

<b>REQUEST FOR CONVOY CLEARANCE</b>		1. CONVOY NUMBER	2. UIC	3. DATE (YYYYMMDD)	
<b>SECTION I - GENERAL</b>					
4. ORGANIZATION		5. STATION		6. CONVOY COMMANDER	
7. PERSONNEL STRENGTH		8. POINT OF ORIGIN		9. DESTINATION	
a. OFFICER	b. ENLISTED				
10. DATE AND TIME	a. DEPARTURE	b. ARRIVAL	11. RATE OF MARCH		
<b>SECTION II - CONVOY COMPOSITION</b>					
12. NUMBER OF EACH TYPE OF VEHICLE AND DESCRIPTION <i>(Include towed equipment)</i>					
13. TOTAL NUMBER OF VEHICLES	14. NUMBER OF OVERSIZE/ OVERWEIGHT VEHICLES	15a. NO. OF SERIALS	b. TIME INTERVAL	16a. NO. OF MARCH UNITS	b. TIME INTERVAL
<b>SECTION III - ROUTE DATA</b>					
17. PROPOSED ROUTING <i>(Indicate US Routes, State Routes, etc.)</i>					
18. ETA AND ETD AT STATE LINES, MAJOR ROAD JUNCTIONS, MAJOR BRIDGES AND TUNNELS, METROPOLITAN AREAS AND OVERNIGHT HALT SITES <i>(Continue on a separate sheet if additional space is required)</i>					
a. LOCATION		b. ETA	c. DATE (YYYYMMDD)	d. ETD	e. DATE (YYYYMMDD)
<b>SECTION IV - LOGISTICAL DATA</b>					
19. BRIEF GENERAL DESCRIPTION OF CARGO <i>(Brief general description; i.e., organizational impediments, etc.) (Within security limitations)</i>					

<b>20. ARE EXPLOSIVES TO BE TRANSPORTED?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(If YES, describe below)</i>		
a. CLASS	b. AMOUNT	c. DESCRIPTION	d. VEHICLES TO BE USED			
			(1) NO.	(2) TYPE		
<b>21. STATEMENT WHY EXPLOSIVES CANNOT BE TRANSPORTED COMMERCIALY</b> <i>(Movements involving explosives and/or other dangerous articles are required to comply with all applicable regulations or directives)</i>						
<b>22. LOGISTICAL SUPPORT REQUIRED AT OVERNIGHT HALT SITES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, complete the following) (Use separate sheet if additional space is required)</i>						
a. DATE (YYYYMMDD)	b. INSTALLATION	c. GAS (gals)	d. OIL (gals)	e. RATIONS	f. BILLETS	g. OTHER
<b>23. REMARKS</b>						
<b>24. REQUESTING AGENCY</b>				<b>25. APPROVING AGENCY</b>		
<b>26. REQUESTED BY</b>				<b>27. APPROVED BY</b>		
a. NAME <i>(Last, First, Middle Initial)</i>				a. NAME <i>(Last, First, Middle Initial)</i>		
b. GRADE	c. TITLE			b. GRADE	c. TITLE	
d. SIGNATURE	e. DATE (YYYYMMDD)			d. SIGNATURE	e. DATE (YYYYMMDD)	
<b>INSTRUCTIONS:</b> In cases where bona-fide emergencies exist, the information contained on DD Form 1265 and DD Form 1266 may be transmitted to the appropriate headquarters by telephone or electronic transmission. In this event, reference will be made to item numbers in the sequence in which they appear on the form. Items which do not apply will be so indicated.						