

DVD Request Form

Requestors Name: _____

Business Name: _____

Business Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

DVD Title(s): _____

Date(s) requested: _____

Policy

Mailing of DVD's shall be prohibited. All DVD's shall be loaned and returned in person between 8:00 am and 3:00 pm, Monday – Friday by the requestor at the Delaware Department of Labor's, Office of Safety and Health Consultation located at:

- 4425 N. Market Street, Wilmington, DE 19802
- 24 N.W. Front Street, Milford, DE 19963

Requestor's signature upon this form for receipt of DVD(s) shall acknowledge that the requestor shall take full responsibility for care and condition of DVD(s). Requestor shall be responsible for reimbursement of the full value of any DVD returned damaged or missing upon inspection by designated Office of Safety and Health Consultation personnel. Requestor shall be subject to criminal prosecution by the Delaware Department of Labor in and for the State of Delaware for not returning DVD's by the specified due date not to exceed 14 days from the loan date.

Requestor shall comply with the Title 17, United States Code, Copyright Law of the United States governing the reproduction of copyrighted materials. DVD's available for loan are written and produced by private institutions, associations and companies that have copyrighted their material.

Section for Department of Labor Use

Issued

Department of Labor Employee Name: _____ Date: _____

Requestors Signature: _____ Date: _____

Facility: Fox Valley _____ Milford _____

Returned

Department of Labor Employee Name: _____ Date: _____

Requestors Signature: _____ Date: _____

Requestor shall agree to provide a photocopy of their driver/operator license prior to receiving the DVD.

License photocopy attached Yes _____ No _____