Dartmouth College Equipment/Asset Transfer Request Form

This request form must be completed whenever Dartmouth College equipment or other assets will be sold or otherwise transferred out of Dartmouth. If equipment/assets have a **value over $5,000 or for which money will be received**, the transaction must be processed through the Office of Procurement Services; in this case, the signatures indicated below should be collected first, and then the completed form should be sent to Fixed.Assets@Dartmouth.EDU. A Bill of Sale will then be issued to the buyer/transferee to complete the sale/transfer as a legal mechanism for cost recovery and/or for items with zero cost transfer. Transfers that do not meet the above criteria (i.e., **<$5,000 and no money will be received**) can be processed through the appropriate Dean’s office, in consultation with the Office of Sponsored Projects (OSP), as required, if grant funded. Transfers will follow the process outlined in the Office of Sponsored Projects Capital Equipment Transfer Guidelines ([http://www.dartmouth.edu/~osp/resources/manual/post-award/equiptransfer.html](http://www.dartmouth.edu/~osp/resources/manual/post-award/equiptransfer.html)) which only pertains to capital equipment purchased with sponsored project funds.

**Contact Information**

- **Name:** ____________________________________  
  **Dartmouth School:** ________________________
- **Phone #:** ________________________  
  **Hinman Mail Box #:** ________________________

**Reason for desired transfer (e.g., faculty move, item no longer needed, etc.):**

**Account to which funds received in exchange for transferred equipment should be deposited (include chart string):**

**Equipment Information**

**Description of equipment (or attach a spreadsheet with relevant information for each piece if multiple pieces):**

Protection of Dartmouth IP: Is the asset or equipment (or does the asset or equipment contain any part) designed, developed, or invented by Dartmouth faculty, staff or student(s) which is or could be patented, copyright written, trademarked, or considered trade secret(s)? (Yes or No):

- **Primary Investigator Initials:** _____________

Third-Party Rights: Does the asset or equipment contain any third-party licensed content or element which is exclusive to Dartmouth or which Dartmouth might otherwise lack the right to convey to the intended Buyer/Transferee? (Yes or No):

- **Primary Investigator Initials:** _____________

**Make:** ____________________________________  
**Model:** ____________________________________

**Serial #:** ____________________________________  
**Dartmouth Tag Number:** ________________________

**Dartmouth PI:** ________________________  
**Purchase Price and Year Purchased:** ________________________

**Current Market Value:** ________________________

**Grant funded?**
- **YES (if yes, provide sponsor name and grant #:)**: ____________________________________
- **NO (if no, describe source of funds):** ____________________________________
Buyer/Transferee Information

Institution/Company: ____________________________    Contact Name: ____________________________
Address: ______________________________________    Phone: ____________________________
Purchase Price (or include price for each piece in attached spreadsheet): ____________________________

Please Note *  Export Restrictions
Buyer must comply with all export laws, restrictions and regulations of the United States governing or relating to the equipment purchased. Buyer represents and warrants to Seller that Buyer is not procuring the product purchased under this Agreement with the intent to export such product in violation of US export control laws and regulations, and that Buyer is not a national or resident of any country subject to a US embargo, including without limitation Angola, Burma, Cuba, Iran, Iraq, Libya, North Korea, Sudan or Syria. For more information, go to https://www.dartmouth.edu/comply/export/index.html

Required Approvals

#1 Signature of Faculty/Staff Member requesting transfer (first signature required):
Name: ____________________________
Title: ____________________________
Date: ____________________________

#2 Signature of Department Chair (second signature required):  
Name: ____________________________
Title: ____________________________
Date: ____________________________

#3 Signature of OSP Director or designate (third signature required if grant funded):
Name: ____________________________
Title: ____________________________
Date: ____________________________

#4 Signature of Appropriate Fiscal Officer (Fiscal Officer signature required):
Name: ____________________________
Title: ____________________________
Date: ____________________________

#5 Signature of Director of Technology Transfer Office (Only for those items with IP consideration):
Name: ____________________________
Title: ____________________________
Date: ____________________________