

**UCDMC
EQUIPMENT CERTIFICATION FORM**

Department Name: _____

Cost Center(s): _____

I hereby certify that the Equipment Register for the cost centers 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](#).

Associate Director Signature **Associate Director Name** **Date**

Asset Representative Signature **Asset Representative Name** **Date**

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>.

The 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.