



New York State Correctional Officers & Police Benevolent Association, Inc.

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EQUIPMENT TRANSFER FORM

DATE: _____

I, (print name) _____ have received the following equipment listed below from (print name) _____. The equipment is in good working order unless noted below.

List all Equipment here (please print model and serial #):

1. _____
2. _____
3. _____
4. _____
5. _____

NOTES: _____

Signatures are required from both the individual taking possession of the equipment and the individual transferring the equipment.

Signature of New Equipment Holder

Signature of Old Equipment Holder