

STATE OF MISSOURI  
 MISSOURI STATE AGENCY FOR SURPLUS PROPERTY  
 P.O. DRAWER 1310  
 JEFFERSON CITY, MO 65102  
 573-751-3415 or 888-295-7796  
[http:// www.oa.mo.gov/purch/surplus.html](http://www.oa.mo.gov/purch/surplus.html)

**PUBLIC SALE NOTIFICATION APPLICATION**

Listed below are various types of State of Missouri surplus property that may be sold by sealed bid or On-line auction at various locations throughout the State of Missouri. If you are interested in bidding on any of these items, please place a check mark in the space provided. We ask that you check only the items on which you would be interested in bidding.

**SEALED BIDS/ON-LINE AUCTIONS:**

- |   |   |
|---|---|
| ( ) 1. Automobiles, Trucks, Buses, Vans                             | ( ) 6. Computers and Accessories  |
| ( ) 2. Boats, Outboard Motors, Boat Trailers                        | ( ) 7. Appliances   |
| ( ) 3. Agricultural Machinery and Equipment                         | ( ) 8. Scrap Metal  |
| ( ) 4. Office Furniture and Fixtures                                | ( ) 9. Hardware, Maintenance and Shop Equipment                         |
| ( ) 5. Office Machines, Printing, Copying and Duplication Equipment | ( ) 10. Photographic Equipment, Communications Equipment, Lab Equipment |

I request to be placed on the active bidder's list for the types of items checked above. I understand if I do not respond after receiving two (2) bid invitations, I may be deleted from the active bidder's list.

**E-mail notifications will be the only notifications that will be sent for sealed bids and auctions.**  
**An e-mail address must be supplied in space provided below.**

Once the form is completed, you can e-mail back to Michelle Collier at [michelle.collier@oa.mo.gov](mailto:michelle.collier@oa.mo.gov) or fax to 573-526-8489.

I am registering as:				<input type="checkbox"/> Individual	<input type="checkbox"/> Company
Company Name In Full			Tax ID Number		
First Name ( <b>Please Print</b> )		MI	Last Name		
Address		City		State	Zip Code
Name of Employer		Home Phone		Work Phone	
Mobile Phone Number (If Applicable)		Fax Number (If Applicable)		E-Mail Address	
Signature				Date	