APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

DOD COMPONENT

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 *(Last, First, MI)*	RANK	GRADE	FILE or SERVICE NO./SSN

SHIP OR STATION

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

**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 *(YYMMDD)*
TRANSPORTATION REQUESTED *(FROM) (City, State)*	*(TO) (City, State)*	*(VIA) (ROUTE) (City, State)*

DATE OF DEPARTURE *(YYMMDD)*	BY *(Air, Rail, etc.)*	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES ☐ NO ☐

***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	*(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)* I CERTIFY THAT MY DEPENDENT(S) *(Relationship)* _____ , 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. *(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)*
II CERTIFICATE OF RESIDENCE OF PARENT	*(Required for a dependent parent in addition to I.)* I CERTIFY THAT MY DEPENDENT(S) *(Relationship)* _____ , 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.
III CERTIFICATE FOR STEPCHILD	*(Required for a step child in addition to I.)* I CERTIFY THAT *(Name of child's other parent)* _____ , THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.
DATE *(YYMMDD)*	SIGNATURE OF APPLICANT