

**State of Maryland
Department of Public Safety and Correctional Services**

Equipment Identification Request

In accordance with state property regulations, please complete the following actions:

- Non-Capital Equipment - Affix un-numbered property tag. Complete and retain this form in file.**
- Capital Equipment - Within 5 business days, affix attached numbered property tag, complete form. Retain file copy.**

Date Sent: _____

Property Tag Number: _____ *Class/Subclass Codes: _____

Agency/Office Name: _____

Address: _____

Item Description: _____

Cost \$: _____ Quantity (Non-capital only): _____

Manufacturer: _____ Vendor: _____

Model Number: _____ Serial Number: _____

Acquisition Date: _____ Purchase Order No.: _____

Assigned to: _____

I certify the above-described equipment has been properly tagged and accounted for

Print name of Property/Accountable Officer or Designee Date

Signature of Property/Accountable Officer/Designee Date