

**HOUSEHOLD GOODS PRE-COUNSELING WORKSHEET**

<b>1. MEMBER/EMPLOYEE INFORMATION</b>		
a. NAME (Last, First, Middle Initial)	b. PAYGRADE	c. EMPLID
e. PHONE NUMBER (Work/Cell/Home - Please identify which)		f. ALTERNATE PHONE NUMBER (Please identify number)

**\*\*PLEASE PROVIDE A GENERIC EMAIL ADDRESS AS YOU MAY HAVE DEPARTED YOUR UNIT PRIOR TO FINALIZATION OF YOUR MOVE\*\***

g. EMAIL ADDRESS	h. ALTERNATE EMAIL ADDRESS
i. IN TRANSIT ADDRESS	j. IN TRANSIT PHONE NUMBER

<b>2. ORDERS INFORMATION</b>		
a. TYPE OF ORDERS PCS <input type="checkbox"/> TDY <input type="checkbox"/> SEP <input type="checkbox"/> RET <input type="checkbox"/> HOR <input type="checkbox"/>	b. WITH DEPENDENTS YES <input type="checkbox"/> NO <input type="checkbox"/>	c. NEW DUTY STATION

**\*\* NUMBER OF PACKING DAYS REQUIRED BASED ON YOUR ESTIMATED WEIGHT\*\***

CONUS		OVERSEAS		LOCAL MOVE	
3,500lbs or less	= 1 Day	3,000lbs or less	= 1 Day	5,000lbs or less	= 1 Day
3,501lbs - 6,000lbs	= 2 Days	3,501lbs - 5,000lbs	= 2 Days	5,001lbs - 10,000lbs	= 2 Days
6,001lbs - 10,000lbs	= 3 Days	5,001lbs - 9,000lbs	= 3 Days	10,001lbs - 18,000lbs	= 3 Days
10,001lbs - 18,000lbs	= 4 Days	9,001lbs - 18,000lbs	= 4 Days		

**3. I REQUEST ACTION TO BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING**

TYPE OF SHIPMENT	EST. WEIGHT	EST. PRO GEAR	PACK DATE	PICKUP DATE
HOUSEHOLD GOODS	lbs	lbs		
UNACCOMPANIED BAGGAGE	lbs	lbs		
NON-TEMP STORAGE	lbs	lbs		

<b>6. PICKUP (ORIGIN) INFORMATION</b> a. ADDRESS	<b>7. DESTINATION INFORMATION</b> a. ADDRESS
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<b>8. EXTRA PICKUP (If Applicable)</b> a. ADDRESS	<b>9. EXTRA DELIVERY (If Applicable)</b> a. ADDRESS
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<b>10. Alternate Releasing Agent(s) (If Applicable)</b> NAME: PHONE NUMBER:	<b>11. Alternate Receiving Agent(s) If Applicable</b> NAME: PHONE NUMBER:
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<b>12. PLEASE MARK ANY OF THE ITEMS BELOW THAT ARE INCLUDED IN YOUR SHIPMENT - **= please see below instructions</b>					
a. Firearms** <input type="checkbox"/>	e. Front Load Washer/Dryer <input type="checkbox"/>	i. Spa/Jacuzzi <input type="checkbox"/>			
b. Motorcycles** <input type="checkbox"/>	f. Plasma TV <input type="checkbox"/>	j. Shed <input type="checkbox"/>			
c. Boat/Kayak/Canoe ** <input type="checkbox"/>	g. Gas Appliances <input type="checkbox"/>	k. Alcoholic Beverages <input type="checkbox"/>			
d. Piano <input type="checkbox"/>	h. Grandfather clock <input type="checkbox"/>	l. High value items <input type="checkbox"/>			
m. Other Unusual Items or items that may require special packing					

**\*\*If shipping firearms please provide: Make, Model, Serial Number, Caliber/Gauge, Country of Production, Year of Production and How you obtained the weapon. \*FIREARM INFO REQUIRED BEFORE APPOINTMENT\***

**\*\*If shipping a motorcycle please provide a copy of the registration\*\***

**\*\*Please specify which and if greater than 14', please contact the Transportation Office for instructions\*\***

<b>PPM (DITY) MOVE INFORMATION</b>			
<b>13. I WILL BE USING THE FOLLOWING AS MY MODE OF TRANSPORTING MY PPM WEIGHT</b>			
<input type="checkbox"/> Privately Owned Vehicle	<input type="checkbox"/> Rental Truck	<input type="checkbox"/> Rental Trailer	<input type="checkbox"/> Boat
<b>14. ESTIMATED WEIGHT</b>	<b>15. DEPARTURE DATE</b>		
<b>16. STATE OF LEGAL RESIDENCE</b>			
<b>17. REQUESTING ADVANCED OPERATING ALLOWANCE? (Not allowed for partial PPM moves) <input type="checkbox"/> YES <input type="checkbox"/> NO</b>			

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_