

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS	DOD COMPONENT
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THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.

NAME OF APPLICANT <i>(Last, First, MI)</i>	RANK	GRADE	FILE or SERVICE NO./SSN
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SHIP OR STATION

NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED <i>(Last, First, MI)</i>	RELATIONSHIP* <i>(Adopted son, step-dau., etc.)</i>	DATE OF BIRTH <i>(Children) (YYMMDD)</i>	LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>

***If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.*

PRESENT ADDRESS OF DEPENDENTS *(Street Address, City, State and ZIP Code)*

OLD PERMANENT STATION	NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>
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TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>	TO <i>(City, State)</i>	VIA <i>(ROUTE) (City, State)</i>
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DATE OF DEPARTURE <i>(YYMMDD)</i>	BY <i>(Air, Rail, etc.)</i>	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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***If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.*

I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:

I CERTIFICATE OF PROOF OF DEPENDENCY	<p style="text-align: center;"><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.</p> <p style="text-align: center;"><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>
II CERTIFICATE OF RESIDENCE OF PARENT	<p style="text-align: center;"><i>(Required for a dependent parent in addition to I.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.</p>
III CERTIFICATE FOR STEPCHILD	<p style="text-align: center;"><i>(Required for a step child in addition to I.)</i></p> <p>I CERTIFY THAT <i>(Name of child's other parent)</i> _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.</p>

DATE <i>(YYMMDD)</i>	SIGNATURE OF APPLICANT
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