

FORMS MANAGEMENT PROGRAM APPOINTMENTS

FMC 105 (REV. 9/2009)

DEPARTMENT OF GENERAL SERVICES
 OFFICE OF STATE PUBLISHING
 FORMS MANAGEMENT CENTER
 344 North 7th Street
 Sacramento, CA 95811 or IMS P-6
 Phone: (916) 324-9697 or (916) 323-0311
 Fax: (916) 376-6340

Government Code Section 14772 and the State Administrative Manual (SAM) Section 1705 require each department to appoint a Forms Management Representative, who in turn appoints a Departmental Forms Coordinator to represent the department's Forms Management Program. See SAM Section 1700 for more information about the State Forms Management Program.

DEPARTMENTAL FORMS COORDINATOR INFORMATION


				REQUIRED FIELD	
				AGENCY BILLING CODE	
<i>Please type or print.</i>					
NAME (Last Name First)			TITLE		
DEPARTMENT NAME					
DIVISION			UNIT, BUREAU, OR SECTION		
STREET ADDRESS (Number, Street, Room Number/Mail Stop)			(City)	(State and 9-digit ZIP Code)	IMS CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS			

FORMS MANAGEMENT REPRESENTATIVE INFORMATION

<i>Please type or print.</i>					
NAME (Last Name First)			TITLE		
DEPARTMENT NAME					
DIVISION			UNIT, BUREAU, OR SECTION		
STREET ADDRESS (Number, Street, Room Number/Mail Stop)			(City)	(State and 9-digit ZIP Code)	IMS CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS			

AUTHORIZATION TO BE COMPLETED BY DEPARTMENT DIRECTOR

The individuals named above have been appointed to manage and maintain the State Forms Management Program within this department.

DEPARTMENT DIRECTOR (Please type or print)		TELEPHONE NUMBER ()
E-MAIL ADDRESS		
DEPARTMENT DIRECTOR'S SIGNATURE 		DATE SIGNED