

PEMA REQUEST FORM ADDENDUM

LOGISTICS CARGO/MATERIALS/EQUIPMENT TRANSPORTATION SUPPLEMENT

REQUESTOR NAME:	
AGENCY/COUNTY:	COUNTY:
CONTACT EMAIL #	CONTACT PHONE:

SPECIFIC TRANSPORTATION CAPABILITY REQUESTED: (DESCRIBE THE SPECIFIC ASSET(S) TO BE MOVED.)

CONSIDERATIONS:

<input type="checkbox"/> PALLETIZED MATERIAL (# OF PALLETS: _____)	<input type="checkbox"/> ESTIMATED WEIGHT? _____
<input type="checkbox"/> FLOOR LOADED MATERIAL (HAND LOAD VS UNLOAD)	<input type="checkbox"/> ANY TYPE OF SPECIALIZED PERMITTING OR PLACARDS REQUIRED FOR LOAD MOVEMENT?
<input type="checkbox"/> TEMPERATURE SENSITIVE MATERIALS (HEATING OR COOLING)	<input type="checkbox"/> HAZARDOUS LOAD? / SPECIFY:

TYPE OF TRANSPORTATION ASSET REQUIRED (CHECK ALL THAT APPLY):

<input type="checkbox"/> ENCLOSED BOX/CARGO	<input type="checkbox"/> HIGH CLEARANCE VEHICLE CAPABILITY	FOR TRAILERS: <input type="checkbox"/> PRIME MOVER REQUIRED? SPECIFY TYPE: (CDL TRACTOR, PICKUP, ETC) SPECIFY HITCH TYPE:
<input type="checkbox"/> FLATBED	<input type="checkbox"/> 4WD / ALL-WHEEL DRIVE	
<input type="checkbox"/> MOBILE EQUIPMENT TRANSPORTATION (EX: LOWBOY)	<input type="checkbox"/> DUMP BODY TRUCK OR TRAILER	
<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> LIFT GATE REQUIRED?	

PICKUP LOCATION ADDRESS:	COUNTY:
FACILITY PHONE #	CONTACT NAME:
<u>PICKUP LOCATION CONSIDERATIONS:</u>	LOADING DOCK AVAILABLE? YES NO
ANY TRUCK SIZE LIMITATIONS (HEIGHT/WEIGHT/LENGTH)? SPECIFY:	MATERIALS HANDLING EQUIPMENT AVAILABLE? YES NO IF YES, PLEASE IDENTIFY TYPE (EX: FORKLIFT, PALLET JACK, ETC.):

DELIVERY LOCATION ADDRESS:	COUNTY:
CHECK HERE IF MORE THAN ONE DELIVERY LOCATION AND PROVIDE SAME INFO FOR ADDITIONAL LOCATIONS.	
FACILITY PHONE #	CONTACT NAME:
<u>PICKUP LOCATION CONSIDERATIONS:</u>	LOADING DOCK AVAILABLE? YES NO
ANY TRUCK SIZE LIMITATIONS (HEIGHT/WEIGHT/LENGTH)? SPECIFY:	MATERIALS HANDLING EQUIPMENT AVAILABLE? YES NO IF YES, PLEASE IDENTIFY TYPE (EX: FORKLIFT, PALLET JACK, ETC.):