

APPLICATION FOR U.S. GOVERNMENT SHIPPING DOCUMENTATION/INSTRUCTIONS <i>(See Instructions and Legend on back before completion)</i>				TYPE OF APPLICATION <i>(X all that apply)</i> <input type="checkbox"/> GOVERNMENT BILL(S) OF LADING <input type="checkbox"/> DOMESTIC ROUTE ORDER <input type="checkbox"/> EXPORT OR FMS SHIPMENT		Form Approved OMB No. 0704- 0245	
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0250). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. SEND YOUR COMPLETED FORM TO THE APPROPRIATE TRANSPORTATION OFFICE.</p>							
1. TO <i>(Name and Address of Transportation Officer providing shipping instructions) (Include ZIP Code)</i>		2. AGENCY ID NO.		4. FROM <i>(Name and Address of Contractor) (Include ZIP Code)</i>			
		3. CONTRACTOR'S APPLICATION NO.					
5. DESTINATION <i>(Name and Address) (Include ZIP Code)</i>		6. SPLC <i>(Destination)</i>		8. ORIGIN <i>(Name and Address)</i>			
		7. SPLC <i>(Origin)</i>					
9. CONSIGNEE <i>(Name and Address) (Include ZIP Code)</i>		10. DODAAC		12. SHIPPER <i>(Name and Address) (Include ZIP Code)</i>			
		11. CAGE CODE					
13. MARKS AND ANNOTATIONS			14. DATE SHIPMENT AVAILABLE <i>(YYYYMMDD)</i>		15. REQ. DATE AT DESTINATION <i>(YYYYMMDD)</i>		16. TP
17. IF CARLOAD OR TRUCKLOAD, INDICATE TYPE AND SIZE REQUIRED FOR EACH			18. SPECIAL ROUTING CONDITIONS				
19. RAIL CARRIER SERVING			c. PRIVATE SIDING <i>(X if applicable or indicate nearest point of delivery)</i>				
a. CONSIGNOR		SCAC		SPLC			
b. CONSIGNEE		SCAC		SPLC			
20. HAZARDOUS MATERIALS <i>(X and complete as applicable)</i>							
a. THIS SHIPMENT DOES NOT CONTAIN HAZARDOUS MATERIAL.		INITIALS	b. THIS SHIPMENT CONTAINS HAZARDOUS MATERIAL.				
			(1) PSN			(2) UN/NA No.	
21. CONTAINER AND COMMODITY DATA							
CONTRACT ITEM NO. a.	UNITS PER PKG/COS b.	PKG/COS c.		DESCRIPTION OF COMMODITY <i>(NSN No., Freight classification including UFC/NMFC Item No.) (For all package sizes show dimensions in INCHES.)</i> d.	WT. PER PKG/COS <i>(Pounds)</i> e.	CUBE PER PKG/COS <i>(Feet)</i> f.	
		(1) NO.	(2) TYPE				
g. TOTALS							
22. CONTRACT (PII) NUMBER				23. FOB CONTRACT TERMS		24. FOB POINT <i>(City and State)</i>	
25. REQUESTER							
a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>			b. TELEPHONE NO./EXTENSION <i>(Include Area Code)</i>		c. SIGNATURE		d. DATE SIGNED <i>(YYYYMMDD)</i>

Remove expiration date

Change OMB No. from 0704-0250 to 0704-0245 and remove expiration date from the form.

26. REMARKS

To be completed by Transportation Officer

27. CARRIER(S) OR ROUTING(S)	28. TARIFF OR TENDER NO. AND DATE	29. ROUTE ORDER/RELEASE NO.
		30. TRANSPORTATION FUNDS

31. FREIGHT RATE SPECIALIST

a. SIGNATURE	b. TELEPHONE NO. (Include Area Code)	c. DATE SIGNED (YYYYMMDD)
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LEGEND

CAGE Contractor and Government Entity	IPG Issue Priority Group	TP Transportation Priority
CONUS Continental United States	NSN National Stock Number	UN/NA United Nations/North America
COS Containers	PII Procurement Instrument Identification	UFC/NMFC Uniform Freight Classification/ National Motor Freight Classification
DODAAC DoD Activity Address Code	POE Point of Embarkation	
FAS Free Alongside	PSN Proper Shipping Name	
FMS Foreign Military Sales	SCAC Standard Carrier Alpha Code	
FOB Free On Board	SPLC Standard Point Location Code	

INSTRUCTIONS FOR COMPLETION OF DD FORM 1659

GENERAL.

This form will be used to obtain: (a) Government Bills of Lading under FOB origin contracts, (b) a Domestic Route Order under FOB origin contracts, (c) an Export Traffic Release regardless of FOB terms, or (d) FMS shipment instructions, in compliance with DoD regulations and procedures. Prepare separate forms for each contract/purchase order or destination.

To ensure that shipments are accomplished in accordance with contract delivery schedule, application(s) should be submitted in duplicate, at least 10 days in advance of actual shipping date,

to the Transportation Office of the contract administration office. Applications must be submitted 15 days in advance for FMS shipments.

To avoid excess cost, do not order or load carrier's equipment until routing instructions are received.

Export shipments require marking in accordance with MIL-STD-129, "Marking for Shipment and Storage." Markings should not be applied until complete and accurate shipment information has been provided by the Transportation Office.

- Items 1, 3, 4, 24, 25, and 27 through 31 are self-explanatory.
- 2. Leave blank. The transportation office will complete if necessary.
- 5. Enter the city, town or point, state and ZIP Code, according to the shipping mode when the destination is located in CONUS. Show the address found in the contract if the destination is overseas. Identify a water terminal only when the contract terms are FOB/FAS Port.
- 6. Specify the SPLC, if known, for the CONUS destination shown in Item 5. Leave blank for overseas destinations.
- 7. Enter the SPLC for the origin point in Item 8.
- 8. Designate the actual location where shipment will be tendered to a carrier.
- 9. Enter the name and address of the ultimate consignee shown in the contract. Do not show a POE.
- 10. Record the 6-digit DoDAAC assigned to the ultimate consignee as found in the contract. The DoDAAC should be identical to the one which will be recorded in Item 13, DD Form 250.
- 11. Annotate the CAGE Code assigned to the actual shipper. Show the CAGE Code for a packaging facility if the shipment will be tendered at that location.
- 12. Enter the name of the actual shipper, prime or subcontractor as appropriate, and address if different from Item 8.
- 13. Identify data shown in the contract which affects marking, transportation, delivery, and export of packages or shipping containers.
- 14. Specify the earliest date your shipment can be tendered to a carrier.

- 15. Enter a date only when specific instructions indicate the shipment must be delivered on or before that date.
- 16. Indicate the TP or the IPG for the shipment as stated in the contract or shipping instructions. If not available, leave blank.
- 17. Enter type and size of equipment needed to accommodate a full load.
- 18. Enter any special handling or protective instructions required for hazardous, sensitive, or classified material, temperature limitations, fragility, etc. FOR TRANSPORTATION OFFICES: Add transit information for a route order request, if appropriate.
- 19. Show the rail carrier including the SCAC serving the origin point. FOR TRANSPORTATION OFFICES: Complete consignee information when applicable.
- 20. The appropriate statement MUST be marked. If shipment contains hazardous material, enter PSN in accordance with 49 CFR, Section 172.101 and UN/NA number(s).
- 21. Enter data as described. Totals in line g. must describe entire shipment. Include unit of packaging in column b.; e.g., "30/COS." Be sure to state dimensions in INCHES.
- 22. Enter the PII number. Specify also the delivery order number when added to the basic contract or the shipping authority when different than the contract.
- 23. Indicate the FOB term (*origin, destination, etc.*) as stated in the contract.
- 26. Record necessary data not otherwise shown. If the application covers multiple shipments, specify the number of the shipments, total weight and cube for each shipment, transportation priority, and dates shipments will be available.