

## REQUEST TO ADD OR UPDATE VENDOR IN CTRAK

**INSTRUCTIONS:** Please make sure that all *required* fields have the appropriate information. After completing the form, select "Submit Form" to send it directly to Contract Services Division via e-mail. Be sure to clear the form by selecting "Clear Form" after submitting and do not save.

### FOR CONTRACT ADMINISTRATOR USE ONLY

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Bureau/Division: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Request to:            Add a New Vendor            Update an Existing Vendor

**To add a new vendor, please provide the following:**

Vendor Name \_\_\_\_\_

Vendor Type (Required):

- |  |  |
|--|--|
| AERO – Aeronautics                                 | BRGA – Bridge Authority                  |
| CMCL – Commercial Consultant                       | GVAG – Governmental Agency               |
| MDIT – MI Dept. of Information Technology          | MPO – Metropolitan Planning Organization |
| MTIC – Maintenance                                 | NPRF – Non-Profit Vendor                 |
| REAL – Real Estate                                 | RPO – Regional Planning Organization     |
| TRANS – Transit Agencies (railroads, buses, etc.)  | UNIV – University                        |
| OTHR – Vendor that does not fit any category above |  |

Federal ID # (Required): \_\_\_\_\_ - \_\_\_\_\_

Contact Vendor Name (Required): \_\_\_\_\_

Address Vendor Name (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**For Vendor Update, please identity the change(s) below:**

# CONSULTANT DATA AND SIGNATURE SHEET

		DATE
INDIVIDUAL/FIRM	FED. I.D. NO	

## CERTIFICATION AFFIDAVIT

The undersigned affirms they have read and understand all statements and supporting documentation submitted in this application package, and that everything is true and correct and includes all material information necessary to identify and explain the operations of \_\_\_\_\_.

PRINT OR TYPE NAME, SAME AS SIGNATURE BELOW	TITLE	
AUTHORIZED SIGNATURE	DATE	

NOTARY SEAL	SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF 20	
	SIGNED	
Notary Public in and for the		

NAME OF CORPORATION		
ADDRESS		
CITY	STATE	ZIP CODE
STATE IN WHICH INCORPORATED		



**CERTIFICATE OF SECRETARY**

The undersigned, being the duly elected secretary of \_\_\_\_\_  
a \_\_\_\_\_ corporation, hereby certifies that the following resolution  
was duly adopted by the Board of Directors of said corporation at a meeting held on \_\_\_\_\_,  
and that this resolution is in full force and effect.

“RESOLVED, that the following listed persons are hereby authorized to sign, for \_\_\_\_\_  
any contract with the State of Michigan or other governmental entity.”


SIGNATURE OF SECRETARY	DATE
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