

# ASPIRA CTC

## EQUIPMENT CUSTODY FORM

Directions: Please fill all blanks

### Tell Us About Yourself

Name \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Last MM DD YY

Address \_\_\_\_\_  
Street Apt. Number City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of your school \_\_\_\_\_

Equipment Description: \_\_\_\_\_

Required Date: \_\_\_\_\_

Projected Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose:  
\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that by accepting the custody of this equipment I am financially responsible for any damages or lost of the said property resulting from negligent operation, theft, transportation or care.**

Received by:  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Property Custodian: \_\_\_\_\_

Returned By: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that the above equipment was returned to me on the above date.**

Property Custodian: \_\_\_\_\_

Condition: \_\_\_\_\_