



**PA State Agency for Surplus Property
Update Representative Certification Form**

LEGAL NAME AND MAILING ADDRESS OF APPLICANT ORGANIZATION:

Federal EIN: _____ **Name of Organization** _____

Mailing Address, City State Zip _____ **Telephone Number** _____

Name and title of Chief Executive of Organization (Please Print)

THE FOLLOWING ASSIGNED REPRESENTATIVES ARE EMPLOYEES OF OUR ORGANIZATION AND DESIGNATED TO:

- A. Acquire Federal Surplus Property
- B. Obligate necessary funds for this purpose
- C. Execute distribution documents agreeing to terms, conditions, reservations, and restrictions applying to property obtained through the agency.

ADD-ON/ REPRESENTATIVE **DELETE/ REPRESENTATIVE**

<u>Name</u>	<u>Title</u>	<u>E-Mail Address</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF CHIEF EXECUTIVE

DATE