

VEHICLE/MACHINERY DISPOSAL REQUEST

REQUIRED INFORMATION	ANSWERS/COMMENTS
State tag number	
Vehicle Identification Number (VIN)	
Make and model	
Year	
License number	
Mileage/odometer/hours	
Engine size (i.e., 4 Cyl, 5 Cyl, 8 Cyl)	
Air conditioning	
Power steering	
Brake condition	
Fuel type (i.e., gas, diesel, battery)	
Transmission (automatic / standard)	
4 WD / AWD / Front wheel drive	
Tires (condition)	
Body damage	
Running condition/problems	
Vehicle color	

REQUIRED ACTIONS	YES	NO	COMMENTS
Remove fuel cards	<input type="checkbox"/>	<input type="checkbox"/>	
Remove Good to Go Pass	<input type="checkbox"/>	<input type="checkbox"/>	
Vacuum vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
Remove all supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Remove cage and lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Remove Department stickers	<input type="checkbox"/>	<input type="checkbox"/>	
Remove mounted fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
Remove radio	<input type="checkbox"/>	<input type="checkbox"/>	
Radio state tag number	<input type="checkbox"/>	<input type="checkbox"/>	
Radio serial number	<input type="checkbox"/>	<input type="checkbox"/>	

Physical location: _____

Point of contact: _____

Phone number: _____

Supervisor approval (Required)

Signature

Date

INSTRUCTIONS

Prison Supply Specialists will request a disposal number when submitting Route completed form to appropriate mailbox by Region (see map)

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



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

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