

**UNIVERSITY OF HAWAI'I**  
**ASSET RETIREMENT / DISPOSAL**  
**APPLICATION**

DATE: \_\_\_\_\_

ASSET REPRESENTATIVE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

To comply with state laws and regulations regarding disposal of government assets, please complete the following:

**1. Full description of property:**

| Asset Number | Decal Number | Description   | Purchase Price | Acquired Date<br>(mm-dd-yy) | Disposal Code * | Current Estimated Value |
|--------------|--------------|---------------|----------------|-----------------------------|-----------------|-------------------------|
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              |               |                |                             |                 |                         |
|              |              | <b>TOTAL:</b> |                |                             |                 |                         |

Number of items: \_\_\_\_\_

For **federally-owned property**, provide the following information:

- a) Grant and/or contract number:
- b) Written agency approval for property disposal should be attached, if required (Refer to APM A8.535 Disposal or Transfer)

**\* Disposal Code:** The primary reason for disposing of the property. **(List one code per item in Section 1.)**

| Code | Condition  |
|------|--|
| 1    | Sold   |
| 2    | Worn and unserviceable   |
| 3    | Lost or Missing  |
| 4    | Obsolete   |
| 5    | Salvage for Parts  |
| 7    | Theft (Attach <u>Report of Loss or Damage of State Property</u> & Police/Campus Security Report) |
| 8    | Trade-in (Attach <u>Report of Loss or Damage of State Property</u> )                             |
| 9    | External Transfer (to State Agency)  |
| B    | Damaged Beyond Economic Repair   |
| D    | Disaster   |
| E    | Exchange   |
| F    | Fire   |

2. Trade-In:

The following offers were received:

| Firm | Cost w/o Trade | Offer | Cost w/Trade |
|------|----------------|-------|--------------|
|------|----------------|-------|--------------|

Estimated current market value of property \$ \_\_\_\_\_

3. Request approval to:

- Dispose by destruction
- Salvage for parts
- Trade-in
- Transfer out of University
- Relief of accountability
- Other \_\_\_\_\_
- Dispose by sale

4. **Application to Dispose**

Application is hereby made for the disposal of government property under my custody and control. Pursuant to Chapter 130, subtitle II, title 3, Hawai'i Administrative Rules, I do solemnly swear and affirm the accuracy of this application.

\_\_\_\_\_  
Signature of Asset Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Officer

\_\_\_\_\_  
F.O. Code

\_\_\_\_\_  
Date

FOR O&M USE ONLY

**Approval to Dispose**

KFS Doc Number: \_\_\_\_\_

Approved by CAAO

Date: \_\_\_\_\_

CAAO approval date: \_\_\_\_\_

**Disposal Certification- Employee other than Asset Representative**

I certify that any mark, decal or tag has been removed and the property involved has been disposed of in the approved manner and that said property has not been directed or converted to improper use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Date

(When disposal certification is completed, return the original to O&M)

(O&M to attach completed form to KFS edoc)

Print

Reset