



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

Certificate of Property Disposal

Agency Name: _____

Agency No.: _____ **Document No.:** _____

Attention: _____

Contact E-mail Address: _____

Date: _____

____ A. The property identified below is authorized for cannibalization by the state Surplus Property Manager, who hereby authorizes the agency to perform the cannibalization.

____ B. The property identified below is authorized for destruction by the state Surplus Property Manager, who hereby authorizes the agency to perform the destruction.

____ C. Property that is scrap with material contents of lead, copper, brass, iron, etc., will be disposed of by sale to local scrap dealers at local prices. A signed copy of this "Certificate of Property Disposal" (CPD) must be returned to M&R along with any bid, scale ticket and/or checks made payable to Marketing and Redistribution for processing.

____ D. Property of resale value that is not feasible for transport to Marketing & Redistribution will be disposed of by Negotiated Sale with a minimum of three (3) bids, "as is, where is." A signed copy of this "Certificate of Property Disposal" (CPD) must be returned to M&R along with any bid, scale ticket and/or checks made payable to Marketing and Redistribution for processing.

____ E. The computer and electronic equipment identified on the attached list has been disposed of in compliance with the Memorandum of Understanding (MOU) between the Federal Bureau of Prison Recycle Division (UNICOR) and the Office of State Procurement, Marketing & Redistribution.

Christy Wilson

Christy Wilson, Director



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Certificate of Property Disposal

**Arkansas State Surplus
(Marketing and Redistribution)
6620 Young Road
Little Rock, AR 72209
(501) 565-8645**

Document number: _____ Date: _____

Please indicate below in what manner the property was disposed of:

***** Individuals with Supervisory or Managerial responsibility will sign this document. *****

Signed: _____ **Date:** _____

Cost Center: _____

Print Name: _____

Witnessed by: _____

Date: _____

Print Name: _____

Please return signed, complete form within thirty (30) days to:

Arkansas State Surplus (Marketing & Redistribution)

6620 Young Road, Little Rock, AR 72209

Please retain a copy for your records & auditing purposes