

MOBILIZATION MOVEMENT CONTROL (MOBCON) REQUEST FOR CONVOY CLEARANCE OR SPECIAL HAULING PERMIT										1. DATE (YYYYMMDD)	
2. UNIT					3. UIC			4. CONVOY COMMANDER			
5.a. ADDRESS					6. TELEPHONE <i>(Include area code)</i>			7. FTM POINT OF CONTACT			
b. CITY		c. STATE		d. 9-DIGIT ZIP CODE							
8. POINT OF ORIGIN				NODE		9. DESTINATION				NODE	
10. DATE/TIME OF DEPARTURE				← COMPLETE ONLY ONE. → <i>(Do not complete both.)</i>			11. DATE/TIME OF ARRIVAL				
12. NUMBER OF PERSONNEL IN CONVOY <i>(Minimum 2 per vehicle required)</i>					13. NUMBER AND TYPE VEHICLES AND DESCRIPTION						
14. NUMBER OF OVERSIZE/OVERWEIGHT VEHICLES <i>(Complete Blocks a. - g. below)</i>											
15. VEHICLES			MAKE (1)	MODEL (2)	LENGTH (3)		WIDTH (4)	HEIGHT (5)	WEIGHT (6)		
a. PRIME MOVER <i>(USA #s):</i>											
b. SEMI OR TRAILER											
c. DESCRIPTION OF LOAD											
d. TOTAL LENGTH, WIDTH, HEIGHT AND WEIGHT <i>(Prime mover + semi/trailer + load)</i>											
e. AXLE WEIGHT <i>(Pounds)</i>	1	2	3	4	5	6	7	8	9		
f. AXLE SPACING <i>(Feet/Inches)</i>	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9			
g. LOAD OVERHANG <i>(Feet/Inches)</i>	(1) FRONT		(2) REAR		(3) LEFT SIDE			(4) RIGHT SIDE			
16. CARGO DESCRIPTION/AMOUNT <i>(Including HAZMAT)</i>					FOR SMCC USE ONLY						
					IN THE INTEREST OF NATIONAL DEFENSE					YES	
ESSENTIAL TO NATIONAL DEFENSE					YES		NO				
17. PROPOSED ROUTE					CERTIFIER SIGNATURE						
18. HALTS <i>(15 minutes after 1st hour and 10 minutes every 2 hours thereafter mandatory)</i>					DATE RECEIVED			DATE CMO MAILED			
					CMC NUMBER			C H S			
TYPE a.	EXACT LOCATION b.		DURATION c.		NODE 10			NO. MARCH UNITS			
					NODE 20			MU INTERVAL			
					NODE 30			RATE OF MARCH			
					NODE 40			CLEAR TIME			
					NODE 50			TAIL TIME			
					NODE 60			CLEAR TIME			
					PERMIT(S) REQUIRED						
					ESCORTS REQUIRED						
19. REQUESTER											
a. TYPED NAME <i>(Last, First, Middle Initial)</i>				b. RANK/GRADE			c. SIGNATURE			d. DATE <i>(YYYYMMDD)</i>	