



MCBQ MOTOR TRANSPORT VEHICLE TRANSPORTATION REQUEST



Phone Number: (703) 784-2254/4725
Completed Form to: mccdc.vehicle.reqes@usmc.mil
with subj line: Vehicle Request

MOTOR TRANSPORT REQUEST PROCESS

1. COMPLETE THIS REQUEST FORM BY FILLING OUT ALL REQUIRED FIELDS.
2. REQUEST MUST BE RECEIVED **3 BUSINESS DAYS IN ADVANCE** FOR CONSIDERATION FOR RECOMMENDED/REQUESTED SUPPORT.
3. COMPLETED FORM MUST BE SENT VIA EMAIL. EMAIL IS LISTED IN THE GLOBAL ADDRESS AS **"G4 VEHICLE REQUEST"**.
4. ONCE FORM RECEIVED YOU WILL RECEIVE A RECEIVED RECEIPT. RECOMMEND CONFIRMING WITH BMT DISPATCH OFFICE.
5. SECTION/UNIT IS RESPONSIBLE FOR ALL DAMAGES TO THE U-DRIVE VEHICLE WHILE IN USE, TO INCLUDE ACTS OF NATURE.
6. U-DRIVER MUST BE LICENSED FOR THE VEHICLE REQUESTED. ADDITIONAL INFORMATION NEEDED WILL BE EMAILED.
7. ENSURE TO PROVIDE A **RELIABLE POINT OF CONTACT WITH A VALID PHONE NUMBER**. QUESTIONS MAY NEED TO BE CLARIFIED TO NOT DELAY THE REQUEST.
8. USE **ONE LINE PER VEHICLE REQUESTED** AND **ONE FORM FOR EACH DAY** SUPPORT IS REQUIRED.

**OFFICERS ARE NOT AUTHORIZED TO DRIVE WITHOUT APPROVAL FROM THE BASE COMMANDER. IF APPROVED, BRING AND PROVIDE A COPY.

Date of Request: _____

From: _____

Requested by (Name): _____

Phone Number (Cell/After Hours): _____

Remarks: _____

Name of person vehicle will report to
Report to (Name): _____
Report to Phone Number: _____

START DATE	END DATE	TIME FROM	TIME TO	# OF VEHICLE & VEHICLE TYPE	REPORT LOCATION	DESTINATION	CARGO (IF APPLICABLE)	# OF PAX	DRIVER REQUESTED OR U-DRIVE

Cargo: provide dimension & weight. Required for Cargo Van, Box Truck, Stake Bed, and Trailer

VEHICLE TYPES AVAILABLE				
* 11 PAX VAN	* WRECKER	* SEDAN	* BOX TRUCK	* BUSES
* 5-TON STAKE BED	* 3-TON STAKE BED	*TRACTOR TRAILER	* PICK-UP TRUCK	* WATER BUFFALO

Dispatch Office Use Only:				
Received by: _____	Date/Time: _____	Approved	Disapproved	Rescheduled