

## EQUIPMENT CERTIFICATION FORM

**Department Name:** \_\_\_\_\_

**Custody Code(s):** \_\_\_\_\_

I hereby certify that the Equipment Register for the custody codes listed above has been examined, and each item physically verified and screened for excess. I attest to the accuracy of the information therein. Custody for all items has been acknowledged in compliance with UCD PPM [Section 350-55](#).

_____ <b>Department Head Signature</b>	_____ <b>Department Head Name</b>	_____ <b>Date</b>
_____ <b>Principal Investigator Signature*</b>	_____ <b>Principal Investigator Name</b>	_____ <b>Date</b>
_____ <b>Asset Representative Signature</b>	_____ <b>Asset Representative Name</b>	_____ <b>Date</b>

*\* A Principal Investigator Signature is only required if the equipment in the custody code(s) is acquired under the terms of a contract or grant.*

Please verify that the individuals signing the certification form match your department information on the EQ website. If not, please update these records at <http://accounting.ucdavis.edu/CA/CustCodeUpdate.cfm>.

UC Davis Capital Asset Accounting and Equipment Management Division will utilize this signed original (not faxed) affidavit as confirmation of physical inventory of the applicable equipment.

**Submit the completed form with original signatures to: A&FS Equipment Management**