

For Forest Service Internal Use Only REQUEST FOR CANNIBALIZATION, MODIFICATION AND DEREGISTRATION OF FOREST SERVICE OWNED PROPERTY		
Property Report No.:		Date:
SECTION I – ACCOUNTABLE PROPERTY OFFICERS REPORT		
1. STATUS OF PROPERTY (check only one) <input type="checkbox"/> Unserviceable <input type="checkbox"/> Obsolete <input type="checkbox"/> Destroyed <input type="checkbox"/> Damaged	2. ACTION REQUESTED (check only one) <input type="checkbox"/> Cannibalize for Parts <input type="checkbox"/> Modify Item <input type="checkbox"/> Deregister Aircraft (initiate aircraft deregistration)	3. REPORTING ACTIVITY (Agency, address, phone, fax, and e-mail address)
4. QTY	5. ITEM DESCRIPTION AND OTHER DETAILS (include NFC ID No., Serial No.'s, model, manufacturer, year, acquisition date, current condition, and other pertinent details).	6. ORIGINAL ACQUISITION COST
7. EXPLANATION AND INTENDED USE OF THE ITEM (Describe what major components will be removed from the property item; list all items with an original estimated acquisition cost of \$5,000.00 or greater):		
8a. Printed name of custodian or appointee:	8b. Signature of custodian or appointee:	8c. Date:
SECTION II – FOREST SERVICE APPROVAL (complete 1 – 4 when applicable)		
1. Estimated date of completion (not to exceed four (4) years): 2. One-year extension requested date: 2a. Justification for extension: 3. Actual date of completion (not to exceed 5 years from approval date): 4. Carcass disposal report number:		
5a. Printed name of PMO:	5b. Signature of PMO:	5c. Date:
SECTION III – CERTIFICATION FOR COMPLETION OF CANNIBALIZATION, MODIFICATION, OR DEREGISTRATION		
I certify that cannibalization, modification, or deregistration action for item authorized in Section II was completed on this date:		
1a. Printed name of custodian or appointee:	1b. Signature of custodian or appointee:	1c. Date:
2a. Printed name of Witness:	2b. Signature of Witness:	2c. Date:
SECTION IV – CERTIFICATION OF PROPERTY AND FISCAL OFFICERS		
1a. <input type="checkbox"/> Yes, the necessary entries have been made to adjust property records. Signature of Property Management Officer:		1b. Date:
2a. <input type="checkbox"/> Yes, the necessary action has been taken to adjust the accounting records. Signature of Fiscal Officer:		2b. Date: