

AGENCY ALP CERTIFIED BUYER DATA UPDATE

Please photocopy this form to save it for future use.

Complete this form when any change in your information occurs. Submit the completed copy to OSP at the address below.

Previous Information:

Name _____ Employee ID: _____

Agency _____ Division _____

Address _____

City _____ ZIP _____

Phone # _____ Fax # _____

Email Address _____

Agency Dept./Div. Code _____

Current Information:

Name _____ Employee ID: _____

Agency _____ Division _____

Address _____

City _____ ZIP _____

Phone # _____ Fax # _____

Email Address _____

Agency Dept./Div. Code _____

Return the form to:
OSP Training Coordinator
Office of State Procurement
112 Administration Building
50 Sherburne Avenue
St. Paul, MN 55155
Fax: 651.297.3996
OSP.Training.Coordinator@state.mn.us