

# JTMO CONTAINER LEASE CHECK - LIST

Please Check One: Estimate Only  Actual Requirement

## 1. Intermodal Equipment Required:

Qty	Type	Qty	Type	Qty	Type
	20' Dry Container		20' Open Top-w/o tarp		20' Dry Ammo Grade Cntr
	40' Dry Container		40' Open Top-w/o tarp		20' Tank Cntr/Food Grade
	20' Reefer		20' Open Top-w/ tarp		20' Tank Cntr/Fuel Grade
	40' Reefer		40' Open Top-w/ tarp		20' Tank Chassis
	20' Flatrack/ Collapsible		20' Chassis/Gooseneck		20' Tank Chassis/Dropframe
	20' Flatrack/ Standing Ends		20' Chassis/Straight		Reefer Mechanic (# hours)
	40' Flatrack/ Collapsible		40' Chassis/Gooseneck		Reefer Spare Parts Kit
	40' Flatrack/ Standing Ends		40' Chassis/Straight		Generator Set/Clip-on
	Misc:		Misc:		Generator Set/Underslung

### NOTES:

- A spare parts kit is recommended for each type of reefer in order to facilitate immediate repair and avoid unnecessary spoilage.
- Drayage charges can be avoided by picking up and/or returning the leased equipment at the designated commercial depot specified by the JTMO. Ask your base Installation Transportation Officer (ITO) if hauling equipment is locally available.

## 2. Delivery Location(s): (Include the official name of the organization receiving/using the equipment and any access restrictions to the installation/depot)

\*Commercial Street Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Commercial Street Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Max. # Containers Per Day: \_\_\_\_\_

Max. # Containers Per Day: \_\_\_\_\_

POC: \_\_\_\_\_

POC: \_\_\_\_\_

\*DODAAC: \_\_\_\_\_

\*DODAAC: \_\_\_\_\_

Coml Phone: \_\_\_\_\_ DSN \_\_\_\_\_

Coml Phone: \_\_\_\_\_ DSN \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*(Commercial Address and POC DODAAC are Required)

**3. Required Delivery Date(s) (RDD) for requested equipment:**

\_\_\_\_\_

**4. Do you have lifting equipment (forklift, spreader bar, overhead crane, etc.) of sufficient capacity to safely off-load empty containers?**

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Coordination of appropriate Material Handling Equipment (MHE) is the responsibility of the receiving activity. MHE must be on-hand at time of delivery.

**5. On-hire inspections are required of all leased equipment and must be in accordance with CSC, ACEP and IICL standards.**

\_\_\_\_\_ We request to perform organic inspection of equipment.\*

\*Organic inspection of equipment requires JTMO consent. Upon receipt of consent, customers performing organic inspections are responsible for all costs associated with rejection of equipment conforming to applicable standards identified by JTMO inspection terms and conditions. All findings will be recorded on the JTMO inspection checklist.

\_\_\_\_\_ Request JTMO arrange for delivery inspection services.

**6. Term of lease in days (circle one): 180 240 360**

**7. Operation/Exercise this equipment is in support of: \_\_\_\_\_**

**8. Unified Command/CINC this equipment is in support of: \_\_\_\_\_**

**9. Redelivery Location(s) of equipment:**

(Include any access restrictions to the installation/depot)

\*Commercial Street Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Commercial Street Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Max. # Containers Per Day: \_\_\_\_\_

Max. # Containers Per Day: \_\_\_\_\_

POC: \_\_\_\_\_ POC: \_\_\_\_\_

\*DODAAC: \_\_\_\_\_ \*DODAAC: \_\_\_\_\_

Coml Phone: \_\_\_\_\_ DSN \_\_\_\_\_ Coml Phone: \_\_\_\_\_ DSN \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*(Commercial Address and POC DODAAC are Required)**

**10. Funding POC:**

Name: \_\_\_\_\_

DODAAC: \_\_\_\_\_

Coml Phone: \_\_\_\_\_ DSN: \_\_\_\_\_

Fax: \_\_\_\_\_

**11. Have you confirmed these requirements with the delivery POC?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If not, explain in remarks area below)

Signature of Requestor: \_\_\_\_\_

Signature of Approving Officer: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

\*DODAAC: \_\_\_\_\_

\*DODAAC: \_\_\_\_\_

Phone: \_\_\_\_\_ DSN \_\_\_\_\_

Phone: \_\_\_\_\_ DSN \_\_\_\_\_

**\*(REQUESTOR DODAAC REQUIRED)**

**12. Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**>>> PLEASE FORWARD JTMO A LIST OF SERIAL NUMBERS FOR EACH TYPE OF INTERMODAL EQUIPMENT DELIVERED AND ACCEPTED BY DATE AT YOUR DESIGNATED DELIVERY LOCATION <<<**

## **Any Questions?**

**Call JTMO Container Operations: Lease Team 703-428-2457 or DSN 328-2473 FAX: (703) 428-3328 or DSN 328-3328**

**E-mail: [lease@mtmc.army.mil](mailto:lease@mtmc.army.mil)**