

Del Mar College

ORP Representative Acknowledgment

INSTRUCTIONS:

1. Vendor should complete this and mail to **Human Resources Office, Benefits and Training, Del Mar College, 101 Baldwin Blvd., Corpus Christi, TX 78404** or Fax to (361) 698-1134.
2. Human Resources will provide written acknowledgment to the vendor. New representatives may not contact College employees until after the vendor has been notified that the representative is accepted by the College.

PRIMARY CONTACT:

<hr/> <i>Name: First, Last</i>	<hr/> <i>Company</i>	
<hr/> <i>Telephone Number (include toll free)</i>	<hr/> <i>Fax Number</i>	<hr/> <i>E-mail address</i>

REPRESENTATIVE DESIGNATOR(S):

<hr/> <i>Name: First, Last</i>	<hr/> <i>Company</i>	
<hr/> <i>Telephone Number (include toll free)</i>	<hr/> <i>Fax Number</i>	<hr/> <i>E-mail address</i>

REMITTANCE CONTACT:

<hr/> <i>Name: First, Last</i>	<hr/> <i>Company</i>	
<hr/> <i>Telephone Number (include toll free)</i>	<hr/> <i>Fax Number</i>	<hr/> <i>E-mail address</i>

REPRESENTATIVE(S)BROKER(S):

<hr/> <i>Name: First, Last</i>	<hr/> <i>Company</i>	
<hr/> <i>Telephone Number (include toll free)</i>	<hr/> <i>Fax Number</i>	<hr/> <i>E-mail address</i>

I certify that the representative(s)\broker(s) listed on of this form have current Series 7 license issued by NASD.

I further certify that all prospective representatives\broker(s) will receive a copy of the College ORP Vendor Specifications and will abide by all College solicitation restrictions and procedures set forth in them. I will not nor will any other representatives of this company intentionally present any false or misleading information regarding any product(s) offered by my company or any other vendor.

I understand that failure to follow the Vendor Specifications will result in the loss of privilege(s) to market ORP and/or TDA products to College employees.

<i>SIGNATURE</i>	<i>DATE</i>
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SECTION II

I hereby request approval for the appointment of the above-named individual(s) to represent my company to eligible College employees in connection with the ORP Program. I certify that I forwarded to the representative(s) a copy of the College Vendor Specifications for the ORP Program. I understand that my company is responsible for ensuring this individual(s) complies with all College requirements stated in the Vendor Specifications.

<i>SIGNATURE</i>	<i>PRINT NAME OF REPRESENTATIVE DESIGNATOR/PRIMARY CONTACT</i>	<i>DATE</i>
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