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| **NSDD Sensitive Property Shipment Request**  **Please submit 4 weeks prior to shipment date to DOE HQ Inventory Manager Mailbox**  **(**[**NSDD.ShippingRequests@nnsa.doe.gov**](mailto:NSDD.ShippingRequests@nnsa.doe.gov)**) Form date: 2020-07**  ***NOTE: Use this form when shipping NSDD Sensitive property within the United States or across international boundaries. For all shipments to or from TVI, use the appropriate NSDD TVI Shipment Request form instead.*** | |
| **1. Contract #:** | **2. Date of Request:** MM/DD/YYYY |
| **3. Holding Entity:**  **Address:**  **POC:**  **Email:**  **Phone:** | **4. Receiving Entity:**  **Address:**  **POC:**  **Email:**  **Phone:** |
| **5. Shipment Recommendation:**  **Entity Paying for Shipping:**  **Contract #:** | **6. POC Arranging Shipping:**  **Email:**  **Phone:** |
| **7. Target Ship Date:** MM/DD/YYYY | **8. Target Arrival Date:** MM/DD/YYYY |
| **9. Items To Be Shipped:**  Indicate the general contents of each box, crate or pallet (i.e. spare parts, electronic equipment, etc)  *MANDATORY: Attach an Excel formatted equipment list using the standard MEL template of specific items being shipped.* | |
| **10. Special Request(s) or Additional Information:**  *NOTE:* *Indicate any special handling, labeling or storage requirements during receipt or storage.* | |
| **11. Reason for Shipment:** | |
| **12. Property Checklist:**   |  |  | | --- | --- | | **Is equipment new or used?** | **New**  **Used**  **Some new, some used** | | **Is a MEL attached? (Required)** | **Yes** | | **High Risk Certification attached? (Required)** | **Yes** | | **Data sanitization required?**  (Required if equipment contains a storage device, internal or external, that contains sensitive data) | **Yes**  **No**  **If yes, attach data sanitization certification form** | | **Equipment contains hazardous material?** (Examples: Check sources, lead, cadmium, bismuth) | **Yes**  **No**  If yes, list material and amounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Contamination free certification attached?** (Required if equipment contains or contained a radioactive check source or was utilized in conditions where radioactive contamination was present, e.g. RDE) | **Yes**  **N/A** | | |
| **Below to be filled out by NSDD-HQ** | |
| **13. Date HQ Approved: MM/DD/YYYY** | |