

Certificate of Mutilation	
1. Items Mutilated	
Disposal Turn-In Document:	
Part Numbers or NSNs:	
Quantity:	
Description:	
2. Certification Statement	
<p>I certify that I am the U.S. person (U.S. Government employee or defense contractor personnel) that actually performed or witnessed the mutilation of the items listed in block 1 of this certificate to the point of scrap in accordance with Volume 2 of DoD Manual 4160.28.</p> <p>Signature (Certifier): _____ Date _____</p> <p>Printed Name and Grade or Rank: _____</p> <p>Title and Activity: _____</p> <p>Phone and Facsimile Numbers: _____</p> <p>Mailing and E-mail Addresses: _____</p>	
3. Verification Statement:	
<p>I verify that I am the U.S. Government employee (U.S. citizen) that verified the mutilation of the items listed in block 1 of this certificate by the person who signed the certification statement in block 2 of this certificate.</p> <p>Signature (Verifier): _____ Date _____</p> <p>Printed Name and Grade or Rank: _____</p> <p>Title and Activity: _____</p> <p>Phone and Facsimile Numbers: _____</p> <p>Mailing and E-mail Addresses: _____</p>	