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: | | | | | | | | | |