



SRM Training Registration Form

Please complete the document below and obtain your supervisor signature to Register for the **SRM Procurement Process** with DGS BOP. Once the form is approved, scan and email the form to the RA-PA-GSTraining@pa.gov mailbox.

Registration Information
First Name:
Last Name:
Employee Number:
Work Phone:
Email:
Course Name and Registration Date:
SRM Procurement Information
Please confirm your SRM role below. <input type="checkbox"/> SRM Agency Purchaser <input type="checkbox"/> Other _____
Note: If you ONLY have the Requisitioner role, you cannot take this course.
Approval
Supervisor Name (Print):
Supervisor Signature (In Ink):
<u>BOP Training Only</u>
Prerequisite Course Completed on _____