

<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.		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> <i>a. FINANCE ALL COSTS TO AND FROM STORAGE LOCATION AS WELL AS REPROCESSING COSTS.</i> <i>b. RETURN THE EQUIPMENT IN LIKE OR BETTER OPERATING CONDITION AS RECEIVED.</i> <i>c. RETURN THE EQUIPMENT IN THE SAME CONFIGURATION AS RECEIVED AND WITH ALL ATTACHMENTS AND ACCESSORIES PROVIDED.</i> <i>d. LIMIT USAGE OF THE EQUIPMENT BY CONTRACT TO THE SPECIFIC PURPOSE AND TIME FOR WHICH RELEASED.</i> <i>e. OTHER (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