MARYLAND MILITARY DEPARTMENT
TURN-IN, TRANSFER, ISSUE FORM

ACTION DATE: ____________

1. Turning-in, Transferring, Issuing
   Unit/Armory/Person: _________________________________________
   Address: ___________________________________________________
   Telephone Number of POC/Armory Manager: ________________________

2. Action:  
   □ Turning in (Must have Excess Property Declaration Form)  
   (Found in MMD Reg 5-4)
   □ Transferring
   □ Issuing

3. Equipment Information:

<table>
<thead>
<tr>
<th>State Prop. Tag #</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Model #</th>
<th>Serial #</th>
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4. Receiving
   Unit/Armory/Person: _________________________________________
   Address: ___________________________________________________
   Telephone Number of POC/Armory Manager: ________________________
   Signature of Receiver: ______________________________________
   Print Name of Receiver: ________________________________

5. Keep copy and forward original to Joyce Sommer, Fifth Regiment Armory, Rm B-8.