

H&S BN, HQMC, HENDERSON HALL MOTOR TRANSPORT SUPPORT REQUEST

1. SUBMIT ALL REQUEST TO THE MT EMAIL ADDRESS BELOW.
2. All requests need to be submitted by 3:30 pm, at least (4) WORKING DAYS prior to date required.
3. You are required to call 24 HOURS prior to validate your request with the Dispatcher.
4. VEHICLES WILL ONLY BE HELD FOR (1) HOUR AFTER REQUESTED PICK-UP TIME, BEFORE BEING CANCELLED AND REASSIGNED AS NEEDED.
5. Officers must have prior written approval by the Installation Commander to operate a government vehicle.
6. Large groups (5 or more personnel) must provide a by-name roster to the dispatcher in addition to this support request form.
7. After normal working hours, all vehicles will be parked in the MT lot, and keys along with trip ticket turned in to the OOD.
8. Please call the dispatcher to cancel any request.

REQUEST HEADER

1. REQUESTOR (RANK/NAME):		2. PHONE:	3. EMAIL ADDRESS:	4. DATE REQUESTED:
5. COMPANY:	6. SECTION:	7. IF NON-HQMC REQUESTOR, EXPLAIN HOW MISSION IS TIED TO HQMC:		
HQ	Motor Transport	N/A		

REQUEST TYPE / CARGO

8. TYPE OF REQUEST: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> DRIVER </div> <div style="width: 50%;"> Type: _____ <small>(sedan, cargo van, mini-van, etc.)</small> </div> </div>	9. CARGO: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PERSONNEL <input type="checkbox"/> GEAR </div> <div style="width: 50%;"> # of PAX: _____ Pounds of Cargo: _____ </div> </div>
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PICK-UP INFORMATION

10. DATE REQUIRED:	11. TIME: 1600	12. LOCATION: Motor Pool
13. POINT OF CONTACT:	14. SECTION:	15. CELL & OFFICE #:

SUPPORT INFORMATION

15. DESTINATION: <input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> MULTIPLE Pentagon	16. ESTIMATED RETURN TIME (enter date if not the same day): 	
17. FLAG OFFICER: <input type="checkbox"/> YES Qty: _____	18. SENIOR EXECUTIVE SERVICE (SES): <input checked="" type="checkbox"/> YES Qty: <u>1</u>	19. UNIFORM:
20. IN SUPPORT OF (DETAILED DESCRIPTION): 		21. OTHER COMMENTS/SPECIAL REQUIREMENTS: None

DISPATCHER USE ONLY

22a. VEHICLE / DRIVER:	22b. VEHICLE / DRIVER ASSIGNED - CHANGE:
/	None / None

MOTOR TRANSPORT CONTACT INFORMATION

OOD: (202)439-5941
 MT OPERATIONS: (703) 693-2279
 MT DISPATCHER: (703) 614-1332
 FAX #: (703) 614-1555
 MT EMAIL ADDRESS: HNHL_MOTOR_T@USMC.MIL (click link to email request)

FORM DATE:
 20220311