

**State of New Jersey  
Department of Treasury  
Division of Purchase & Property**

**Declaration of Removal of all Hard Drives and  
Other Data Storage Devices on Surplus Computer  
and other Electronic Devices**

Department \_\_\_\_\_ P.O. Box # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Requirements:**

**Completed forms must be sent to the Treasury Bureau of Special Services (B.O.S.S.) warehouse by fax (609) 588-0483 or email [boss.warehouse@treas.state.nj.us](mailto:boss.warehouse@treas.state.nj.us) to obtain approval to ship.**

- Each Department must "sanitize" all equipment capable of storing data by **physically removing** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology Policy [09-10-NJOIT](#), Information Disposal and Media Sanitization.
- This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, smart phones, and any other electronic device with data storage capabilities that is to be declared surplus.
- No arrangements may be made to drop off or have picked up any covered equipment until after approval by, and in coordination with, the B.O.S.S. warehouse staff.
- This form must be filled out completely and authorized/certified by the Department and its' IT Director. Incomplete or unsigned forms will be returned to the department contact.
- The original signed form must accompany the shipment to the warehouse or be given to the driver at time of pick-up.
- Any discrepancy between the count on this form and the physical count will result in refusal of the entire shipment. The discovery of any storage device in a shipment will result in refusal of the entire shipment. Should a drive be discovered in a shipment after delivery has been accepted, that entire shipment will be segregated and must be picked up by the owning agency within 48 hours.
- This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

**I hereby approve the surplus declaration of \_\_\_\_\_ pieces of equipment meeting the above criteria:**

Departmental/Agency approval \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**I hereby attest that all \_\_\_\_\_ pieces of equipment meeting the above criteria have been properly sanitized by physical removal of all storage devices/media.**

Information Technology Certification \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**To be completed by owning Department/Agency and B.O.S.S. personnel at time of transfer. These signatures attest to count only, not to absence of data storage devices.**

Date Equipment Picked Up/Delivered \_\_\_\_\_ # of Pieces \_\_\_\_\_ Department Signature \_\_\_\_\_

Date B.O.S.S. Accepted Equipment \_\_\_\_\_ # of Pieces \_\_\_\_\_ B.O.S.S. Signature \_\_\_\_\_



## Repurpose Sanitization Validation Form

Department \_\_\_\_\_ P.O. Box # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Requirements:**

- Each Department must “sanitize” all equipment capable of storing data by **purging** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology Policy [09-10-NJOIT](#), Information Disposal and Media Sanitization.
- This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, and any other electronic device with data storage capabilities that is to be declared surplus.
- This form must be filled out completely and authorized/certified by the Department and its' IT Director.
- This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

Item Description	Make/Model	Serial Number	Backup Made (Y/N)	Backup Location	Date Conducted	Validation Signature	Name	Phone #





## Media Destruction Form

Department \_\_\_\_\_ P.O. Box # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor Signature \_\_\_\_\_

Date Conducted \_\_\_\_\_ Conducted by \_\_\_\_\_

Sanitization Method Used: \_\_\_\_\_

**Requirements:**

**Completed forms must be filed by the Agency.**

- Each Department must “sanitize” all equipment capable of storing data by **destroying** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology [09-10-NJOIT](#), Information Disposal and Media Sanitization.
- This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, and any other electronic device with data storage capabilities that is to be declared surplus.
- This form must be filled out completely and authorized/certified by the Department and its’ IT Director.
- This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

Item Description	Make/Model	Serial Number	Backup Made (Y/N)	Backup Location	Date Conducted	Validation Signature	Name	Phone #





## Agency Onsite Pickup Media Sanitization Validation Form

Vendor Name:	Vendor Signature:
Organization:	
Item Description:	
Make/Model:	
Serial Number(s)/Property Number(s):	
Backup Made of Information: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Backup Location:	
Are the data contained on this media subject to a Legal Hold Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Item Disposition:  <input type="checkbox"/> Purge  <input type="checkbox"/> Destroy	Date Conducted: Conducted By: Phone #: Validated By: Phone #:
Sanitization Method to be Used (Example; Active Killdisk, incineration, etc.):	
Final Disposition of Media: <input type="checkbox"/> Disposed <input type="checkbox"/> Reused Internally <input type="checkbox"/> Reused Externally <input type="checkbox"/> Returned to Manufacturer <input type="checkbox"/> Other:	

**State of New Jersey**  
**Department of Treasury**  
**Bureau of Special Services (BOSS) Warehouse**  
**E-Shredding approval of surplus**  
**Hard Drives and other Data Storage/Electronic Devices**

Department/Agency \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**REQUIREMENTS:**

Complete and accurate forms must accompany drop off load at time of scheduled delivery to the Treasury BOSS Warehouse. Contact [Boss.Warehouse@treas.state.nj.us](mailto:Boss.Warehouse@treas.state.nj.us) to obtain drop off authorization. Any load not previously scheduled and approved will be rejected.

- Each Department/Agency must have an accurate count of items selected on bottom of this form for drop off.
- This form applies to all hard drives, cell phones/pda's/bb's, magnetic tapes, notebooks/tablets, floppy diskettes and/or any other data/electronic storage device which are declared as State surplus.
- This form must be filled out completely and authorized/certified by the Department's IT Director. Incomplete or unsigned forms will be returned to the department contact.
- The original signed form must accompany the shipment to the Warehouse or be given to the driver at the time of pickup.
- Any discrepancy between the count on this form and the physical count will result in refusal of the entire shipment.

This is a joint Division of Purchase & Property, Division of Property Management (BOSS), and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

I hereby approve the surplus declaration of \_\_\_\_\_ pieces of equipment meeting the above criteria:

**Totals of each category**

Hard drives	Cell phones/ PDA's/BB's	Magnetic Tapes/Tape reels	Floppy disks	Notebook/ tablets	Other (specify)

Departmental ITO certification \_\_\_\_\_ Date \_\_\_\_\_  
 (signature)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

*To be completed by owning Department/Agency representative and B.O.S.S. personnel at time of transfer. These signatures attest to count only.*

Date Equipment Picked Up/Delivered \_\_\_\_\_ # of Pieces \_\_\_\_\_ Department Signature \_\_\_\_\_

Date B.O.S.S. Accepted Equipment \_\_\_\_\_ # of Pieces \_\_\_\_\_ B.O.S.S. Signature \_\_\_\_\_