

PROTECTING DEFENSE PERSONAL PROPERTY PROGRAM (DP3) CUSTOMERS:

Transportation Service Provider Certification of Health Protection Protocols

Responsible TSP: _____ **Bill of Lading / Order # (NTS or DPM):** _____

Customer Name: _____ **Date of Service:** _____

Assigned Crew Members: _____

I certify the aforementioned crew members assigned to your move have been screened—consistent with Centers for Disease Controls (CDC) guidelines—for COVID-19. I routinely monitor CDC information (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) to ensure these screenings account for the most up-to-date guidance.

I have also screened these crew members for symptoms commonly associated with other illnesses that are easily transmissible while working in the confines of a residence (common cold, flu, etc.)

I certify the aforementioned crew members will adhere to all guidelines issued by U.S. Transportation Command. Specifically, the crew:

- Is equipped with—and will wear—face coverings per CDC guidelines
- Is equipped and prepared to clean surfaces they touched in your residence (though they will seek your permission before using any cleaning products on your property)
- Represents the smallest crew required to service your move, and will adhere to social distancing guidelines
- Has been instructed and equipped to maintain good hand-hygiene

I acknowledge this is your residence, and you are empowered to decide who works (or does not work) in your residence. I further acknowledge your right to question my personnel on adherence to these protocols, and to stop and reschedule your move as you deem necessary. Your safety and security are paramount.

I appreciate that you will implement similar protocols to ensure the safety of these crew members. Please let me know if you—or anyone in your home—has COVID-19 symptoms or has been directed to self-quarantine.

I welcome your feedback on our adherence to these protocols. Please contact me or a member of my company at the below number. I similarly invite a DOD representative to contact me on your behalf.

TSP / Agent Signature

TSP / Agent Signature Block

TSP / Agent Contact Information

This form must be completed and presented to DP3 customers before work begins at the residence