DOMESTIC FREIGHT ROUTING REQUEST AND ORDER

(All items must be completed or otherwise explained. See Instructions on back of this page.)

TO *(Name, Address and ZIP Code of Routing Authority)*
SDDC G33OPO - MS, Special Requirements Branch
1 Soldier Way
Scott AFB, IL 62225-5006

1. REQUESTING AGENCY IDENTIFICATION NUMBER
GBLOC + Sequence #

2. DATE OF REQUEST *(YYYYMMDD)*

3. DATE SHIPMENT AVAILABLE FOR LOADING

4. TRANSPORTATION PRIORITY AND REQUIRED DELIVERY DATE
RDD: (YYYYMMDD)

FROM *(Name, Address and ZIP Code of Requesting Agency)*
Your Unit Name
Your Street Address / Building Number
Installation/City, State, Zipcode + 4 Digit Location Code

5. F.O.B. CONTRACT TERMS AND EXPIRATION DATE
TAC: Your TAC Code

6. COMPLETE COMMODITY DESCRIPTION, NSN, AND FREIGHT NOMENCLATURE AS SHOWN IN STANDARD TRANSPORTATION COMMODITY CODE AND/OR NMFC ITEM NUMBER, INCLUDING NUMBER AND KIND OF PACKAGES
For shipments made up of chiefly a single commodity as a minimum provide quantity, nomenclature, dims, weight, and commodity code. UDL & LOAD plan can be attached for large volume mixed loads. Motor shipments having hazmat, 675, and/or TPS (SI) rqmts will each be tabbed separately on the load plan.

7. EQUIPMENT	NUMBER	SIZE	TYPE	8. GROSS WEIGHT
a. CARS		See Rail Attachment 7a	See Rail Attachment 7a	LBS
b. TRUCKS		See Truck Attachment 7b	See Truck Attachment 7b	9. TOTAL NUMBER OF CUBIC FEET
c. BARGES				
d. CONTAINERS				

10. CONSIGNOR *(Show actual shipper)*
TITLE/RANK, FULL NAME, Commercial Phone # and Cell Phone # and EMAIL

11. CONSIGNEE(S) *(Name and Address)*
Actual POC and Commercial Phone # with Cell Phone if available plus EMAIL

12. ORIGIN *(Show actual shipping point)*
SPLC: Origin SPLC Code
Installation/City, State

13. DESTINATION *(Show actual point of delivery)*
SPLC: Destination SPLC Code
Installation/City, State

14. RAIL CARRIER SERVING	c. PRIVATE SIDING YES	c. PRIVATE SIDING NO	d. IF NO PRIVATE SIDING, INDICATE NEAREST POINT OF DELIVERY
a. CONSIGNOR			
b. CONSIGNEE			

15. DISABILITY COSTS AVAILABLE *(DTR 4500.9-R, Part II, Definitions)*

	NO		YES *(If "YES," furnish in "Remarks" below.)*

16. REMARKS *(Include any other pertinent information which would affect aggregate delivered costs or selection of carrier or mode.)*
- Indicate NTC/JRTC/ with Rotation/Move # (ex. 14-10) or a move in conjunction with BCT-Reorganization/Forces Restructuring
- Indicate Main Body or Enabling Unit move by each Unit Name for which Rotation / Move #
- Round Trip Required? Yes/No - If yes, please provide dates on Rail/Truck Attachment for Block 7a / 7b
- RIS required? Yes/No (Please reference DTR Part II, Chapter 205, Para. O10., Page II-205-30.)
- Annotate any/all accessorial services required here (Ref. MFTURP-1, App.C, Sec.I, Pg.257-9)
- Must provide copies of the 1085 and all attachments to your servicing ITO / DTO and SDDC SRB
- Any deviation from FORSCOM requirements must be approved by FORSCOM G-3/5/7 and submitted with this documentation.

(Add Other Remarks as required)
- Hazardous shipments require full hazardous identification information:

Example: UN#/Proper Shipping Name/Class or Division/Quantity & Type Packing/NEW

17. TYPED NAME AND TITLE OF REQUESTOR	18. OFFICE PHONE AND EXTENSION	19. SIGNATURE
RANK/TITLE, FULL NAME EMAIL	Comm. Phone	///SIGNED///

1ST ENDORSEMENT *(Valid for 30 days unless otherwise indicated)*

20. TO:	21. DATE OF RESPONSE *(YYYYMMDD)*	22. ROUTE ORDER NUMBER *(Must be shown on each BILL OF LADING)*

23. ROUTES AUTHORIZED FOR SHIPMENT(S)

24. APPLICABLE RATE INFORMATION			25. REMARKS
RATE(S) *(Cents per 100 lbs.)* a.	MINIMUM WEIGHT *(Pounds)* b.	TARIFF OR OTHER AUTHORITY c.	
			26. NAME, TITLE, EMAIL AND PHONE NUMBER OF ISSUING OFFICER *(Please type)*
			27. SIGNATURE OF ISSUING OFFICER

INSTRUCTIONS

This form is to be executed and distributed in accordance with instructions in the Defense Transportation Regulation, Part II, when it is necessary to obtain routings for shipments from SDDC routing offices.

1. REQUESTING AGENCY IDENTIFICATION NUMBER.
Enter number(s), letter(s), or any combination thereof as required.

2. DATE OF REQUEST. Enter date of request.

3. DATE SHIPMENT AVAILABLE FOR LOADING.
Enter date shipment available for loading.

4. TRANSPORTATION PRIORITY AND REQUIRED DELIVERY DATE. Enter the Transportation Priority (TP) (1, 2, or 3, as applicable) and the Required Delivery Date at destination.

5. F.O.B. CONTRACT TERMS AND EXPIRATION DATE. Enter exact location where freight is to be accepted by the consignee. (For example, F.O.B. car or other carriers' equipment; shipside, warehouse, or other place of rest and location.) Enter the contract expiration date, if known.

6. For shipments made up of chiefly a single commodity, the National Stock Number (NSN), the military nomenclature (Supply Catalog Description) and the carrier's classification item number intended to be used will be furnished, using Standard Transportation Commodity Code wherever possible for such information.

When a numbered item in the rail or motor classification includes sub-descriptions with a different rating for the item to be shipped, additional identifying information will be shown; such as "SU", "KD", "Loose", "FF", "NSTD", "NOTSTD", "WHEELS-ON-OR-OFF", etc., with the total weight applicable to each rating.

If a description different from that provided in carriers' classification is intended to be used (For example, when a different description is given.), it will be furnished in full, including reason and reference to source.

In the case of shipment(s) consisting of numerous items, each being of considerable weight, the description will be limited to carriers' classification item number only, observing the requirements above with respect to sub-descriptions and grouping of articles taking the same item numbers or sub-description.

Items in shipments weighing less than 500 pounds which cannot be grouped by classification item number need not be listed, but reference thereto will be made by using the letters RS or L. (RS or L - and other articles rated the same or lower.)

The separate weight of items or groups of articles under a single listing will be shown therewith.

Whenever a large volume to be shipped involves both straight and mixed carloads or truckloads, indicate hereunder those commodities which will be shipped in mixed carload or truckload lots and those which will be shipped in straight carloads or truckloads. The modified commodity descriptions prescribed will not be construed as authority to depart from the requirement for properly describing shipments on Bills of Lading.

7. Enter the exact number of carloads, truckloads, barges, or containers required, including the size and type. When the exact number cannot be computed, an estimate based on the heaviest practicable loading of carrier's equipment will be entered.

8. GROSS WEIGHT. Enter gross weight of shipment(s). (See Item 16.)

9. TOTAL NUMBER OF CUBIC FEET. Enter total number of cubic feet. When actual figures are not available, a reasonable accurate estimate will be furnished and marked "EST". (See Item 16.)

10. CONSIGNOR. Enter name of actual shipper.

11. CONSIGNEE(S). Enter correct name and mail address of consignee.

12. ORIGIN. Enter carriers' name of station from which freight will be forwarded.

13. DESTINATION. Enter destination station to which shipments will be billed by carrier. (Also local point of delivery, if known.)

14. RAIL CARRIER SERVING. a. Enter initials or name of rail carriers serving consignor's facilities, if known. (See appropriate "Transportation Facilities Guide".) At installations where various buildings are served by different carriers, the building in which the property is stored will be indicated as well as carriers actually serving such buildings.

b. Enter initials or name of carriers serving consignee's facilities, if known. At installations where various buildings are served by different carriers, the building to which the property is to be delivered, as well as carrier(s) actually serving such building, will be indicated.

c. Indicate if private siding available.

d. Indicate location, such as team-track, carrier's initials, and name of town.

15. DISABILITY COSTS AVAILABLE. Costs other than transportation linehaul and accessorial charges that are considered as part of aggregate cost of a shipment for purposes of mode and carrier selection.

16 - 23. Self-explanatory.

24. Articles of unusual weight or size presenting problems of transportability or hazards in transit by any means of transportation necessitate the furnishing of accurate information as to each dimension (length, width, height), and actual or reasonable accurate estimate of weight which will be shown in this space.

In general, such information will be furnished for each article in shipment exceeding 8 feet in height or width. If movement is requested via mode of transportation involving a higher cost than by other means of transportation, justification therefore should be included in a statement in this item.

When information is available relative to a previous rate quotation, the rate, route, date, number and source will be shown.

25-27. Self-explanatory.