## GOVERNMENT BILL OF LADING CORRECTION NOTICE - DD FORM 1200

GOVERNMENT BILL OF LADING CORRECTION NOTICE			DATE NOTICE PREPARED 20100601	
CONT0000730	20100528		10800	
4. ORIGIN (As shown in "Origin" block on GBL.)		5. DESTINATION (As shown in "Destination" block on GBL.)  FEDIAL ORD ST MAS BLIDE II  LOCKSONVILLE NA S, H. AZZEL		
6. ROUTE (Complete routing shown on GBL.)		7. ISSUING OFFICE (As shown on GBL under "For use of Issuing Office.") NAS PENSACOLA, FL. PISC: JAX DET NAS PENSACOLA 121 CUDDIHY STREET SUITE C PENSACOLA E. 12-268		
8. TO: (Name and address of carrier/activity to which	directed, including ZIP Code.)		9. Complete Items 9a, b, and c only when correction is made after transportation charges have been paid. a. D. O. VOUCHER NUMBER b. D. O. VOUCHER DATE c. D. O. SYMBOL	
10. FROM: NAS PENSACOLA, FL FISC JAX DET NAS PENSACOLA 121 CUDDIHY STREET SUITE C PENSACOLA, FL 32508			d formation	
11. BILL OF LADING NOW READS (Show the information)	tion as it reads prior to	12. CORRECT BILL OF LA should read.)	ADING TO READ (Show how the corrected information	
correction.)		3901990200000000000000000000000000000000	410	
BLOCK 12: 20090916		BLOCK 12: 20100-	410	
13. AUTHORITY FOR CORRECTION (Tariff and item)	numbers; classification and iter	n number; or other authority	y for making the change.)	
T A AUTHORIZATION				
14. REMARKS (Pertinent information not otherwise pr	ovided on the form. If more s	pace is required, use reverse	e side of this form.)	
CHANGE RANK AND PAY GRADE TO MAJ/0-4				
	aludina 7tP Codo 1	16. SIGNATURE AND TI	TLE OF INITIATING OFFICIAL	
15. INFORMATION COPY TO (Name and address, in	cluding ZIP Code.)			
		17. CARRIER REPRESEN shipper and transpor	ITATIVE'S SIGNATURE (Require when notice is initiated by tation charges are affected.)	



NSN 7540-01-140-5524