

Restricted Item Disclosure Form

Applicant Information

Full Name

Organization / Department

Email Address

Date of Submission

Item Details

Item Name

Description of Item

Quantity

Purpose of Use

Intended Location of Use

Duration of Use

Handling and Storage Arrangements

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge and that I will comply with all applicable regulations governing restricted items.

Applicant Signature

Date