



# NOTIFICATION OF CHANGE

STATE OF NORTH DAKOTA  
SFN 53654 (5-2007)

## FOR REGISTRY USE ONLY

|      |               |
|------|---------------|
|      | Date          |
| Name | Vendor Number |

In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification **only** and will not be disclosed to the public.

### 1. \*Firm's Name

**COMPLETE, SIGN AND MAIL OR FAX**

|                   |
|-------------------|
| Firm's Legal Name |
|-------------------|

### 2. Doing Business As (D.B.A.) or Also Known As (A.K.A.)

|  |
|--|
| Doing Business As (D.B.A.) or Also Known As (A.K.A.) |
|--|

### 3. \*Federal Identification Number or Social Security Number

|                               |    |                        |
|-------------------------------|----|------------------------|
| Federal Identification Number | Or | Social Security Number |
|-------------------------------|----|------------------------|

### 4. Web Site Address/URL Change

|                             |                          |
|-----------------------------|--------------------------|
| Former Web Site Address/URL | New Web Site Address/URL |
|-----------------------------|--------------------------|

### 5. Vendor Address Change

| Former Address |       |          | New Address |       |          |
|----------------|-------|----------|-------------|-------|----------|
| Address 1      |       |          | Address 1   |       |          |
| Address 2      |       |          | Address 2   |       |          |
| Address 3      |       |          | Address 3   |       |          |
| City           | State | Zip Code | City        | State | Zip Code |

### 6. Type of Address

|                 |
|-----------------|
| Type of Address |
|-----------------|

### 7. Contact Person Change

|                               |                            |
|-------------------------------|----------------------------|
| Name of Former Contact Person | Name of New Contact Person |
| Title                         | Title                      |

### 8. Telephone Number and Email Change

|                           |                         |                        |                      |
|---------------------------|-------------------------|------------------------|----------------------|
| Former Business Telephone | Former Toll-Free Number | New Business Telephone | New Toll-Free Number |
| Former Fax Number         | Former Business E-mail  | New Fax Number         | New Business E-mail  |

### 9. Direct Deposit (ACH) Change

| *Former Account     |                        | New Account         |                        |
|---------------------|------------------------|---------------------|------------------------|
| Bank Name           | Bank Account Type      | Bank Name           | Bank Account Type      |
| Account Title       |                        | Account Title       |                        |
| Bank Account Number | Routing Transit Number | Bank Account Number | Routing Transit Number |

### Affidavit

By completing, signing, and filing this request, the vendor applicant: (1) certifies that the person signing this document is a duly authorized officer of this company and that the information given above is current and true to the best of their knowledge and in no way misleading; (2) ensures that correct information will be immediately forwarded to the Vendor Registry should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

### 10. \*Signature (Required)

|   |       |
|---|-------|
| Signature   | Date  |
| Please type or print the name of the person signing above | Title |

The Office of Management and Budget, State of North Dakota, complies with Title VI of the Civil Rights Acts of 1964, as codified in 42 U.S.C. 2000D, which states that: No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. The Office of Management and Budget, State of North Dakota, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its program or activities and is in compliance with ADA (American with Disabilities Act of 1990) 42 U.S.C. 12101.

Mail or Fax to: ND Vendor Registry Office  
State Procurement Office  
14th Floor Capitol Tower  
600 East Boulevard Ave Dept 012  
Bismarck ND 58505-0310  
Fax 701-328-0108

### Notification of Change Instructions

The following instructions are to assist in the completion of the General Vendor Notification of Change. Asterisked (\*) sections or items are mandatory and require completion. Sections or items that have no asterisk are optional. Mandatory sections or items that are not filled in constitute an incomplete application that will be returned to the Vendor applicant.

1. **\*Firm's Legal Name:** This information is mandatory.
2. **Doing Business As (D.B.A. or Also Known As (A.K.A):** If your firm operates under a D.B.A. or A.K.A., this information is mandatory.
3. **\* Federal Identification Number or Social Security Number:** This information is mandatory.
4. **Web Site Address/URL Change:** Complete only if there is a change to the existing information.
5. **Address Change:** Enter both your former address and the new address that replaces it.
6. **Type of Address:** Enter the type of address you are changing.
7. **Contact Person Change:** Enter the person who is to be removed and enter the new contact person. If it is just an addition to what exists, enter the new contact.
8. **Telephone Number and Email Changes:** Enter the telephone number and/or email that needs to be removed and then enter the information that is replacing it.
9. **ACH (Automated Clearing House) Information:** \*If you should choose to make this change all the information is mandatory, except for the Account Title. To change your ACH information, enter the information you would like removed in the 'Former' boxes, then enter the ACH information you would like to replace it in the 'New' boxes.
10. **\*Signature:** It is mandatory that this request be authenticated by signature and by (the same) typed or printed name of a duly authorized officer of the company. The form will be returned if not authenticated accordingly.

Questions concerning this application can be sent to [spovendor@nd.gov](mailto:spovendor@nd.gov).