

**CERTIFICATE FOR DISPOSITION OF POV**

1. BECAUSE OF THE DEPLOYMENT OF MY UNIT, I HAVE PLACED MY PRIVATELY OWNED VEHICLE (POV) IN THE DESIGNATED TEMPORARY PARKING AREA (TPA) WITH NO DAMAGES UNLESS INDICATED ON PAGE TWO OF THIS DOCUMENT, AND IN SO DOING, UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING.

a. I AM STORING MY POV AT GOVERNMENT EXPENSE FOR MY CONVENIENCE. IT IS TO MY BENEFIT TO HAVE COMPREHENSIVE INSURANCE COVERAGE IN THE EVENT MY POV IS VANDALIZED OR STOLEN. HOWEVER, FAILURE TO HAVE SUCH COVERAGE WILL NOT BAR MY OPTION TO FILE A CLAIM WITH THE OFFICE OF THE STAFF JUDGE ADVOCATE, IN THE EVENT OF THEFT FROM OR DAMAGE TO MY POV AS A RESULT OF VANDALISM OR AN ACT OF GOD. THE U.S. GOVERNMENT WILL NOT BE LIABLE FOR NORMAL FAIR WEAR AND TEAR ON MY POV AND THE MAXIMUM AMOUNT THAT I MAY RECEIVE FROM THE U.S. GOVERNMENT FOR ANY DAMAGE TO OR LOSS OF MY POV IS TWO THOUSAND DOLLARS (\$2000.00).

b. I AM RESPONSIBLE FOR PLACING MY POV IN THE TPA AND SECURING IT.

c. ALL VALUABLES HAVE BEEN REMOVED FROM MY POV WHICH ARE NOT PERMANENTLY AFFIXED TO THE VEHICLE PRIOR TO PLACING IT INTO THE TPA.

d. THIS FORM IS NOT A POWER OF ATTORNEY AND, IF I WANT SOMEONE OTHER THAN MYSELF TO REMOVE MY VEHICLE FROM THE TPA, I MUST GIVE THAT PERSON A POWER OF ATTORNEY.

2. UNDERSTANDING THE ABOVE, I HAVE DELIVERED ONE SET OF KEYS FOR MY POV TO THE DESIGNATED POV CUSTODIAN SO THAT HE/SHE MAY RELEASE MY POV TO SUCH PERSON AS I MAY EXPRESSLY DESIGNATE BY POWER OF ATTORNEY TO REMOVE MY POV FROM THIS TPA.

3. DESCRIPTION OF POV.

YEAR	MODEL	MAKE	STATE/LICENSE NUMBER
INSURANCE COMPANY		INSURANCE POLICY NUMBER	

4. IF NO ONE HAS BEEN DESIGNATED TO RECEIVE MY POV, THE U.S. GOVERNMENT WILL ALLOW MY POV TO REMAIN IN THE TPA UNTIL I RETURN FROM DEPLOYMENT.

SIGNED BY ME THIS	DAY OF	20
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WITNESS(SIGNATURE/SSN/UNIT)	SIGNATURE OF POV OWNER
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OWNER (NAME/SSN/UNIT)
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5. I HEREBY ACKNOWLEDGE RECEIPT AND ASSUME CUSTODY AND CONTROL OF THE ABOVE DESCRIBED POV. IF I AM NOT THE ABOVE DESCRIBED OWNER, I ACKNOWLEDGE THAT I AM THE AUTHORIZED AGENT OF THE OWNER TO RECEIVE POSSESSION OF SAID POV AS WITNESSED BY THE POWER OF ATTORNEY EXECUTED BY THE OWNER, A COPY WHICH HAS BEEN SURRENDERED TO THE TPA CUSTODIAN.

WITNESS (SIGNATURE/SSN/UNIT)	SIGNATURE OF OWNER OR PERSON AUTHORIZED BY OWNER TO RECEIVE POV
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PRINTED NAME OF AUTHORIZED PERSON ABOVE
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NAME	RANK/RATE	
ACTIVITY	UNIT	TELEPHONE NUMBER

Today, 5/21/2001, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

**PRIVACY ACT STATEMENT**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. **AUTHORITY:** 5U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734B, 2737, 5013, 5031-5036, 5131-515-, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. **PRINCIPAL PURPOSES.** The information which will be solicited is intended principally and may be used for the following purposes.

- a. For the purpose of verification of identity, when storing or retrieving personal property, which has been stored for the convenience of the U.S. Government.
- b. Personal information obtained on an individual will not be released to any third party without the written consent of the individual concerned.

**PRIVATELY OWNED VEHICLE CONDITION STATEMENT**

I HAVE DELIVERED MY POV TO THE TPA CUSTODIAN WITH NO DAMAGES EXCEPT THOSE AS INDICATED BELOW.

PAIN CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIRES CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXISTING DAMAGES ARE DESCRIBED BELOW.
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ALL PREVIOUS EDITIONS ARE OBSOLETE