

Certified Mississippi Purchasing Agent Application Form

PLEASE READ APPLICATION THOROUGHLY, COMPLETE ALL SECTIONS, PRINT OR TYPE

RETURN TO: purchasingandtravel@dfa.ms.gov

Purchasing

Purchasing Agent/Official definition: any person duly authorized to enter into and administer contracts and make written determinations with respect thereto. The term also includes an authorized representative acting within the limits of authority. If a person has the authority to issue purchase orders, issue invitations to bid, receive and accept bids, negotiate contract clauses, etc., they should be considered a purchasing agent for the purposes of this policy.

A. PERSONAL INFORMATION

Date Submitted: _____

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ (check one if applicable)

Name: Last _____ First: _____ M.I. _____

Agency: _____ Official Position/Title: _____

Work Address: _____

City: _____ Zip Code: _____ County: _____

Work E-mail: _____

Work Phone: (____) _____ Work Fax: (____) _____

OPTFM USE ONLY	
_____	_____
Approved	Date

B. LIST YOUR CLASS DATE BY FIRST, SECOND, OR THIRD CHOICE (see OPTFM website for dates)

_____ 1st Choice _____ 2nd Choice _____ 3rd Choice

PLEASE CHECK ONE **NEW** **RECERTIFICATION**

C. WORK EXPERIENCE:

List current public purchasing position on the first line below. List other previously held procurement related positions on subsequent lines. You must be currently employed in a public purchasing position, to qualify for the Certified Mississippi Purchasing Agent program. **To ensure that you meet the current experience criteria, include an official job description with this application.** Applications without the Official Position Description will not be considered until such time as they are provided. If the position description does not list purchasing responsibilities, a working position description will be required to complement the official position description and to substantiate purchasing functions. A working position description must be signed and dated by your immediate supervisor.

RESUMES ARE NOT ACCEPTABLE AS A SUBSTITUTE FOR OFFICIAL OR WORKING POSITION DESCRIPTIONS.

Dates Employed (From mm/yy to mm/yy)	Employer	City/State	Official Title

D. AFFIRMATION STATEMENT

I hereby affirm that the statements and information set herein are true and correct, and that any falsification or willful misstatements or omissions intended to mislead the State of Mississippi Office of Purchasing, Travel and Fleet Management will forfeit my right to certification as a Certified Mississippi Purchasing Agent. I also hereby affirm that I have read or will read the Procurement Manual prior to attending the class.

Signature of Applicant

Date