DLA Distribution Susquehanna

Building 2012 *TRANSPORTATION*

CARRIER APPOINTMENT FORM

Carrier		SCAC	
Shipper		Date of Request	
Trailer		Type	OTHER
Bill of Lading # (put VARIOUS if more than one)		Number of Bills	
Number of Pieces/Skids		Total Weight	
Preferred Appointment Date mm/dd/yyyy		Preferred Appt. Time	

Standing Appointment	YES		
If Yes: Door		Time	

Mission Freight (doors 113-134)	○ YES	Load Type	Multiple w/single NSN more than 10 Palle
If single NSN or 10+ pallets of one NSN, provide NSN		If 10+ pallets of one NSN on truck, where is it located?	TAIL

CCP Freight (doors 135-168)	○ YES	Number of TCNs	MORE THAN ONE
If only one TCN, please provide that TCN		Freight over dimensions of 456"L x 85" x 85" H	○ YES

Other Addresses	○ YES	Address on BOL	

Name		Phone Number	
Email Address		Extension	

the red box indicates required field E-mail form to **prelodge@dla.mil and include carrier name in SUBJECT**