

Requestor:

FREIGHT DELIVERY REQUEST

PRIVACY ACT STATEMENT

The following statement is required by the Privacy Act of 1974 (5 U.S.C. § 522 (2022)): Due to the events of September 11, 2001, security at the federal building housing USAID has been significantly increased. As such, it is necessary that freight companies planning to deliver goods and materials be aware of these additional security requirements. Failure to provide full information could result in the hampering of the delivery process. The information on this form is solely used for security purposes. No one other than the Management Bureau, Assistant Systems, Facilities Management Division (M/AS/FMD), Ronald Reagan Building (RRB) International Trade Center (ITC) and Federal Protective Service (FPS) will have access to this form and information.

To: RRB ITC Loading Dock Manager Federal Protective Service

From: Headquarters Management Division Services (M/MS/HMD) <u>facilities@usaid.gov</u>

FREIGHT DELIVERY COMPANY INFORMATION

SECTION I.

SECTION II.

Freight Company Contact Person: Fax Number: Estimated Time:

SECTION III.

Driver's Name: Driver's License Number and State: Date of Birth:

SECTION IV.

Alternate Driver's Name: Driver's License Number and State: Date of Birth:

SECTION V.

Vehicle Description (i.e., Tractor trailer, etc.):

Name of Freight Company Making Delivery:

etc.):

Type: Make: Tag Number:

Date:

Date of Arrival:

Phone Number:

Length: Model: State:



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Description of material being deli	ivered:
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OFFICE/BUREAU REQUESTING DELIVERY

SECTION VII.

OFFICE/BUREAU CONTACT NAME: Phone Number:

Fax Number:

No Fax Number:

Deliveries to the Ronald Reagan Building, loading docks require 72-hour notice.

All deliveries are subject to an off-site security inspection by the Federal Protective Service (FPS), located at the FPS Mobile Scanning Facility, 1880 2nd Street Southwest, and prior to delivery to the RRB Loading Docks. All dock deliveries use the 14th Street South Entrance.

SECTION VIII.

Additional comments or special notes:



INSTRUCTIONS FOR COMPLETING AID FORM 519-1

SECTION I: Enter the Name of Freight Company Making Delivery, Phone Number, Date of Arrival.

SECTION II: Enter Freight Company's Contact Person, Fax Number, and Estimated Time of Arrival.

SECTION III: Enter driver's details: Name, License Number and State, and Date of Birth.

SECTION IV: Enter alternate driver's details: Name, License Number and State, and Date of Birth.

SECTION V: Enter vehicle details: Vehicle Description (i.e., Tractor trailer, etc.), Type, Make, Model, Length, Tag Number, State.

SECTION VI: Enter description of material being delivered.

SECTION VII: Enter details for OFFICE/BUREAU REQUESTING DELIVERY: Contact Name, Phone Number, Fax Number, Check if No Fax Number.

SECTION VIII: Enter additional comments or special notes.