

State of New Jersey
Department of Treasury
Bureau of Special Services (BOSS) Warehouse
E-Shredding approval of surplus
Hard Drives and other Data Storage/Electronic Devices

Department/Agency _____

Contact Name _____ Phone# _____ Fax# _____

REQUIREMENTS:

Complete and accurate forms must accompany drop off load at time of scheduled delivery to the Treasury BOSS Warehouse. Contact Boss.Warehouse@treas.state.nj.us to obtain drop off authorization. Any load not previously scheduled and approved will be rejected.

- Each Department/Agency must have an accurate count of items selected on bottom of this form for drop off.
- This form applies to all hard drives, cell phones/pda's/bb's, magnetic tapes, notebooks/tablets, floppy diskettes and/or any other data/electronic storage device which are declared as State surplus.
- This form must be filled out completely and authorized/certified by the Department's IT Director. Incomplete or unsigned forms will be returned to the department contact.
- The original signed form must accompany the shipment to the Warehouse or be given to the driver at the time of pickup.
- Any discrepancy between the count on this form and the physical count will result in refusal of the entire shipment.

This is a joint Division of Purchase & Property, Division of Property Management (BOSS), and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

I hereby approve the surplus declaration of _____ pieces of equipment meeting the above criteria:

Totals of each category

Hard drives	Cell phones/ PDA's/BB's	Magnetic Tapes/Tape reels	Floppy disks	Notebook/ tablets	Other (specify)

Departmental ITO certification _____ Date _____
(signature)

Print Name _____ Title _____

To be completed by owning Department/Agency representative and B.O.S.S. personnel at time of transfer. These signatures attest to count only.

Date Equipment Picked Up/Delivered _____ # of Pieces _____ Department Signature _____

Date B.O.S.S. Accepted Equipment _____ # of Pieces _____ B.O.S.S. Signature _____