

**APPLICATION FOR TRANSPORTATION FOR DEPENDENTS**

DEPARTMENT OF THE

**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 within 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.

<b>NAME OF APPLICANT (Last, First, MI):</b>	<b>RANK</b>	<b>GRADE</b>	<b>FILE or SERVICE NO./SSAN</b>
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**SHIP OR STATION**

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

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

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

<b>OLD PERMANENT STATION</b>	<b>NEW PERMANENT STATION</b>	<b>DATE OF ORDERS</b>
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<b>TRANSPORTATION REQUESTED (FROM) (City, State)</b>	<b>(TO) (City, State)</b>	<b>(VIA) (ROUTE) (City, State)</b>
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<b>DATE OF DEPARTURE (YYMMDD)</b>	<b>BY (Air, Rail, etc.)</b>	<b>FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS?</b> YES <input 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:

<b>I</b> <b>CERTIFICATE OF PROOF OF DEPENDENCY</b>	<p><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p><b>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.</b></p> <p><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>
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<b>II</b> <b>CERTIFICATE OF RESIDENCE OF PARENT</b>	<p><i>(Required for a dependent parent in addition to I.)</i></p> <p><b>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.</b></p>
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<b>III</b> <b>CERTIFICATE FOR STEPCHILD</b>	<p><i>(Required for a stepchild in addition to I.)</i></p> <p><b>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.</b></p>
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DATE (YYMMDD)

APPLICANT (Signature)