## **BIDDER ONLINE MAINTENANCE USER ID REQUEST**

OFFICE OF MANAGEMENT AND BUDGET CENTRAL SERVICES - STATE PROCUREMENT OFFICE

## **INTERNAL USE ONLY**

| Date          | Initials |
|---------------|----------|
| Bidder Number |          |

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to Section 6109 of the Internal Revenue code if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification **only** and will not be disclosed to the public.

| *Indicates Required Field                                                                                                                                                                                                                                      |                                                              |                                             |                 |                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|-----------------|--------------------|--|
| *Bidder Information – Provide the below information                                                                                                                                                                                                            | on to request a desired user I                               | ogin ID to update an e                      | xisting "Active | " bidder profile.  |  |
| *Bidder Name                                                                                                                                                                                                                                                   |                                                              |                                             |                 |                    |  |
| *Bidder Number                                                                                                                                                                                                                                                 | *ND Se                                                       | *ND Secretary of State System ID Number     |                 |                    |  |
| *Tax Identification Number                                                                                                                                                                                                                                     | OR                                                           | OR Social Security Number                   |                 |                    |  |
| *Physical Business Address                                                                                                                                                                                                                                     |                                                              |                                             |                 |                    |  |
| *Street Address                                                                                                                                                                                                                                                | *City                                                        | *City                                       |                 | *ZIP Code          |  |
| *Contact Information – Provide the contact information                                                                                                                                                                                                         | ation of the person you would                                | d like designated to ma                     | ake account ch  | anges.             |  |
| *Contact Name                                                                                                                                                                                                                                                  | *Teleph                                                      | *Telephone Number                           |                 | Ext.               |  |
| *Contact Email Address                                                                                                                                                                                                                                         | *Desire                                                      | *Desired User ID                            |                 |                    |  |
| *Street Address                                                                                                                                                                                                                                                |                                                              | *City                                       |                 | *ZIP Code          |  |
| Does this Contact Information replace an existing cont  No Yes - Name of contact to be deleted from                                                                                                                                                            |                                                              |                                             |                 | <u> </u>           |  |
| Affidavit By completing, signing, and filing this form the applicate knowledge and is in no way misleading; (2) ensures the should any data change in the future; (3) Your signature Maintenance User ID Request. This request will be rej                     | nat correct information will be re establishes that you have | immediately forwarde authority to make char | d to the State  | Procurement Office |  |
| <ul> <li>Placement on the bidders list does not guarantee small purchases.</li> <li>If notice of a solicitation is returned as undeliveral</li> <li>Be sure your email filters are set to receive incom From: ND State Procurement Office [infospot</li> </ul> | ole, that bidder/vendor may bing emails from our office.     |                                             |                 |                    |  |
| Subject Line: Notice of North Dakota State Pi                                                                                                                                                                                                                  | rocurement Opportunity                                       |                                             |                 |                    |  |
| *Signature                                                                                                                                                                                                                                                     |                                                              |                                             |                 |                    |  |
| *Printed Name                                                                                                                                                                                                                                                  | *Title                                                       |                                             | *Teleph         | one Number         |  |
| *Signature of Authorizing Agent                                                                                                                                                                                                                                | 1                                                            |                                             | *Date           |                    |  |
|                                                                                                                                                                                                                                                                |                                                              |                                             |                 |                    |  |

## Return completed form by mail to:

State Procurement Office 14th Floor Capitol Tower 600 East Boulevard - Dept 012 Bismarck, ND 58505-0310 Return completed form electronically to:

Email: infospo@nd.gov Fax: (701) 328-1615 Questions:

Website: <a href="https://www.nd.gov/omb/vendor">www.nd.gov/omb/vendor</a> Telephone: (701) 328-2683