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

Chose one of the following:  
NEW (REPLACE CURRENT REPRESENTATIVE)  
ADD (ADD ADDITIONAL AUTHORIZED REPRESENTATIVES)  

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:  
__________________________________________________________________________  
Name of Organization                     Phone Number  
__________________________________________________________________________  

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. REPRESENTATIVES: The “Authorized Official” cannot be the only signature, one additional signature is required.  
EACH REPRESENTATIVE MUST SIGN FOR OUR RECORDS  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

Name:_________________________ Title:_________________________  
(Typed or Printed) (Typed or Printed)  
Signature:____________________ E-mail:____________________  

IV. CERTIFICATION:  

Date                     Typed/Printed of Authorized Official  
_________________________  
Signature of Authorized Official