NOTIFICATION OF CHANGE

OFFICE OF MANAGEMENT AND BUDGET
CENTRAL SERVICES - STATE PROCUREMENT
SFN 54308 (3-2012)

VENDOR REGISTRY USE ONLY

Date	Initials
Vendor Number	

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to section 6109 of the Internal Revenue Code 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.

Please note: The first page of this form can be used by all payees to change their address or contact information. The bottom portion regards changes for bidders registered with the North Dakota State Procurement Office. All payees must sign the form on the second page before changes will be made by North Dakota Vendor Registry.

COMPLETE, SIGN AND MAIL OR FAX

*Legal Name (As registered with IRS or SSA) Individual or Sole Proprietorship, enter your Last Name, First Name, and Middle Initial

Trade Name - If Doing Business As (D.B.A.) or business name of Sole Proprietorship

*Taxpayer Identification Number (TIN) - **Provide Only One**

If you are an Individual or Sole Proprietor, please enter your Social Security Number (SSN). If you are a partnership or corporation, please enter your Federal Employer Identification Number (FEIN or EIN). This number must belong to the Legal Name listed above. See instructions on next page for Sole Proprietorships.

Federal Employer Identification Number – | Or | Social Security Number – –

***A change in either your name or taxpayer ID number requires a new Substitute IRS Form W-9, (**http://www.nd.gov/eforms/Doc/sfn53656.pdf**) not this form.**

Payee Address Change

Please designate the type of change you are making:

☐ Changing an existing address (Complete Parts A and B)

☐ New address in addition to existing (Complete Part B Only)

Part A: Former Remittance Address			**Part B: New Remittance Address**		
Address 1			Address 1		
Address 2			Address 2		
Address 3			Address 3		
City	State	ZIP Code	City	State	ZIP Code

Changes in bank information for Direct Payment need to be completed on SFN 51620, (http://www.nd.gov/eforms/Doc/sfn51620.pdf) **not this form.**

Bidder Profile Changes

Bid Contact Information - Person designated to receive solicitation notices. If you would like multiple recipients, please attach additional information on a separate piece of paper. ***Indicates required field for Bid Contacts only.**

*Contact Name (if different than Legal Name)	*Telephone Number	Fax Number
*Business E-mail	Company Website Address	

Does this Bid Contact Information replace an existing bid contact?

☐ No ☐ Yes - Name of Contact To Be Deleted from Bidder Profile:

In the event of an electronic transmission failure, specify the address where the solicitation notice should be mailed.

*Address	*City	*State	*ZIP Code

Commodity Code Changes

Enter codes to receive solicitation notices pertaining to state bid opportunities. Once registered, you may elect to maintain your Bidder Profile using our online application, SPO Online. Visit our website to find available commodity codes at www.nd.gov/spo and click on the SPO Online link. If you have more codes to add, please attach a separate piece of paper listing the additional codes. The codes provided below will not replace your existing codes, but will only add additional commodity codes to your profile.

Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass	Add 5-digit Code Code & Subclass

Affidavit

By completing, signing, and filing this form the payee applicant: (1) appoints the ND Secretary of State as its true and lawful agent or service of process in this state upon whom may be served all lawful process in any action or proceeding against the vendor if the vendor or its registered agent cannot be found for service of process in this state; (2) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (3) ensures that correct information will be immediately forwarded to Vendor Registry should any data change in the future; and (4) authorizes all payments to be automatically deposited into the financial institutions listed herein.

Signature of Payee or Bidder

Signature of Authorizing Agent	Date	Telephone Number
Printed Name	Title	

Return completed form by mail to:

State Procurement Office
600 E. Boulevard Ave Dept 012
14th Floor Capitol Tower
Bismarck ND 58505-0310

Return completed form electronically to:

Fax: (701) 328-1615
Email: infospo@nd.gov

Questions:

Telephone: (701) 328-2683
Website: www.nd.gov/spo

For Bidders Only:

The State Procurement Office - Bidder Registration will notify you by email within 24-48 hours upon receipt as to the status of any bidder changes. If you do not receive an email confirmation or you have questions, please contact the State Procurement Office by any of the contact information listed above.

Instructions for Payees and Bidders

Do not send these instructions with your completed form. The following instructions are to assist in the completion of this form. Asterisked (*) sections and fields are mandatory and require completion.

Purpose of Form
This form is to be used by vendor payees that receive monies from the State of North Dakota as well as registered bidders who wish to add/ change bid contact information or commodity codes. Do not use this form if the company name (D.B.A. or legal) has changed or if the Taxpayer Identification Number has changed.

***Legal Name**
Individuals: Fill in the name as shown on your income tax return.
Businesses: Fill in the name as shown on your business IRS filing.
Changes in Legal Name require a Substitute IRS Form W-9 (SFN 53656).

Trade Name
Individuals: Leave blank.
Businesses: If you firm operates under another name, state it here.

***Taxpayer Identification Number**
Individuals: Enter the social security number (SSN) that matches the legal name.name.
Sole Proprietors: Enter the social security number (SSN) or the Federal Employer Identification Number (FEIN) that matches the legal name.
All Other Businesses: Enter the Federal Employer Identification Number (FEIN) that matches the legal name.
Changes in TIN or FEIN requires a new Substitute IRS Form W-9 (SFN 53656).

Address Change
This form can be used to add additional addresses for payments or to change an existing address we have on file for you. This area is not to be confused with the Bidder's contact information.

Bid Contact Information
Enter the name and contact information for the person designated to receive solicitation notices. If you would like to designate multiple recipients please list name, business address, telephone number, fax number, and email address on a separate piece of paper.

Commodity Codes
Enter codes to receive solicitation notices pertaining to state bid opportunities. Once registered, you may elect to maintain your bidder profile using our online application, SPO Online. Visit our website to find available commodity codes at www.nd.gov/spo and click on the SPO Online link. If you have more codes to add, please attach a separate piece of paper listing the additional codes. All codes should consist of a 5-digit class and subclass format to be valid.

Affidavit
Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

Signature
Establishes that you are a U.S. person, or resident alien with authority to make changes as designated on this form for this payee change or bidder profile. The application will be rejected if not authenticated accordingly.