

APPENDIX G

2 Sample of DD Form 1659

APPLICATION FOR U.S. GOVERNMENT BILL(S) OF LADING/ DOMESTIC ROUTE ORDER/EXPORT TRAFFIC RELEASE <i>(Comply with instructions on reverse)</i>				TYPE OF APPLICATION		Form Approved OMB No. 0704-0081	
				GOVERNMENT BILL(S) OF LADING			
				EXPORT TRAFFIC RELEASE			
1. TO: (Name and Address of Transportation Officer, including Zip Code)		2. AGENCY ID NO.	3. FROM: (Name and Address of Contractor, including Zip Code)			4. CONTRACTOR'S APPLICATION NO.	
5. CONSIGNOR				6. ORIGIN			
7. CONSIGNEE				8. DESTINATION			
9. NO. OF SHIPMENTS	10. TOTAL WEIGHT EACH SHIPMENT	11. TOTAL CUBE EACH SHIPMENT	12. DATE SHIPMENT AVAILABLE	13. REQUIRED DATE AT DESTINATION		14. TP	
15. IF CARLOAD OR TRUCKLOAD, INDICATE TYPE AND SIZE REQUIRED FOR EACH				16. SPECIAL CONDITIONS INFLUENCING ROUTING/TRANSIT DATA/DISABILITY COSTS			
17. RAIL CARRIER SERVING			PRIVATE SIDING		C. IF NO PRIVATE SIDING, INDICATE NEAREST POINT OF DELIVERY		
			YES NO				
A. CONSIGNOR							
B. CONSIGNEE							
18. CONTAINER AND COMMODITY DATA							
CONTRACT ITEM NO. A.	NO. UNITS PER CONTAINER B.	NO. AND TYPE OF CONTAINER C.	DESCRIPTION OF COMMODITY (NSN No., Freight Classification including UFC/NMFC Item No. Dimensions in inches for all package sizes must be shown for all shipments.) D.			WEIGHT PER PACKAGE (Pounds) E.	CUBE PER PACKAGE (Feet) F.
19. CONTRACT (PII) NUMBER (See instructions)			20. F.O.B. CONTRACT TERMS		21. F.O.B. POINT (City and State)		
22. TYPED/PRINTED NAME AND SIGNATURE OF REQUESTER			23. TELEPHONE NO./EXTENSION		24. DATE		
(TO BE COMPLETED BY TRANSPORTATION OFFICER)							
25. SUGGESTED CARRIER OR ROUTING			26. SUGGESTED TARIFF OR RATE TENDER NO. AND DATE		27. SERVICE TRANSPORTATION FUNDS		
					28. TRANSPORTATION CONTROL NO.		
29. SIGNATURE OF FREIGHT RATE SPECIALIST			30. TELEPHONE NO./EXT.		31. DATE		