

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			1. DOD COMPONENT
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.</p> <p>PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.</p> <p>ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.</p>			
2.a. NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>		b. RANK	c. GRADE
3. SHIP OR STATION			
4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED <i>(Continue on blank page if necessary)</i>			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP* <i>(Adopted son, stepdaughter, etc.)</i>	c. DATE OF BIRTH <i>(Children) (YYYYMMDD)</i>	d. LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>
<p>*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below. **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.</p>			
5. PRESENT ADDRESS OF DEPENDENTS <i>(Street Address, City, State and ZIP Code)</i>			
6. OLD PERMANENT STATION		7. NEW PERMANENT STATION	
8. DATE OF ORDERS (YYYYMMDD)			
9. TRANSPORTATION REQUESTED a. FROM <i>(City, State)</i>		b. TO <i>(City, State)</i>	c. VIA <i>(Route) (City, State)</i>
10. DATE OF DEPARTURE (YYYYMMDD)		11. BY <i>(Air, Rail, etc.)</i>	
12. CERTIFICATION OF INTENT 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:			
13. CERTIFICATE OF PROOF OF DEPENDENCY <i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i> 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. <i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i>			
14. CERTIFICATE OF RESIDENCE OF PARENT <i>(Required for a dependent parent in addition to block 13.)</i> 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.			
15. CERTIFICATE FOR STEPCHILD <i>(Required for a stepchild in addition to block 13.)</i> I certify that <i>(Name of child's other parent)</i> _____, the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.			
16.a. SIGNATURE OF APPLICANT			b. DATE (YYYYMMDD)