State of New Jersey  
Department of Treasury  
Bureau of Special Services (BOSS) Warehouse  

_Surplus E-Shredding Approval Form_  

Department/Agency ____________________________________________________________________________  
  
Contact Name_________________________________Phone#______________Fax#_______________  
Email Address_________________________________  

**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 enter below an accurate count of items to be destroyed, selected from the 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 and Construction, and Office of Information Technology initiative to protect all personal, confidential and sensitive data from unauthorized access/use.  

I hereby approve the surplus/destruction declaration of _______ pieces of equipment meeting the above criteria:  

**Totals of each category**  

<table>
<thead>
<tr>
<th>Hard drives</th>
<th>Cell phones/ PDA’s/BB’s</th>
<th>Magnetic Tapes/Tape reels</th>
<th>Floppy disks</th>
<th>Notebook/ tablets</th>
<th>Other (specify)</th>
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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 _____ Dept. Signature________________________  

Date B.O.S.S. Accepted Equipment __________ # of Pieces _____ B.O.S.S. Signature____________________