

Formatted NOTARIZED LETTER – Format on Company Letterhead

Date: [INSERT]

[Insert signatory name]

[Insert signatory title]

[Insert entity Legal Name]

[Insert entity Legal Address]

Federal Service Desk

ATTN: Sam.gov Registration Processing

100 Capitol Commerce Blvd Ste 309

Montgomery, AL 36117-4260

Re: Notarized Letter regarding SAM Activation for: [Insert Company Legal Name associated with DUNS], [Insert Company Physical Address associated with DUNS], DUNS #: [INSERT DUNS #]

The purpose of this notarized letter is to designate [Insert name of Entity Administrator] as Entity Administrator for [Insert Legal Business Name]. I, [Insert Name and Title of signatory], hereby confirm that [Insert name of Entity Administrator] is an authorized officer, agent, or representative of [Insert entity Legal Business Name, or, for individuals representing themselves, say him/herself]. This letter will authorize [Insert name of Entity Administrator] to have access to the System for Award Management (SAM). SAM is a computer system managed by the U.S. Government, and it is only accessible by individuals who are either authorized to represent a particular entity, or by individuals representing themselves. Accessing or using SAM, or information contained therein, for any unauthorized or illegal purposes, may have civil and criminal penalties, and may negatively impact the status of the SAM registration maintained on this entity. I, the below-signed, attest to the accuracy of all information contained in this letter.

The Entity Administrator's full contact information is the following:

[FULL NAME]

[PHONE NUMBER]

[ADDRESS]

[EMAIL ADDRESS]

The Entity Administrator has an individual SAM User Account created with the email address provided above.

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of [insert entity Legal Business Name].

Respectfully,

[Signatory name]

[Insert title – President/CEO/or other authorized signature authority]

[Insert entity legal business name]

State of [Insert State Name]

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (name of officer or agent, title or officer or agent) of \_\_\_\_\_ (name of corporation acknowledging) a \_\_\_\_\_ (state or place of incorporation) corporation, on behalf of the corporation.

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type and # of ID \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Signature Notary)

\_\_\_\_\_  
Name of Notary Typed, Stamped or Printed  
Notary Public, State of [Insert State Name]