



# BIDDER ONLINE MAINTENANCE USER ID REQUEST

OFFICE OF MANAGEMENT AND BUDGET  
SHARED SERVICES - STATE PROCUREMENT OFFICE  
SFN 62267 (07-2024)

## INTERNAL USE ONLY

Date	Initials
Bidder Number	

**\*Indicates Required Field**

**\*Bidder Information** - Provide the below information to request a desired user login ID to update an existing "Active" bidder profile.

*Bidder Name	
*Bidder Number	*ND Secretary of State System ID Number
*Tax Identification Number	OR Social Security Number

### \*Physical Business Address

*Street Address	*City	*State	*ZIP Code
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**\*Contact Information** - Provide the contact information of the person you would like designated to make account changes.

*Contact Name	*Telephone Number	Extension
*Contact Email Address	*Desired User ID	
*Street Address	*City	*State *ZIP Code
Contact details above replaces an existing contact <input type="checkbox"/> No <input type="checkbox"/> Yes - Name of contact to be deleted from bidder profile:		

### Affidavit

By completing, signing, and filing this form the applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) ensures that correct information will be immediately forwarded to the State Procurement Office should any data change in the future; (3) Your signature establishes that you have authority to make changes on this Bidder Online Maintenance User ID Request. This request will be rejected if not authenticated accordingly.

- Placement on the bidders list does not guarantee a vendor will receive notice of every solicitation over the amount established for small purchases.
- If notice of a solicitation is returned as undeliverable, that bidder/vendor may be removed from the state bidders list.
- Be sure your email filters are set to receive incoming emails from our office.

From: *ND State Procurement Office [infospo@nd.gov]*

Subject Line: *Notice of North Dakota State Procurement Opportunity*

### \*Signature

<input type="checkbox"/> By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.		
*Printed Name	*Title	*Telephone Number
*Signature of Authorizing Agent		*Date

Return completed form to: [infospo@nd.gov](mailto:infospo@nd.gov)

### Questions:

Website: [www.nd.gov/omb/vendor](http://www.nd.gov/omb/vendor)

Telephone: (701) 328-2683

**Privacy Act Notice:** In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's Social Security Number (SSN) 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 SSN will be used for identification **only** and will not be disclosed to the public. Failure to provide the SSN may delay the processing of the request.