

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**REPORT OF EXCESS PERSONAL PROPERTY**

1. DATE	2. REPORT NUMBER	3. UNIT NAME	4. ATU	5. OPFAC
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**6. EXCESS PERSONAL PROPERTY INFORMATION**

(a) ITEM	(b) TAG NUMBER	(c) MAJOR CATEGORY	(d) MINOR CATEGORY	(e) MAKE/MODEL	(f) SERIAL NUMBER	(g) DESCRIPTION	(h) ACQUISITION COST

**7. PROPERTY DESCRIPTION** *(provide additional sheets if necessary)*

(a) Describe the item in detail, present condition, Disposal Code (1, 4, 7, X, or S), FSC Code, NSN, NIIN, repairs required to return to full services, DEMIL code (required), and anything else a potential owner/operator would want to know, etc. Unit to provide photo of asset.

(b) Have you completed and provided the supplemental form associated with the FSC code of the reported property?      Yes      No  
If no, complete the supplemental information before approvals.

8. Name of Property Custodian	Signature	Date
9. Name of Accountable Property Officer (APO)	Signature	Date

**10. REVIEW AND APPROVAL OF EXCESS PERSONAL PROPERTY**

(a) <b>COMMANDING OFFICER      OFFICER-IN-CHARGE      UNIT LEVEL SUPERVISOR</b>			Approved	Disapproved
Name	Title/Position	Signature	Date	
(b) <b>REGIONAL MANAGERS</b> <i>(specify)</i>			<b>N/A</b>	Approved      Disapproved
Name	Title/Position	Signature	Date	
(c) <b>PROGRAM</b> <i>(specify)</i>			<b>N/A</b>	Approved      Disapproved
Name	Title/Position	Signature	Date	
(d) <b>FINAL AUTHORITY</b> <i>(specify)</i>		<b>CO/OINC/UNIT LEVEL SUPERVISOR is Final Authority</b>		
Name	Title/Position	Signature	Date	

11. Disposal Instructions