

Note: See the State Contracting Manual, Volume 2, Chapter 1, Topic 1 for instructions on completing this Part A.

Purchasing Authority is Requested for Procurement Activities Conducted by:	
Agency	
Department	
Sub-Department	

Current Purchasing Authority Number(s), if applicable:	
Number(s)	

Procurement and Contracting Officer		New PCO <input type="checkbox"/> / PCO Info. Revision <input type="checkbox"/>
Name		
Title		
Office		
Mailing Address		
Physical Address		
Phone & Fax		
E-mail Address		
IMS Code		
<i>I, the Procurement & Contracting Officer, state my understanding of and commitment to my responsibilities as the department's Procurement and Contracting Officer, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II. My signature certifies that I have assessed and determined that my department meets all requirements as specified in Public Contract Code (PCC) 10333 (a) for the requested purchasing authority dollar threshold levels; that I have assessed and determined that my department is capable of purchasing at the requested purchasing authority dollar threshold levels, and that my department is in full compliance with all requirements as specified in PCC 12100 et seq.</i>		
Signature of Procurement & Contracting Officer (must match the name above)		Date

Non-Information Technology Purchasing Authority Contact		New Contact <input type="checkbox"/> / Contact Info. Revision <input type="checkbox"/>
Name		
Title		
Office		
Mailing Address		
Physical Address		
Phone & Fax		
E-mail Address		
IMS Code		
<i>I, the Non-Information Technology Purchasing Authority Contact, state my understanding of and commitment to my responsibilities as the department's Non-Information Technology Purchasing Authority Contact, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II.</i>		
Signature of Non-Information Technology Purchasing Authority Contact (must match the name above)		Date

Information Technology Purchasing Authority Contact		New Contact <input type="checkbox"/> / Contact Info. Revision <input type="checkbox"/>
Name		
Title		
Office		
Mailing Address		
Physical Address		
Phone & Fax		
E-mail Address		
IMS Code		
<i>I, the Information Technology Purchasing Authority Contact, state my understanding of and commitment to my responsibilities as the department's Information Technology Purchasing Authority Contact, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II.</i>		
Signature of Information Technology Purchasing Authority Contact (must match the name above)		Date