

Requester Full Name:	Date of Request:
Date Needed By:	Location:
Duration of Project:	Responsible Party: (if different from requestor)
By signing this form I assume responsibility for the safety and integrity of the device provided. I will return the device at the end of the job project as designated in the request above, and communicate if project duration changes with an additional request or return of the device.	
Requestor Signature:	Date:
Supervisor Signature:	Approved: Denied:
IT Signature:	Date:

FOR IT USE ONLY

Starlink Version:	
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