

SIGNATURE AND TALLY RECORD*(See DoD 4500.9-R for guidance)**(Use of equivalent carrier-furnished signature and tally record is acceptable.)**Form Approved
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The public reporting burden for this collection of information is estimated to average 3 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0027), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS DIRECTED IN THE DISTRIBUTION INSTRUCTIONS BELOW.

DISTRIBUTION INSTRUCTIONS

- (1) The SHIPPER will print two copies, retain one copy and give one to the Origin Carrier.
- (2) The ORIGIN CARRIER will deliver one copy with original signatures to the Destination Carrier.
- (3) The DESTINATION CARRIER will attach one copy (reflecting all original signatures) and Standard Form 1113, Public Voucher for Transportation Charges, to the original Government Bill of Lading and forward for payment. Reproduced completed copy of DD Form 1907 will be delivered to the Consignee and one will be retained.
- (4) The CONSIGNEE will ensure Destination Carrier surrenders a reproduced copy of completed form with all signatures.

SECTION I - TO BE COMPLETED BY THE SHIPPER

1a. SHIPPER NAME		b. ORIGIN	
2. PROTECTIVE SERVICE REQUESTED		3. GBL OR CBL NUMBER	
4a. CONSIGNEE NAME		b. DESTINATION	
5. PERMIT NUMBER <i>(If any)</i>		6. TRANSPORTATION CONTROL NUMBER	
7. ROUTING	8. WEIGHT	9. CUBE	
10. SPECIAL INSTRUCTIONS			11. DATE SHIPMENT TENDERED TO CARRIER <i>(YYYYMMDD)</i>
12. NAME OF CARRIER			13. NUMBER OF PIECES
14. TYPE OF PACKAGE(S) <i>(For unsealed loads only)</i> OR CONVEYANCE IDENTIFICATION AND SEAL NUMBERS <i>(For sealed loads only)</i>		15. FREIGHT CLASSIFICATION DESCRIPTION	

SECTION II - TO BE COMPLETED BY EACH PERSON ACCEPTING CUSTODY OF CLASSIFIED OR PROTECTED MATERIAL REQUIRING THE USE OF TRANSPORTATION PROTECTIVE SERVICE DURING TRANSIT**16. CUSTODY RECORD**

PRINT NAME OF PERSON AND COMPANY REPRESENTED a.	STATION INTERCHANGE POINT DESTINATION b.	SIGNATURE OF PERSON ACCEPTING CUSTODY c.	TIME ACCEPTED d.	DATE ACCEPTED <i>(YYYYMMDD)</i> e.

