UNIT DEMILITARIZATION CERTIFICATION AND VERIFICATION CERTIFICATE

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

I, _____

(Name, Grade and Unit of Certifying Individual)

certify that I performed the demilitarization of the items in the quantities identified below in accordance with DOD 4160.21-M-1.

I, _____

(Name, Grade and Unit of Verifying Individual)

verify that I witnessed the demilitarization of the items in the quantities identified below in accordance with DOD 4160.21-M-1.

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.

SIGNATURE OF INDIVIDUAL CERTIFYING THE DEMILITARIZATION

SIGNATURE OF INDIVIDUAL VERIFYING *(witnessing)* THE DEMILITARIZATION

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