Form # DPP-ASMA-003-2024
Approved 04-12-04
Revised 1-1-2024
Comm. of Prop. Proc.

GOVERNMENT OF THE U.S. VIRGIN ISLANDS

HOME USE AUTHORIZATION

Authorization No. _____

Department/Agency/Bureau | Division | Location

Name of User | Work Phone No. | Emergency Phone No.

Description of Equipment | Asset ID No./*Condition Code | Serial No.

Justification for Home Use:

To Be Returned:

☐ **Annual Renewal**

Date:

☐ Other:

User's Signature & Date:

Approved by (Sign & Date):

Print Name/Title:

Complete Upon Return of Equipment

☐ **The equipment listed above has been returned.**

User's Signature & Date:

Verified by (Sign & Date):

* Condition Code: _____

Print Name/Title:

Instructions for Initial Authorization: Complete and send original to the respective Agency Head's Office until the equipment is returned. The Departmental Accountable Officer should also retain a copy of this form.

Instructions for Return: Use retained original, complete bottom portion of form and return to the respective Agency Head's Office. The Departmental Accountable Officer should also retain a copy of this form.

***Condition Codes:**

E - Excellent **G - Good** **F - Fair** **P - Poor** **U - Unusable** **L - Lost** **S - Stolen** **X - Surplus**

PRINT IN DUPLICATE