

**LETTER OF INTENT (LOI)
HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE**
(Prescribed by DTR 4500.9-R)

SECTION I (For PPSO use only)

1. TITLE	2. SIGNATURE	3. ACCEPTANCE DATE <i>(YYYYMMDD)</i>	4. EFFECTIVE <i>(Cycle)</i>
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SECTION II (For Carrier use only)

You are requested to accept this LOI as evidence of our intent to provide personal property services from your area(s) of responsibility. We are a DoD approved carrier and copies of Federal and/or state certificates and/or permits are on file with HQ SDDC. I certify that the following statements are true and complete. Any misrepresentation and/or falsification may be subject to prosecution under Section 1001, Title 18, United States Code. I further certify I have written agreements with agents indicated on this LOI for the purpose of handling noted codes of service. I certify that facilities of these agents have been inspected by an authorized representative of my company and such facilities meet the standards of the tender of service.

5. CARRIER APPROVING OFFICIAL

a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. SIGNATURE	d. DATE <i>(YYYYMMDD)</i>
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NOTE: LOI will remain on file continuously until replaced by another LOI or returned by PPSO.

6. CARRIER NAME	7. SCAC
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8. ADDRESS <i>(Street or P.O. Box Number, City, State, ZIP Code)</i>	9. TELEPHONE NUMBER <i>(Include Area Code)</i>	10. FAX NUMBER <i>(Include Area Code)</i>
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11. EMAIL ADDRESS	12. OTHER CONTACT
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13. TO <i>(Personal Property Shipping Office/BLOC)</i>

14. TYPE OF LOI <i>(X one)</i> <input type="checkbox"/> DOMESTIC INTRASTATE <input type="checkbox"/> INTERNATIONAL HHG <input type="checkbox"/> DOMESTIC INTERSTATE <input type="checkbox"/> INTERNATIONAL UB	15. NEW OR REPLACEMENT LOI <i>(X one)</i> <input type="checkbox"/> NEW LOI <input type="checkbox"/> REPLACES LOI ACCEPTED <i>(YYYYMMDD)</i> _____
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16. THIS LOI IS APPLICABLE TO OPERATING AREA(S): <i>(List)</i>

17. SCOPE OF OPERATING AUTHORITY <i>(As indicated on certificates/permits on file with HQ SDDC) (X as applicable)</i>	
<input type="checkbox"/> C = CONUS	<input type="checkbox"/> CAE = CONUS + AK WITH EXCEPTION <i>(Specify)</i> _____
<input type="checkbox"/> CA = CONUS + AK	<input type="checkbox"/> CAHE = CONUS + AK & HI WITH EXCEPTION <i>(Specify)</i> _____
<input type="checkbox"/> CAH = CONUS + AK & HI	<input type="checkbox"/> I = INTRASTATE <i>(Specify)</i> _____
<input type="checkbox"/> CE = CONUS WITH EXCEPTION <i>(Specify)</i> _____	

18. LIST OF DESIGNATED AGENTS

CARRIER SCAC

a. C S	b. BOOKING AGENT	c. AGENT NAME	d. MAILING ADDRESS <i>(Include ZIP Code)</i>	e. PHYSICAL ADDRESS	f. TELEPHONE/FAX NUMBER/ EMAIL ADDRESS

19. REMARKS *(This section may be used by carrier and/or PPSO)*