

58-9001 R11/18

tion

Phoenix AZ 85007-3213

	Mail Drop 203B		
	Arizona Department of Transportati		
azdot.gov	206 S 17 th Ave		

ADOT ASSET TAG NUMBER	REQUIRED – RECEIVING ADDRESS AND CITY WHERE ASSET WILL BE LOCATED		SERIAL NUMBER		SCRIPTION OF DEVICE MAKE AND MODEL)		
Transfering Equipment Out							
Unit Number	Unit Name				Date		
Responsible Person Name (First, Middle, Last, Suffix)		Phone Nun	nber	Signature			
Courier							
Comments This section to be completed /signed by the technician picking up/receiving/delivering items noted on this Equipment Transfer Form: SDP request #							
Technician print name:	, of Un	it					
Receiving Equipn	nent						
Unit Number	Unit Name		Building Address and City Name		Date		
Responsible Person Name (First, M	iddle, Last, Suffix	Phone Nun	nber	Signature	·		
Fixed Assets							
Comments				Date	Signature		

EQUIPMENT TRANSFER