Attachment I

Property Transfer Form BFM 50
**Property Transfer Form**

**Please read these instructions before proceeding.** Originating Custodian: Complete this entire form. Complete both the "Property Transferred From" and the "Property Transferred To" sections. Forward the white copy to BFM Property Unit.

Keep the gold copy for your records. Forward the yellow and pink copies with the property to the designated cost center.

<table>
<thead>
<tr>
<th>Item/Tag Number*</th>
<th>Description</th>
<th>Serial Number</th>
<th>Condition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
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<td>* If item has not yet been assigned a tag number.</td>
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<td>provide the purchase order number.</td>
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<td>1 = NEW</td>
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<td>2 = GOOD</td>
<td>* If you have any questions about the use of this form.</td>
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<td>3 = FAIR</td>
<td>or about transferring property, call the Property Section of BFM at (850) 488-1937 or Suncom 278-1937.</td>
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<td>4 = POOR</td>
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</table>

**Property Transferred To:** If transferring property to the DLES warehouse (54-01-15-50-900 C&M Industrial Plaza, Tallahassee, FL)

Check here ☐. If not, complete the box below.

Custodian Delegate: ____________________
Organization Code: 54 - __________ - __________ - __________
New location of property
Street Address: ____________________ City: __________

Signature of receiving Custodian: ____________________ Date: __________

ES Form BFM-50 (Rev. 7/98) White and Yellow - BFM Gold - Originating Cost Center Pink - Recipient's Cost Center
Attachment II

Certification of LES Surplus Property Form BAS 7001

Notification of Missing Property Form

Affidavit
**CERTIFICATION OF LES SURPLUS PROPERTY**

<table>
<thead>
<tr>
<th>LINE</th>
<th>INVENTORY CONTROL#</th>
<th>DESCRIPTION OF PROPERTY</th>
<th>CONDITION</th>
<th>SERIAL NUMBER</th>
<th>LES WAREHOUSE#</th>
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</table>

CONDITION OF PROPERTY: E-EXCELLENT; G-GOOD; F-FAIR; P-POOR; S-SCRAP

I HEREBY CERTIFY THIS PROPERTY AS SURPLUS

SUBMITTING CUSTODIAN SIGNATURE: __________________________

RECEIVING CUSTODIAN SIGNATURE: __________________________

CERTIFICATION REVIEWED AND APPROVED: ____________________ (PA II, GSS OR OMCM)

ORGANIZATION CODE: 54 - _______ - _______ - _______

PHYSICAL LOCATION: __________________________

CUSTODIAN DELEGATE: __________________________

TELEPHONE NUMBER: __________________________

SUNCOM NUMBER: __________________________

FAX NUMBER: __________________________

**BAS USE ONLY**

DATE: __________________________

DISPOSAL REVIEW BOARD
APPROVAL: __________________________

II(a)
All items of information MUST be completed. Use additional pages if sufficient space is not provided for your explanation.

Property Item No. ________________________________________________
Description _______________________________________________________
Serial No. ________________________________________________________

1. The property described above has been (check one):
   Lost ( )
   Stolen ( )
   Destroyed ( )

2. The last date & location this item was used or observed:____________

3. Date the item was discovered missing:______________________________

4. What are the circumstances leading up to the loss of this item?:______________________________

5. What steps were taken prior to the incident to secure the property?:______________________________

6. What steps have been taken to recover the property?:______________________________

7. What steps have been taken to prevent a similar loss from happening again?:______________________________

8. If stolen, is a legible copy of the police report attached?:______________________________

   Employee Signature:_____________________________________________
   Date:___________________________________________________________

Supervisory Review:
   Was this loss caused by negligence?_______________________________
   Comments:______________________________________________________

   Supervisor's Signature ___________________________________________
   Date __________________________________________________________

Property Office Review:
   ______________________________________________________________
   Property Office Signature _________________________________________
   Date __________________________________________________________
AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ________________________

Before me this day personally appeared ________________________
deposes and says that:
The Florida Department of Labor and Employment Security,
________________________ office located in _____________, Florida placed
“scrap items” listed on Certification Number _________ in _____________

Landfill
or donated items to the __________________________, a nonprofit/charitable
Organization.

In compliance with instructions, the scrap items were placed in the landfill or
donated to __________________________ on _____________.

______________________________
Signature

Signed and sworn to before me on
_____ day of _______________ 19___.

He/She is personally known to me or
has produced ______________ as
identification.

Notary’s Seal and Signature
Attachment III

Records Disposition Request Form LS5E107R4-93
# Records Disposition Request

**State of Florida**  
**Department of State**  
**Division of Library and Information Services**

**Form LS5E108A-83**

## Records Disposition Request

|-----------|-------------|-----------|

### 4. Address (Street, City, and Zip Code)

### 6. Contact (Name & Telephone Number)

### Submit To:
Florida Department of State  
Bureau of Archives and Records Management  
Mail Station SA  
The Capitol  
Tallahassee, FL 32399-0250

### 8. Submitted By:
I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name and Title

### 7. Bureau of Archives & Records Management Review

#### (For Division Use Only)

**Technician Review**  
**Analyst Review**  
**Archivist Review**  
**Supervisor Review**

### 9. Notice of Intention

The scheduled records listed in Item 9 are to be disposed of in the manner checked below (specify only one):

- a. Destruction
- b. Microfilming and Destruction
- c. Other

### 9. List of Record Series

<table>
<thead>
<tr>
<th>a. Schedule No.</th>
<th>b. Item No.</th>
<th>c. Title</th>
<th>d. Retention (Division Use Only)</th>
<th>e. Inclusive Dates</th>
<th>f. Volume in Cubic Feet</th>
<th>g. Disposition Action and Date Completed After Authorization</th>
</tr>
</thead>
</table>

* NOTE: FOR CONTINUATION USE FORM LS5E108 *

### 10. Dispositional Authorization (For Division Use Only)

Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

**Director, Division of Library and Information Services**

**Date**

### 11. Disposal Certificate

The above listed records have been disposed of in the manner and on the date shown in column g.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name and Title

Witness

**NOTE:** Upon disposition retain this form for your records.
9. LIST OF RECORD SERIES

<table>
<thead>
<tr>
<th>a. Schedule No.</th>
<th>b. Item No.</th>
<th>c. Title</th>
<th>d. Retention (Division use Only)</th>
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