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

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________________________