Date:

|  |
| --- |
| **Certificate of Volatility** |
| **Model:**  | **Part Number:**  | **Manufacturer:**  |
| **Street Address:**  |
| **City:**  | **State:**  | **Zip:**  |
| Volatile Memory |
| **Does the item contain volatile memory (i.e., memory whose contents are lost when power is removed)?****[ ]  Yes [ ]  No** |
| **If the answer is ‘Yes’, please provide the following information for each type (use additional sheets if required):** |
| Type (SRAM, DRAM, etc.): | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Type (SRAM, DRAM, etc.):      | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Type (SRAM, DRAM, etc.): | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Non-Volatile Memory |
| **Does the item contain non-volatile memory (i.e., memory whose contents are retained when power is removed)?****[ ]  Yes [ ]  No** |
| **If the answer is ‘Yes’, please provide the following information for each type (use additional sheets if required):** |
| Type (BBRAM, Flash, EEPROM, etc.): | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Type (BBRAM, Flash, EEPROM, etc.): | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Type (BBRAM, Flash, EEPROM, etc.): | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
| Media |
| **Does the item contain media storage capability (i.e., removable or nonremovable disk drives, tape drives, memory cards, etc.)?****[ ]  Yes [ ]  No** |
| **If the answer is ‘Yes’, please provide the following information for each type (use additional sheets if required):** |
| Type (Disk, Tape, etc.):**Removable:****[ ]  Yes [ ]  No** | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Process to Sanitize:** |
|  |
| Additional functionality (RFID, Wireless)\* |
| **Does the item contain additional functionally which requires modification?****[ ]  Yes [ ]  No** |
| **If the answer is ‘Yes’, please provide the following information for each type (use additional sheets if required):** |
| Type (RFID, Wireless, etc.):**Removable:****[ ]  Yes [ ]  No** | **Size:**  | **User Modifiable:** **[ ]  Yes** **[ ]  No** | **Function:**  | **Sanitize Procedures:** |
| **Representative Information** |
| Name: | **Title:** | **Office Phone:** | **Fax/Email:** |
| Signature: |