

**REQUEST FOR REGISTRATION OR MODIFICATION OF A COMMODITY RESALE SYSTEM**  
(Cooperative Purchasing Form CP-2060)

**RETURN COMPLETED FORM TO:**

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

<b>SYSTEM NAME</b>	<b>ACTION REQUESTED</b>									
	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><b>SYSTEM</b></td> <td style="text-align: center;"><b>MEMBER(S)</b></td> <td style="text-align: center;"><b>COMMODITY(S)</b></td> </tr> <tr> <td style="text-align: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;">Register    Renew</td> <td style="text-align: center;">Add    Delete</td> <td style="text-align: center;">Add    Delete</td> </tr> </table>	<b>SYSTEM</b>	<b>MEMBER(S)</b>	<b>COMMODITY(S)</b>	<input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/>	Register    Renew	Add    Delete	Add    Delete
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Register    Renew	Add    Delete	Add    Delete								
<b>LEAD AGENCY</b>	<b>MEMBER(S)</b>									

**COMMODITY(S) TO BE SOLD**

<input style="width: 30px; height: 30px;" type="checkbox"/> Gasoline	<input style="width: 30px; height: 30px;" type="checkbox"/> Diesel Fuel	<input style="width: 30px; height: 30px;" type="checkbox"/> Snow Removal Chemicals	<input style="width: 30px; height: 30px;" type="checkbox"/> Public Works Materials
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**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 proposed activity is in compliance with them.**

<b>ORIGINAL SIGNATURE:</b> _____  <b>NAME:</b> _____  <b>TITLE:</b> _____  <b>PHONE:</b> _____  <b>DATE:</b> _____	<b>E-MAIL ADDRESS:</b> _____  <b>ADDRESS:</b> _____ _____ _____
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**FOR USE BY THE DIVISION OF LOCAL GOVERNMENT SERVICES**

<input style="width: 30px; height: 30px;" type="checkbox"/> APPROVED	<b>RECEIVED:</b>	<b>REGISTRATION EXPIRES:</b>
<input style="width: 30px; height: 30px;" type="checkbox"/> DISAPPROVED	<b>APPROVAL EFFECTIVE:</b>	<b>IDENTIFIER:</b>