

**Mississippi Certified Purchasing Office  
Application for Governing Authorities**

Date Submitted: \_\_\_\_\_

\_\_\_\_\_ Initial Application      \_\_\_\_\_ Renewal Application

Expiration Date of Current Certification: \_\_\_\_\_

Name of Agency/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How many Purchasing Agents are employed by the Agency/Entity? \_\_\_\_\_

How many Purchasing Agents are certified? \_\_\_\_\_

What percentage of Purchasing Agents is certified? \_\_\_\_\_ (must be 50% or more)

List all Purchasing Agents: (attach additional pages if needed)

Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approval for Certified Purchasing Office and Qualified Cooperative Contracts in accordance with policies and procedures set forth in the Mississippi Procurement Manual.

\_\_\_\_\_  
Director of Marketing and Audit

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Expiration Date