

FEDERAL SURPLUS PROPERTY CENTER  
2830 SW Kanza Drive TOPEKA, KS 66606  
PHONE (785) 296-2351  
FAX (785) 296-4060

**AUTHORIZED REPRESENTATIVES**

**I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:**

\_\_\_\_\_  
*Name Of Organization*

\_\_\_\_\_  
*Mailing Address ( P.O. Box #, Street, City & State)*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Street Address / Location (If Different From Mailing Address)*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*County*

( ) \_\_\_\_\_  
*Telephone #*

( ) \_\_\_\_\_  
*Fax #*

**II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:**

- A. Acquire Federal Surplus Property;
- B. Obligate necessary funds for this purpose; and
- C. Execute Distribution Documents agreeing to terms, conditions, reservations, and restrictions applying to property obtained through the agency.

III. \_\_\_\_\_ **NEW DESIGNATIONS**  
(Delete all previous authorizations)

\_\_\_\_\_ **ADDITIONAL DESIGNATIONS ONLY**  
(Add to previous authorizations)

**IV. REPRESENTATIVES: The "Authorized Official" can not be the only signature, one additional signature is required.**

<i>records</i>	<i>Name</i>	<i>Title</i>	<i>Each Representative must sign for our</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. CERTIFICATION:**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Of Authorized Official*

\_\_\_\_\_  
*Title*