ISC MIAMI TRANSPORTATION SUPPLEMENT TO DD FORM 1299

PLEASE PRINT CLEARLY AND COMPLETELY

Type of orders: PCS / TDY / RET / SEP CONUS/ OCONUS
Type of shipment: Household Goods / Unaccompanied Baggage / Non-temporary Storage
(HHG) (UB) (NTS)

Name _____Rank/Grade: _____
(Last, First, MI)

SSN (USCG Emplid): _____ Branch of service: _____
_____

*Releasing Agent: _____ Actual Reporting Date: _____

Military Email Address: _____

Personal Email Address: _____

Number of dependents 12 and over_____ Number of dependents 11 and under_____

Does this shipment contain furniture? Yes ( ) No ( ) Phone number at destination_____

SHIPMENT CONTAINS THE FOLLOWING: (Please check all that apply)

FIREARMS: Make: Model: Caliber: Serial #:		***WASHER***		***WATERBED***		***PLASMA TV*** Size:	
MOTORCYCLE: Make Model: CC:		***DRYER***		***HOT TUB*** Dimensions:		***PIANO*** Dimensions:	
BOAT: Length: Height: Width:		***REFRIGERATOR***		***CANOE*** Size:		***POOL TABLE*** Dimensions:	
BOAT TRAILER: Length: Height: Width:		***FREEZER*** Dimensions:		***KAYAK*** Size:			

OTHER UNUSAL ITEMS NOT LISTED_____
_____

Do you want direct delivery at destination? Yes ( ) No ( )
Do you want a partial delivery at destination? Yes ( ) No ( )
Will furniture be moved up or down any stairs? Yes ( ) No ( )

Go to https://icss.eta.sddc.army.mil/ to complete your Personal Property Survey within 7 days of delivery.

I understand that pack and pickup hours are between 8 AM and 5 PM. In the event my designated agent or myself is not available, I will be responsible for any attempted pickup charges.
SIGNATURE OF MEMBER _____ *DATE:* _____

*Releasing agent is authorized to make arrangements for shipment of my personal property.

Updated: 14 Jul 05