

STATE TAG (E-TAG) NUMBER	DETAILED DESCRIPTION	SERIAL NUMBER / VIN.

Comments: \_\_\_\_\_

From: \_\_\_\_\_  
Facility/Location/Unit

To: \_\_\_\_\_  
Facility/Location/Unit

\_\_\_\_\_  
Name of sender (print)

\_\_\_\_\_  
Name of receiver (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

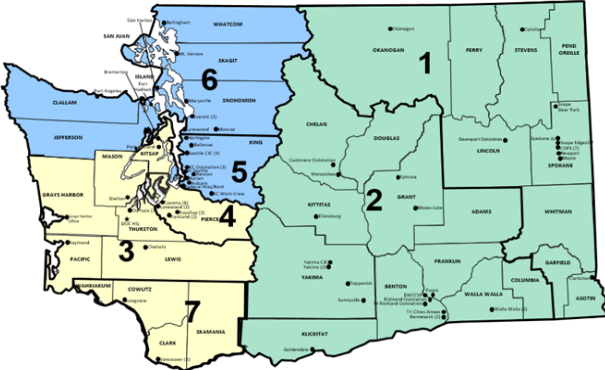
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS AND ROUTING**

- Enter State Tag Number (E-Tag), if applicable
- Enter detailed description of item(s), i.e. magazines, cartridges, chargers, monitors, etc.
- Enter serial number / VIN
- Remarks – any additional information. Include officer name if UoF transfer
- Name, date, and signatures are required from both the sender and receiver
- Route the completed form to the appropriate Region

- [DOC East Equipment Transfer Disposal](#)
- [DOC SW Equipment Transfer Disposal](#)
- [DOC NW Equipment Transfer Disposal](#)
- [DOC HQ Equipment Transfer Disposal](#)
- [DOC CI Equipment Transfer Disposal](#)



Distribution: **ORIGINAL** - Email Request **COPY** - Requester

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.