

# New Mexico State Agency for Surplus Property

## Authorized Representatives

### I. Legal Name & Mailing Address of Applicant Organization

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address (P.O. Box Number, Street, City)

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Street Address Location (if different from mailing address)

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

### II. The following Representatives are Designated to:

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

### III. New Designations

(Delete all previous authorized)

### Additional Designations only

(add to previous authorized)

### IV. Representatives:

Name

Title

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### V. Certification:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official