**Equipment Request Form**

**Project Manager Name**

**Department/Affiliation** **USF Status**

**USF Email** **Phone Number**

**Have you had a consultation?  Yes  No**

*If “No” please request a consultation through the consultation request page.*

**Additional Equipment Users**

**Name**  **Department**

**USF Email**  **Phone Number**

**U Number**  **USF Status**

**Name**  **Department**

**USF Email**  **Phone Number**

**U Number**  **USF Status**

**Artec Eva**  **Artec Spider**  **Faro Arm** **Faro Focus**

**Photogrammetry** **Drone** **ActivTable**

**Have you and/ equipment users been trained on the equipment?  Yes  No**

*If “No” please request training through the training request page.*

**Date of Checkout** **Date of Return**

*NOTE: Only the Project Manager or registered users are able to physically sign in and out the equipment.*

**Project Location**

*Please list all cities and countries where the equipment will be used as well as the travel dates.*

**Project Abstract *(****100-150 words describing the general nature of your project and research question****)***