Mississippi Certified Purchasing Office Application for State Agencies

9/1/15

Date Submitted:		
Initia	I Application Renewal Application	
Expiration Date of Current Certificat	ion:	
Name of Agency/Entity:		
Address:		
City/State/Zip:		
Person Completing Form:		
	Fax Number:	
Email Address		
and make written determinations with r acting within the limits of authority. If a bid, receive and accept bids, negotiate for the purposes of this policy.) How many Purchasing Agents are e How many Purchasing Agents are c	ertified as a CMPA	
What percentage of Purchasing Age	ents holds a UPPCC certification? (must be 50% or more)	
List all Purchasing Agents: (attach a	additional pages if needed)	
Name and Title:		
Phone No.:	Email:	
CMPA Certification Date		
UPPCC Certification No.:	Expiration Date:	
Name and Title:		
Phone No.:	Email:	
CMPA Certification Date		
UPPCC Certification No.:	Expiration Date:	
Name and Title:		
Phone No.:	Email:	
CMPA Certification Date		
UPPCC Certification No.:	Expiration Date:	

		9/1/15
Name and Title:		
Phone No.:	Email:	
CMPA Certification Date		
UPPCC Certification No.:	Expiration Date: _	
Application must be signed by Exec	cutive Head of agency or his/h	er designee.
Executive Director		Date
Approval for Certified Purchasing O policies and procedures set forth in		
Director of Marketing and Audit	Approval Date	Expiration Date
Please return this form along with a	copy of UPPCC certificate(s)	to:
Office of Purchasing, Travel and Fle 701 Woolfolk Building Suite A 501 North West Street Jackson MS 39201	et Management	