

**APPLICATION FOR SHIPPING INSTRUCTIONS
AND NOTICE OF AVAILABILITY**

DATE OF APPLICATION

INSTRUCTIONS
(Please type or print)

In order that the most economical transportation may be arranged, all information requested **MUST BE** furnished as accurately as possible. **READ ADDITIONAL INSTRUCTIONS ON THE BACK OF THIS FORM.**

(1) PURCHASE ORDER NUMBER

(2) REQUISITION NUMBER OR TCN

(3) NAME AND ADDRESS TO WHOM SHIPPING INSTRUCTIONS SHOULD BE MAILED *(Including zip code)*

(4) POINT OF ORIGIN *(Name and street address of facility from which shipment will be made including zip code)*

FURNISH COPY TO: *(If different than above)*

(5) CONTRACT DELIVERY TERMS *(FOB)*

(6) APPLICANT'S SIGNATURE

(7) APPLICANT'S TITLE

(8) TELEPHONE NUMBER

(9) FAX NUMBER

(10) NSN STOCK CLASS AND ITEM DESCRIPTION

(11) DESCRIPTION OF SHIPPING PACK INCLUDING THE TOTAL NUMBER OF CONTAINERS BY TYPE, SUCH AS DRUMS, CASES, BAGS, LOOSE PIECES, ETC., AND IF SET-UP, KNOCKED DOWN, NESTED OR OTHERWISE, AND THE WEIGHT, DIMENSIONS, AND CONTENTS OF EACH.

(12) DATE SHIPMENT AVAILABLE

(13) TOTAL WEIGHT OF SHIPMENT *(lb)*

NET

GROSS

(14) TOTAL CUBIC FEET

(15) VALUE OF SHIPMENT

\$

(16) PALLETIZED? _____ . IF YES, LIST NUMBER OF PALLET(S) AND DIMENSION(S) OF PALLET(S).

(17) OVERSEAS ADDRESS MARKINGS *(See block 12 of Purchase Order)*

(18) FILL IN ONLY WHEN DELIVERY TERMS ARE FOB ORIGIN

(Check one block on each line)

SHIPMENT WILL WILL NOT OCCUPY FULL VISIBLE CAPACITY OF A MOTOR VEHICLE.
SHIPMENT WILL WILL NOT REQUIRE THE EXCLUSIVE USE OF A MOTOR VEHICLE.

(19) COMMENTS/ADDITIONAL INFORMATION *(Optional)*

ADDITIONAL INSTRUCTIONS FOR PREPARATION AND DISTRIBUTION

Applicant will supply the information called for on the face of this form. Unless specified otherwise in the Purchase Order/Contract, all of the instructions enumerated below shall apply.

1. Mail or fax a copy of this form at least 15 days in advance of the anticipated date of availability of the shipment as follows:

MAIL TO:

General Services Administration (7FLIS)
819 Taylor Street
Fort Worth TX 76102

OR FAX TO:

817-978-2041

2. Date Shipment Available (block 12), Fax Number (block 9), and Point of Origin (block 4) are essential. If Point of Origin is the same as block 3, indicate "Same as block 3".
3. Any change of the provided information must be furnished by the quickest method of dispatch and confirmed by the issuance of a corrected GSA Form 1611.
4. Additional 1611 forms will be furnished upon request to GSA.
5. A separate form shall be prepared and distributed by the contractor for each partial shipment.
6. In the event that material is ready for shipment from more than one Point of Origin, a separate form is required for each point.
7. When the Purchase Order/Contract contains inspection requirements, shipment shall NOT be made until such time as all specified inspection details have been complied with.
8. If there are any questions, write to the address in paragraph 1 above or call 817-978-8509.