

# Attachment I

Property Transfer Form BFM 50

Florida Department of Labor and Employment Security

### 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.

Property Transferred From: Custodian Delegate: \_\_\_\_\_  
 Org. Code: 54 - \_\_\_\_\_  
 Current location of property \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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: \_\_\_\_\_

# Attachment II

Certification of LES Surplus Property Form BAS 7001

Notification of Missing Property Form

Affidavit

**CERTIFICATION OF LES SURPLUS PROPERTY**

TO: \_\_\_\_\_ FROM: \_\_\_\_\_ PAGE: \_\_\_\_\_  
 \_\_\_\_\_ DATE: \_\_\_\_\_

ORGANIZATION CODE: \_\_\_\_\_  
 54 - \_\_\_\_\_  
 PHYSICAL LOCATION: \_\_\_\_\_  
 CUSTODIAN DELEGATE: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 SUNCOM NUMBER: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_

**BAS USE ONLY**

DATE: \_\_\_\_\_  
 DISPOSAL REVIEW BOARD  
 APPROVAL: \_\_\_\_\_

LINE #	INVENTORY CONTROL #	DESCRIPTION OF PROPERTY	CONDITION	SERIAL NUMBER	LES WAREHOUSE #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 )

FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
NOTIFICATION OF MISSING PROPERTY

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

NO. \_\_\_\_\_  
PAGE 1 OF \_\_\_\_\_ PAGES

1. AGENCY	2. DIVISION	3. BUREAU
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4. ADDRESS (Street, City, and Zip Code)	5. CONTACT (Name & Telephone Number)
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<p><b>SUBMIT TO:</b></p> <p>Florida Department of State Bureau of Archives and Records Management Mail Station 9A The Capitol Tallahassee, FL 32399-0250</p>	<p>6. 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.</p> <p>_____ Signature <span style="float: right;">Date</span></p> <p>_____ Name and Title</p>
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<p>7. BUREAU OF ARCHIVES &amp; RECORDS MANAGEMENT REVIEW <i>(FOR DIVISION USE ONLY)</i></p> <p>TECHNICIAN REVIEW _____</p> <p>ANALYST REVIEW _____</p> <p>ARCHIVIST REVIEW _____</p> <p>SUPERVISOR REVIEW _____</p>	<p>8. NOTICE OF INTENTION The scheduled records listed in Item 9 are to be disposed of in the manner checked below (<u>specify only one</u>):</p> <p><input type="checkbox"/> a. Destruction    <input type="checkbox"/> b. Microfilming and Destruction</p> <p><input type="checkbox"/> c. Other _____</p>
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### 9. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title	d. Retention (Division use Only)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date Completed After Authorization
<p>* NOTE: FOR CONTINUATION USE Form LS6E108 *</p>						

<p>10. DISPOSAL AUTHORIZATION <i>(FOR DIVISION USE ONLY)</i> Disposal for the above listed records is authorized. Any deletions or modifications are indicated.</p> <p>_____ Director, Division of Library and Information Services <span style="float: right;">Date</span></p> <p style="font-size: 2em; margin-top: 10px;">8</p>	<p>11. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.</p> <p>_____ Signature <span style="float: right;">Date</span></p> <p>_____ Name and Title</p> <p>_____ Witness</p> <p>NOTE: Upon disposition retain this form for your records.</p>
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# RECORDS DISPOSITION REQUEST (CONTINUED)

NO. \_\_\_\_\_  
PAGE \_\_\_ OF \_\_\_ PAGES

1. AGENCY

2. DIVISION

3. BUREAU

## 9. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title	d. Retention (Division use Only)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date Completed After Authorization
9						

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