Clear

TRANSPORTATION PRE-AWARD SURVEY

1. **TO:** PRE-AWARD SURVEY MONITOR

2. **FROM:**

3. PRE-AWARD SERIAL NUMBER

4. SOLICITATION NUMBER

5. RECOMMENDATION
☐ AWARD ☐ NO AWARD *(Explain in Remarks)*

6. CAPABILITY:
☐ SATISFACTORY ☐ UNSATISFACTORY

7. POST AWARD ORIENTATION REQUIRED FOR TRANSPORTATION
☐ YES ☐ NO

8. COMPANY
a. NAME
b. CAGE CODE
c. COMPLETE ADDRESS *(Including ZIP Code)*
d. REPRESENTATIVE NAME
e. TITLE
f. TELEPHONE NUMBER

SOLICITATION REQUIREMENTS

9. ITEM NOMENCLATURE

10. NSN/FSC/PART NUMBER

11. DIMENSIONS PER UNIT
a. LENGTH
b. WIDTH
c. HEIGHT
d. WEIGHT

12. ITEM IS HAZARDOUS
☐ YES - *(See Remarks)* ☐ NO

13. PROPOSAL IS COMPLETE, SUFFICIENT AND ECONOMICAL IN TRANSPORTATION REQUIREMENTS
☐ NO - *(Explain in Remarks)* ☐ YES

14. PROPER SHIPPING NAME

15. HAZARDOUS CLASS/DIVISION

16. LABEL*(S)*

17. IDENTIFICATION NUMBER

JUSTIFICATION

18.
☐ DLA FORM 358 DATED _____ IS ☐ ON FILE ☐ ATTACHED

19. UFC *(If applicable)*

20. GBL's REQUIRED
☐ YES ☐ NO

21. FOB TERMS
☐ ORIGIN ☐ DESTINATION ☐ OTHER

22. NMFC *(If applicable)*

23. EXPORT
☐ YES ☐ NO

24. SECURITY RISK CATEGORY

25. TYPE SERVICE REQUIRED

26. FMS
☐ YES ☐ NO

27. CONTRACTOR HAS NECESSARY EXPERIENCE AND UNDERSTANDS THE TRANSPORTATION REQUIREMENTS
☐ YES ☐ NO

28. TRANSPORTATION FACILITIES ARE SUITABLE
☐ YES ☐ NO

TRANSPORTATION FUNCTION WILL BE SUBCONTRACTED TO AN EXPERIENCED, TECHNICALLY CAPABLE FIRM

29. SUBCONTRACTOR
a. SUBCONTRACTOR NAME
b. CAGE CODE
c. COMPLETE ADDRESS *(Including ZIP Code)*
d. POINT OF CONTACT
e. TELEPHONE NUMBER

30. REMARKS *(Continue on separate sheet, if required)*

31. TRANSPORTATION SPECIALIST
a. TYPED NAME
b. SIGNATURE
c. DATE

32. REVIEWING OFFICIAL
a. TYPED NAME
b. SIGNATURE
c. DATE