

PRE-APPOINTMENT PERSONALLY PROCURED MOVE (PPM)
(FORMERLY DITY MOVE)

Please print clearly

Personal Property fax: 305-278-6802 / 6801

Appointment date/time: _____

Branch of Service: _____

SSN/EMPLID: _____

Rank/Grade: _____

(Note: CG personnel who request travel advances must provide SSN)

Name: _____

Last, First, MI

Contact Phone Number: _____

Home

Work

Other

Type of orders: PCS TDY Local Move Gov Quarters Local Move under PCS

Estimated weight: _____

Departure date: _____

Moving From: _____

City, State, ZIP

Moving To: _____

City, State

Do you have dependents? Yes () No ()

Do you want an advance? Yes () No ()

State of Legal Residence: _____

* Mandatory Field*

Type of Vehicle Being Used: (circle one)

Boat

Rental Trailer

POV and Trailer

Rental Truck

POV

U Load We Haul

POV & Truck

2 POVs

POV INFO: _____

Year

Make

Model

State in which registered

2nd POV INFO _____

Year

Make

Model

State in which registered

I understand that I must attend a PPM briefing before beginning my move.

Signature _____

Date _____