

**ATTACHMENT B**

**EQUIPMENT DISPOSAL/TRANSFER REQUEST FORM**

**I. ACTION INFORMATION**

Transfer to Agency

Local Sale

Other

**II. AGENCY INFORMATION**

EQUIPMENT FROM (Agency)			
ADDRESS	CITY	STATE	ZIP CODE

**III. EQUIPMENT INFORMATION**

ITEM	MAKE & MODEL
SERIAL NUMBER	GENERAL CONDITION
LOCATION	DATE REMOVED FROM SERVICE

IS THE FMV OF THE EQUIPMENT MORE THAN \$5,000?	Yes	No
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**IV. EQUIPMENT TRANSFER (If transferring to another MDOT funded agency prior to end of useful life.)**

TRANSFER TO (Agency)			
ADDRESS	CITY	STATE	ZIP CODE

**THE FOLLOWING INFORMATION WILL BE COMPLETED BY MDOT OPT**

RECEIVED BY PROJECT MANAGER	DATE
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