVIA	TIONS				
FOR TYPE OF CONT.	AINER:			TION SY				LOCA	ATION SYMBOLS
NW - Nailed Wood	BR - Broker	n I	'- Faded			R - Rul	obed	B - Bottom	RT - Right
FB - Fiber Board	BU - Burne		- Gouged	ì				C - Comer	S - Side
OC - Open Crate	CH - Chipp		C - Good	Condition	n	SO - S		F - Front	TOP- Top
BRL - Barrel	CU - Conter		- Loose			T - Tor.		LEF-Left	LG - Leg
HGCC - Household Go Consolidated C	ods Conditio: Tate D - Dented		M - Marred IW - Norm			Z-Cra	cked wner's Risk	RE-Rear	V - Veneer
Corso mated C	Tare D - Deutred	1	. W - 140II	nat west		0K-0	WIELS KISK		

Figure G1-2. Packing List of Household Goods

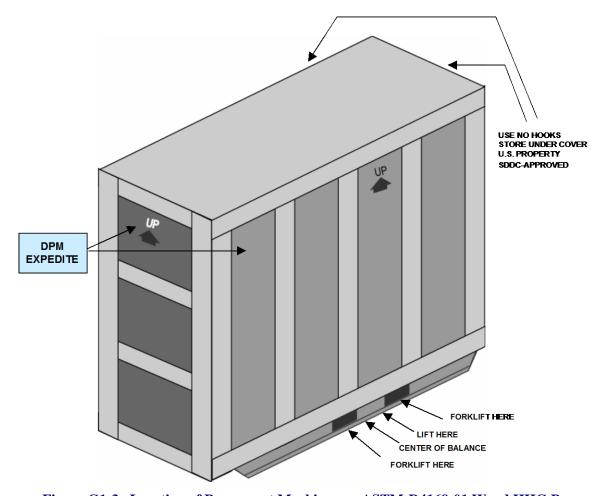


Figure G1-3. Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box

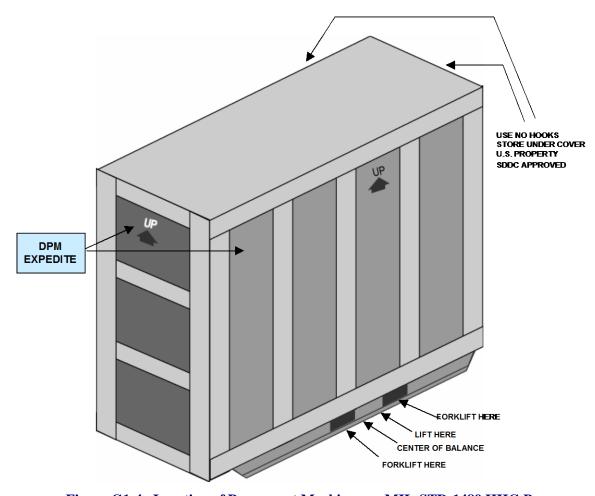


Figure G1-4. Location of Permanent Markings on MIL-STD-1489 HHG Box

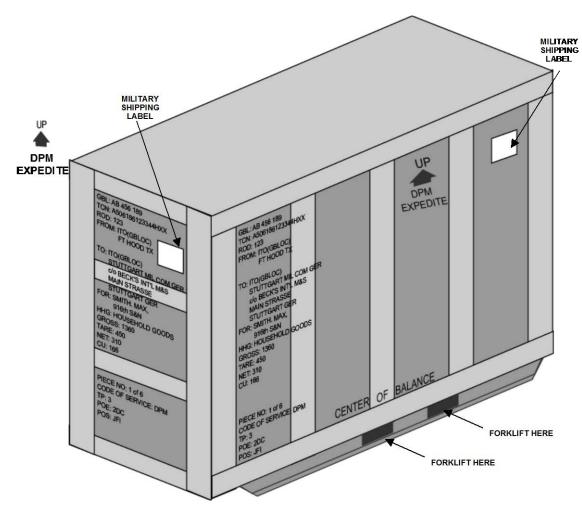


Figure G1-5. Container Marking for Household Goods

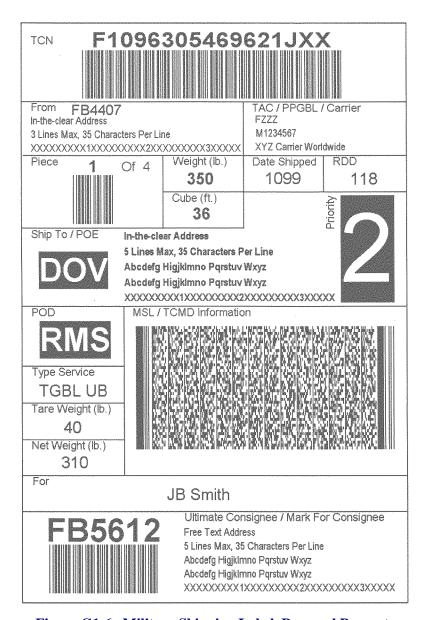


Figure G1-6. Military Shipping Label, Personal Property

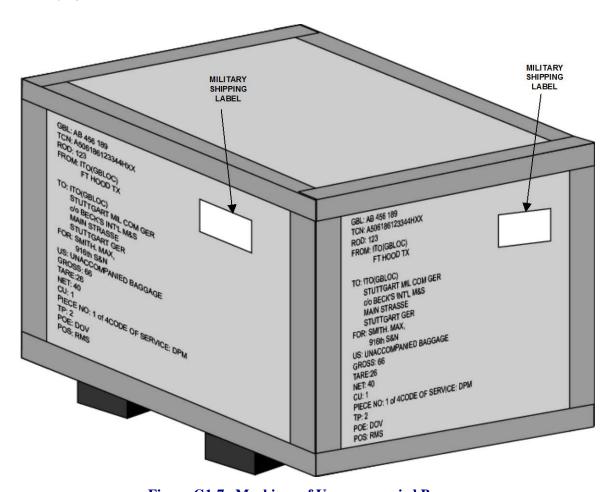


Figure G1-7. Markings of Unaccompanied Baggage

			~~			
	JOINT ST			OR DAMAGE AT	DELIVERY	
AUTHORITY:	The request	ted informat	ion is so	Statement dicited pursuant to S.C. 3711 et seg., a	one or more of th	ne following: 5 U.S.C.
PRINCIPLE PURPOSE(S):				be used in evaluat		moer (343 (33N).
ROUTINE USE(S):	The inform	ation reque	sted is		ement of claims	for loss, damage or ies.
DISCLOSURE:	Voluntary;	however, fa	ilure to		ted information or	r to execute the form
GENERAL INSTRUCTIONS: The signature of the member sign a blank or partially 1840R will be provided shipment. If no loss or de	r or member completed D the member	's agent. The D Form 1840 or member	e memb). Three 's agen	er or member's ag e completed copies at by the carrier's	gent will not, und of DD Form 1840 (contractor's rep	er any circumstances, and blank DD Forms
1. NAME OF OWNER (Last, Fire	····			completed by carrierics AL SECURITY NO.		4. NET WT OF SHIPMENT
S. ORIGIN OF SHIPMENT (OI)	and State/Count	ny)	L	6. DESTINATION OF	SHIPMENT (City and Si	 ate/Country)
7. PPGBL/ORDER NUMBER	8. PIC	KUP DATE		9. NAME AND ADOR	ESS OF CARRIER/CON	TRACTOR
10. CODE OF SERVICE 11. SO	AC 12. CA	ARRIER/CONTR	REF. NO.			
SECTION B - RECORD	OF LOSS OR D	AMAGE (Tob	e complet	ed jointly by member ar	nd carrier's/contractor'	s representative)
 Notice is hereby give received in condition as subject to further inspec reverse side hereof. THE 	shown below tion and noti	v and the cl fication to t	aim, if he clain	any, will be made ns office within 70	for such loss or days by DD Form	damage as indicated 1840R found on the
a. Inv. No. b. Name of item		c. Description o	of loss or	damage (If missing, so	indicate)	

	-					
14. ACKNOWLEDGMENT BY N applicable and sign below)	EMBER OR AGE	NT (X and com	plete as		ENT BY CARRIER'S/CO	
 a. I received my property in a as indicated above. A continuous 		condition exce	ρt		vas delivered in appa otherwise noted abov	rently good condition
was wa	is not us	ed.	201		ite tracer action for r	
b. Unpacking and removal of other debris is	is not	waived.	is, and	c. Name of deliverin	g carner/agent/contra	ctor
c. I estimate the amount of m	y loss and/or da	mage at				
d. I have received three copies of	of this form. Lund	Serstand that I h	ave 70			
days to list any further loss a	nd/or damages o	n the back of th	is form			
and give this to the nearest of may result in my being paid a			10 10	1		
e Telephone Number		f. Date Sign	ed	d. Storage in trans		
g. Signature	···	1		e. Signature	No	f. Date Signed
DD Form 1840, JAN 88			Prem	ous editions are obsolu	ete. (MAGE OF PAGE

Figure G1-8. DD Form 1840, Joint Statement of Loss and Damage at Delivery

N	OTICE OF LO	OSS OR DAMAGE	
INSTRUCTIONS TO MEMBER: You have find any loss or damage not repronly ball-point pen or typewriter. TO OFFICE NOT LATER THAN 70 DA REDUCTION OF THE AMOUNT PAY and dated by the claims office. If mo	orted on DD Form THE COMPLETED YS FROM DATE 'ABLE ON YOUR ore than one page i	1840 at the time of delivery, comp FORM MUST BE DELIVERED TO OF DELIVERY. FAILURE TO DO CLAIM. Keep a copy of this form to s needed, please number the page	lete Section A below. Use O YOUR LOCAL CLAIMS SO MAY RESULT IN A for your records, receipted
	AND DESCRIPTION OF THE PARTY OF	completed by member)	
STATEMENT OF PROPERTY LOSS OR DAMAG Name of Member (Last, First, Middle Initial)		b. PPGBL/Order Number	c. Date of Delivery
d. Origin of Shipment (City and State/Country)		e. Destination of Shipment (City and Sta	te/Country)
f. You are further notified that proper You are hereby extended an opport			or damage.
2. LIST OF PROPERTY LOSS / DAMAGE (NOTE			
a. Inv. No. b. Name of Item	c. General Description	of Loss or Damage (If missing, so indicat	te)
	,	,	
			÷
	section 2 to 1		·
	home office of carrie	mpleted by claims office) or I contractor listed in item 9 on DD Form	n 1840)
3. TO (Home Office of Carrier/Contractor) a. Name and Address (Street Address, City, Sto	ate and 7IP Code		b. Date of Dispatch
and the second process and the second	and the second		ar awar an mishagan
4. YOUR REPRESENTATIVE MAY CONTACT THE	IS CLAIMS OFFICE FOR	ASSISTANCE	
a. Name and Address of Claims Officer		b. Signature	
		c. Date Signed	d. Telephone Number
DD Form 1840R, JAN 88	Previous	editions are obsolete.	PAGE OF PAGES

Figure G1-9. DD Form 1840R, Notice of Loss or Damage

					RANSP	ORTA	TIO	N	TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT	VEMENT	DOCUME	F			PAGE NO	NO.	
1. 00	1. DOC ID 2. YRLR CTR	R CTR 3.	CONSIGNOR	H.				4.00	4, COMMODITY SPECIAL HANDLING 8. AIR DIM 6. POE	ANDLING	5. AIR DIM	6	OE.		7. POD		
œ Z	8. MODE 9. PACK	CK 10.	TRANSPORTATION CONTROL NO.	TATIO	N CONT	ROL N		11.0	11. CONSIGNEE		12. PRI	13.	RDD 14. PROJ	13. RDD 14. PROJ 15. DATE SHPD 16. ETA	16. ETA		ACCT
38	18. CARRIER	19	FLIGHT-TRUCK-VOY-DOC NO20, REF 21, REMARKS	UCK-V	0Y-D0C	NOZO	FE .	21. R	EMARKS					ZZ. PIECES	23. WEIGHT	24. CUBE	38
Ĩ	e. Trensship Point	Point	b. Da	to Rec	b. Date Rec c. Bay Whse	Vhse d.	Date	Shpd	d. Date Shpd e. Mode Carrier f	f. Flight-Truck-Voy Doc No.	k-Vey Dec N		g. Ref h. Sto	Ref h. Stow Loc i. Split J.	J. Cond k. Sig	k. Signaturo-Remarks	ks
25.																	
26.																	
27.																	
28.	28. CONSIGNEE	Lu Lu	29.	DATE	RECEIVE	D/OFF	ERED	/uō/s	29. DATE RECEIVED/OFFEREDSign/ 30. CONDITION	31. REMARKS	s x						
35	33	34.	35.		36.VOY NO	37.	85	39.	40.	Г	41,	Şi 0	43. REMARKS AND/OR	AND/OR	44. ADDITIONAL REMARKS OR	NAL REMARK	S OR
80	CON- TAINER	CONSIGNOR COMM ABBR OTHER	BR SPECIAL HANDLING		Air Dim POE 8. b.		00=	PACK	CONTROL NUMBER		CONSIGNEE	- x -	RDD Proj	Shpd ETA Toc	Pieces 8.	Weight b.	Cubs
														-			
								-			,						
2	DD FORM 1384, OC	384, 00	T 2000	1			1	1	PREVIOUS EDITIONS MAY BE USED.	VS MAY BE	USED.	ļ					

Figure G1-10. DD Form 1384, Transportation Control and Movement Document (TCMD)

21 September 2012

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