UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classify Appropriately When Filled In

MATERIAL TRANSPORTATION REQUEST

I. CUSTOMER INFORMATION

I certify that this shipment is for the official movement of classified and/or sensitive materials in support of government programs and does not contain personal items, unclassified office supplies, or items to circumvent weight limitations applicable to unaccompanied air freight or household effects. To the best of my knowledge, the information listed is accurate and complete.

1. CLASSIFICATION: [✓] U [ ] C [ ] S [ ] TS   2. CONTROL CHANNEL: [ ] SI [ ] TK [ ] RSV

3. REQUIRED DELIVERY DATE: _____   [✓] 4. ASSOCIATED [ ] 5. NON-ASSOCIATED

6. REQUESTOR'S NAME: _____
(Type or print full name)

7. SECURE PHONE: _____   SECURE PHONE: _____   9. DATE OF REQUEST: 23 Jan 2017   (b)(3)

10. SIGNATURE: _____

11. PROGRAM AND DIRECTORATE: IMSO/IRRG

12. GOVERNMENT VALIDATOR: _____
(Type or print full name)

13. SECURE PHONE: _____   14. OFFICE: IMSO/IRRG

15. REMARKS/DESCRIPTION OF MATERIAL TO BE SHIPPED: F-2016-00051 Final DIF

II. DESTINATION INFORMATION

1. COMPANY: _____   2. ADDRESS: _____   (b)(3)
                                                        (b)(6)

3. CITY _____   4. STATE _____   5. ZIP _____   6. STOP NUMBER: _____

7. PRIMARY CONTACT: Mr. John Greenewald, Jr.
(Type or print full name)

8. SECURE PHONE: _____   9. NON-SECURE PHONE: _____

10. ALTERNATE CONTACT: _____
(Type or print full name)

11. SECURE PHONE: _____   12. NON-SECURE PHONE: _____

13. COMMENTS: _____

III. TMC AND TEAM OFFICE USE ONLY

MATERIAL/PACKAGE PROCESSING *(Office use only)*

4. TRACKING NUMBER: _____   [ ] FED EX [✓] USPS [ ] COURIER [ ] HAND CARRY

5. MPT INITIALS: ____ DATE: ____ TIME: ____   6. DISPATCHER INITIALS: ____ DATE: ____ TIME: ____

7. PACKAGE PREP INITIALS: ____ DATE: ____ TIME: ____   8. OPS INITIALS: ____ DATE: ____ TIME: ____

CL BY: _____
DRV FROM: _____
DECL ON: _____

OPR: MS&O _____   (b)(3)

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N11-08, FEB 2016

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PREVIOUS EDITIONS ARE OBSOLETE

B-RCS: B-100-02