Department of Corrections
WASHINGTON STATE

☐ **EQUIPMENT TRANSFER** ☐ **LOAN**

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

Comments: _____

From: _____ To: _____
Facility/Location/Unit — 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

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 00-03, RCW 42.56, and RCW 40.14.**