



## QuantiFit2™ \$1500.00 TRADE-IN FORM

OHD is pleased to offer a \$1,500.00 manufacturer's Trade-In discount towards the purchase of a new OHD QuantiFit2™ system. Please follow the instructions below to ensure a smooth transaction.

Instructions:

1. Fill out this form in its entirety. Send a copy to OHD along with your Purchase Order. Once both this completed form and the PO are received, OHD will ship your new QuantiFit2 system. Send orders to: [orders@ohdglobal.com](mailto:orders@ohdglobal.com) or fax: 205-980-5764
2. Pack your trade in unit for shipping **including a hard copy of this form**. In the event of multiple trade in units, only one hard copy form including all serial numbers is required.
3. Ship your trade in unit(s) to the address in the box below. Trade in units will be sent to OHD at your expense by carrier of your choice.
4. If your trade-in unit is not received within 30 days of completed form, OHD reserves the right to bill you for the \$1,500.00/trade in unit credit, plus applicable state and local sales taxes.

**Ship trade-in unit(s) to:  
OHD  
ATTN: Trade-Up Program  
2200 Resource Dr  
Birmingham, AL 35242**

Company Name:

Contact Name:

Phone:

e-mail:

# of Trade In Unit(S):

Quantifit

FitTester 3000

PortaCount

AccuFIT

Trade In Serial Number(s):

Signature:

*Daniel S. Duchon*

Date:

**Terms and Conditions:**

OHD reserves the right to cancel this program at any time. All trade-in submissions are subject to purchase validation. New instrument may not be returned for full purchase price once the trade-in has been fulfilled. Providing fraudulent or false information disqualifies this trade-in request. OHD reserves the right to deny and/or disregard any trade-in request. Please keep a copy of all submitted materials for your records.

**OHD Use Only**

QuantiFit2 Serial Number:

Date Shipped:



# Equipment Disposition Request Form

Arizona Department of Homeland Security

Applicable to equipment purchased with FFY2006-2014 grant funds.

## Subgrantee Information

Subagreement/Grant Number: 140400-02

Date of Request: 11/5/2024

Period of Performance: October 1, 2014 to September 30, 2015

Funding Source (i.e. SHSGP/UASI/OPSG): SHSGP

Award Amount: 12,600

Amount Reimbursed to Date: 12,600

Agency: Cochise County Emergency Management

Point of Contact: Daniel S. Duchon, Director

Email: [dduchon@cochise.az.gov](mailto:dduchon@cochise.az.gov)

Phone: (520) 432-9220

## Equipment Disposition Request Information

1. Provide a brief description of the equipment named for disposition (include Authorized Equipment List number) and **attach an updated Property Control Form**.

OHD Quantifit Fit Tester  
AEL #: 01AR-07-FTST

2. Date the equipment is scheduled for disposition.

11/26/2024

3. Explain reason for disposition.

Trade in for purchase of new Fit Tester (SHSGP 240400-01)

4. The assessed fair market value per unit of the equipment and a description of the supporting documentation (i.e., vendor estimate, Kelley Blue Book, auction agency) for determining the fair market value.

Trade in value of \$1,500  
See attached trade in quote from vendero

5. Please describe the procedures for equipment disposition including any proposed use of proceeds from the sale of named equipment. How will proceeds be used to support a federal program?

Equipment disposition handled per Cochise Procurement policy. Disposition of equipment will be approved by Board of Supervisors. Quote for new equipment is contingent upon trade in of old model.

**SUBMIT FORM AND ALL SUPPORTING DOCUMENTATION TO THE AZDOHS DESIGNATED STRATEGIC PLANNER FOR YOUR REGION.**

Subgrantee Property Control Officer

Printed Name

Date

Head of Agency/Authorized Official

Printed Name

Date

## For AZDOHS Official Use Only

Award Letter Date: \_\_\_\_\_

Subgrantee Agreement on File:  Yes  No

Planner Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Assistant Director/Planning Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Assistant Director/Finance Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

AZDOHS Recommendation and/or Comments: \_\_\_\_\_

Equipment Disposition Request:  Approved  Denied

Approved Equipment Disposition Description:

