DEMILITARIZATION CERTIFICATION AND VERIFICATION CERTIFICATE

For use of this form, see AR 700-144; the proponent agency is DCS, G-4.

I, _____ am an officer or employee of
(Name and Title of Prime or Subcontractor's Representative)

_____
(Name of Company)

responsible for ensuring demilitarization requirements have been accomplished. I certify that the items and quantities identified below were demilitarized in accordance with the Demilitarization Clause provided in procurement contract number _____ .

NSN or CAGE and P/N	ITEM NAME	QUANTITY

When an NSN is not available, the commercial and government entity (CAGE) code and the item's part number (P/N) will be used.
Note: Use as many lines as needed and number consecutive pages.

NAME AND TITLE OF CONTRACTOR REPRESENTATIVE CERTIFYING THE DEMILITARIZATION	SIGNATURE OF CONTRACTOR REPRESENTATIVE
NAME AND TITLE OF GOVERNMENT REPRESENTATIVE VERIFYING *(witnessing)* THE DEMILITARIZATION	SIGNATURE OF GOVERNMENT REPRESENTATIVE

WARNING: SIGNING A FALSE DEMILITARIZATION CERTIFICATE CONSTITUTES A FELONY AND MAY SUBJECT THE INDIVIDUAL TO CRIMINAL PROSECUTION.