

REQUEST FOR REGISTRATION OF A COUNTY CONTRACT PURCHASING SYSTEM

(Cooperative Purchasing Form CCCP-1917)

Return completed Form with all documentation to:

Cooperative Purchasing
Division of Local Government Services
PO Box 803
Trenton NJ 08625-0803

System Name: _____

Lead Agency: _____

This is to certify that the requirements of *N.J.S.A. 40A:11-1 et seq.* and *N.J.A.C. 5:34-.1 et seq.* are understood and the System is in compliance with them.

Original

Signature: _____

Name: _____

Title: _____

Phone: _____

Date: _____

Address: _____

Approved:	<input type="checkbox"/>
Disapproved:	<input type="checkbox"/>

Action Effective: _____

Identifier: _____

Received: _____

Expires: _____