

## MOVEMENT OF HOUSEHOLD GOODS FORM (U.S. ONLY)

Last Name	First Name	Phone	
Agency	Laboratory or Center	E-mail	
<b>RELOCATING FROM</b> Address  City, State ZIP		<b>RELOCATING TO</b> Address  City, State ZIP	
<b>Estimated Move Date</b>			
<b>Comments</b>			
<b>NRC RAP MOVING COMPANY</b>	<b>HOUSEHOLD TYPE</b> Apartment      House/Townhouse	<b>Number of Rooms</b>	
	<b>PACKING/UNPACKING HOUSEHOLD</b> Self      Moving Company		
<b>SELF MOVE</b>	Personal Vehicle Rental Truck/Trailer Other	Approximate Mileage  If you selected "other" self move, please specify below.	
	<b>I have read and understand <u>section 8.4 in the Travel Guide</u> regarding limitations pertaining Movement of Household Goods</b>		
	<b>Associate Signature with Date</b> <b>NRC RAP Authorization Signature with Date</b>		
-----Below Section for Office Use Only-----			
<b>Max. Wt. (in lbs.)</b>			
Associate ID <b>5</b>	Sent to Wheaton/Azar Storage	PAN	Acct#