Print Form



BC Technology for Learning Society Unit #206, 6741 Cariboo Road Burnaby, BC V3N 4A3 Phone: 604-294-6886

Email: DonorRelations@ReuseTechBC.ca

Surplus Certification Report

(Once completed, a copy of the certification report should be sent by email to BC Technology for Learning Society and the original to be provided to the Program with the shipment)

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|---|------------------------------------|-----------|-----------------------|------------------|-----------------|---------------|
| Donor Inform | ation | | | | | |
| Department: | | | | | | |
| Section/Unit: | | | | | | |
| Address: | | | | | | |
| City: | P | Province: | | | Postal Code: | |
| Contact Name: | | | Contact Title: | C. | | |
| Phone Number: | | | Fax Number: | _ | | 3 |
| Consignee No: | | Custo | dian Report Number: | | | |
| Hardware Inventory (see attached list for asset equipment number) | | | | | | |
| Number of computer(s) and server(s) provided: | | | | | | |
| Number of laptop(s) provided: | | | | | | |
| Number of Monitor(s) provided: | | | | | | |
| Number of printer(s) provided: | | | | | | |
| Number of miscellaneous piece(s) provided: | | | | | | |
| Custodian Certification | | | | | | |
| I,certify that the material listed above is accurate, complete and in good condition. The equipment listed on this report is compliant with the Guideline for the Disposal of Federal Surplus Electronic and Electrical Equipment. | | | | | | |
| Signature: | Date: | | | | | |
| Department / Agency Security Certification | | | | | | |
| I,certify that all computers and laptop hard drives listed on this report have been electronically wiped of any protected or personal information, as per the requirements of the Treasury Board of Canada Secretariat Guide to Management of Material. | | | | | | |
| Signature: | Date: | | | | | |
| Transportation | on | | | | | |
| This section is to Schools Program | be completed by the transportation | company r | esponsible of deliver | ring the donatio | on equipment to | Computers for |
| Transportation (| Company: Date: | | | | | |
| Drivers Name :_ | Drivers Signature: | | | | | |