

<b>REQUEST FOR RELEASE OF EQUIPMENT ASSIGNED TO PLANT EQUIPMENT PACKAGES</b>		TYPE OF REQUEST		PRIORITY NUMBER
		<input type="checkbox"/> LOAN <input type="checkbox"/> REACTIVATION		REQUIRED DELIVERY DATE
<b>SECTION I - TO BE COMPLETED BY THE AGENCY REQUESTING RELEASE OF ITEM</b>				
1. NAME OF AGENCY <i>(Bureau, or Command and Department)</i>				
2. ITEM DESCRIPTION <i>(Commercial description of item, name of manufacturer, and any information pertaining to special characteristics if applicable)</i>				
2a. COMMODITY CODE		2b. DEPARTMENTAL IDENTIFICATION NO.		2c. CONDITION CODE
2d. ACQUISITION COST				
3. PROPOSED USER			4. LOCATION WHERE ITEM WILL BE USED	
5. EQUIPMENT REQUIRED FOR →	a. PROGRAM	b. PRODUCT		c. CONTRACT NUMBER
6. PROPOSED TRANSFER CONDITIONS <input type="checkbox"/> LOAN <input type="checkbox"/> REPLACEMENT			7. RETURN DATE	8. REPLACEMENT DATE
9. SUPPORTING STATEMENTS <i>(Continue on reverse side if necessary)</i> <i>THE REQUESTING AGENCY WILL:</i> a. FINANCE ALL COSTS TO AND FROM STORAGE LOCATION AS WELL AS REPROCESSING COSTS. b. RETURN THE EQUIPMENT IN LIKE OR BETTER OPERATING CONDITION AS RECEIVED. c. RETURN THE EQUIPMENT IN THE SAME CONFIGURATION AS RECEIVED AND WITH ALL ATTACHMENTS AND ACCESSORIES PROVIDED. d. LIMIT USAGE OF THE EQUIPMENT BY CONTRACT TO THE SPECIFIC PURPOSE AND TIME FOR WHICH RELEASED. e. OTHER <i>(Specify):</i>				
9a. DIPEC CERTIFICATE OF NON-AVAILABILITY NUMBER			9b. DATE OF CERTIFICATE	
10. REQUEST APPROVED BY				
a. TYPED NAME AND TITLE OF AUTHORIZED PERSON		b. SIGNATURE		c. DATE
<b>SECTION II - TO BE COMPLETED BY THE AGENCY HAVING CUSTODY OF ITEM</b>				
11. NAME OF AGENCY <i>(Bureau or Command and Department)</i>				
12. EQUIPMENT CURRENTLY ASSIGNED TO →	a. PROGRAM	b. PRODUCT		
13. PRESENT LOCATION			14. DEPARTMENTAL IDENTIFICATION NUMBER	
15. TRANSFER CONDITIONS <input type="checkbox"/> LOAN <input type="checkbox"/> REPLACEMENT			16. RETURN DATE	17. REPLACEMENT DATE
18. TYPED NAME AND TITLE OF AUTHORIZED PERSON			18a. SIGNATURE	18b. DATE
<b>SECTION III - TO BE COMPLETED BY AGENCY HAVING FINAL AUTHORITY TO AUTHORIZE OR DENY TRANSFER</b>				
19. <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> DENIED <input type="checkbox"/> ON REQUESTOR'S TERMS <input type="checkbox"/> ON CUSTODIAN'S TERMS				
20. TYPED NAME AND TITLE OF AUTHORIZED PERSON			20a. SIGNATURE	20b. DATE