

DEPARTMENT OF TRANSPORTATION

Part A—To Be Completed By Each Person Removing Equipment		Date
Name (Typed or printed) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p align="center"><i>Typed or Printed</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p align="center"><i>Signature</i></p>	Description of Equipment (include serial number)	Owner <input type="checkbox"/> DOT <input type="checkbox"/> Personal <input type="checkbox"/> Vendor <input type="checkbox"/> Other (Specify) Return date _____
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Property Custodian's Name (Printed), Rte. Symb., Telephone No.		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Property Custodians Signature Date

Part B—To Be Completed By DOT Personnel Only				
Organizational Element	Routing Symbol	Phone	Office Building	Room No.

Part C—To Be Completed By Non-DOT Personnel Only			
Employer	Address of Employer	DOT Official and Office Aware of Removal	Phone No.

Part D—To Be Completed By Guard		
Person removing property was— <input type="checkbox"/> DOT Employee <input type="checkbox"/> Other	If Other—Name of DOT official and office who verified removal	Verified by <input type="checkbox"/> Phone <input type="checkbox"/> In Person

Routing Instructions for Completed Forms		
Guard: Fold original with lower third exposed, staple, and forward to security office. Provide duplicate copy to individual concerned.		
Security Office: Forward to property management office.		
Routing of Completed Copies		
To	Routing Symbol	Organization
1		
2		