(Updated 20241202)

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

1. DOD COMPONENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.

PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.

DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.

2.a. NAME OF APPLICANT *(Last, First, Middle Initial)*	b. RANK	c. GRADE

3. SHIP OR STATION

4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED *(Continue on blank page if necessary)*

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP* *(Adopted son, stepdaughter, etc.)*	c. DATE OF BIRTH *(Children) (YYYYMMDD)*	d. 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.
**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.

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

6. OLD PERMANENT STATION	**7. NEW PERMANENT STATION**	**8. DATE OF ORDERS** *(YYYYMMDD)*

9. TRANSPORTATION REQUESTED a. FROM *(City, State)*	b. TO *(City, State)*	c. VIA *(Route) (City, State)*

10. DATE OF DEPARTURE *(YYYYMMDD)*	**11. BY** *(Air, Rail, etc.)*

12. CERTIFICATION OF INTENT

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:

13. 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.)

14. CERTIFICATE OF RESIDENCE OF PARENT *(Required for a dependent parent in addition to block 13.)*

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.

15. CERTIFICATE FOR STEPCHILD *(Required for a stepchild in addition to block 13.)*

I certify that *(Name of child's other parent)* _____
the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.

16.a. SIGNATURE OF APPLICANT	b. DATE *(YYYYMMDD)*