Request to Procure "Brand Name Only" Division of Purchasing (DOP)

E-mail Completed Request Form to: DOP at purchasing@adm.idaho.gov

Age	ency Purchasing Representative (name):	
E-n	nail/Phone:	
Naı	me of Agency:	
Red	quest for the Purchase of:	
Naı	me of Manufacturer (Brand Name):	
wri pro	tten determination that the requirement ducts must be competitively bid to the g ckground and Justification (attach addit	name specifications may be utilized if the administrator or designee makes a for the brand name is justified, based on the needs of the State. Brand name reatest extent practicable. ional sheets as needed; include a statement that confirms the item is not datory use) contract AND include specific details about the research you
performed to determine that there are no equivalent products and/or how you confirmed that similar items would not meet your requirements):		
_	ency Certification: The information prov requirement for a brand name specifica	ided above is true and accurate to the best of my knowledge, and supports tion, in the best interest of the State:
Age	ency Requestor (signature):	Date:
Agency Purchasing Representative (signature): Date:		
***	**********	***************
	Approved Rejected DC	P Administrator Signature
	DC	P Administrator Printed Name
	Da	te