

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			DOD COMPONENT
<p>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.</p>			
NAME OF APPLICANT <i>(Last, First, MI)</i>		RANK	GRADE
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>			
<i>**If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.</i>			
PRESENT ADDRESS OF DEPENDENTS <i>(Street Address, City, State and ZIP Code)</i>			
OLD PERMANENT STATION		NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>
TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>		<i>(TO) (City, State)</i>	<i>(VIA) (ROUTE) (City, State)</i>
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 type="checkbox"/> NO <input type="checkbox"/>	
<i>**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>			
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		