

Surplus Coordinator Application Form

Name: _____

Department: _____

Phone: _____ **Fax:** _____

E-mail: _____

NT user name: _____

*Please **DO NOT** include your NT password!*

Are you in charge of your department's Capital equipment? Yes_____ **No** _____

Do you have access to the Internet? Yes_____ **No** _____

Department Manager's signature: _____