



Pennsylvania Department of Education

PIMS Voluntary Vendor Participation Program Form

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Software Information – complete a separate form for each product and each version.

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***Product Name:** _____ ***Version:** _____
***Certification Period (October, January, April, August):** _____

Hardware Platform: _____ **Operating System(s):** _____
Hardware Platform: _____ **Operating System(s):** _____
SIF certified? ___ No ___ Yes, SIF version _____

Contact Information

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Company Representative's Name:
Telephone: _____ **Fax:** _____
Email: _____
Technical Representative's Name:
Telephone: _____ **Fax:** _____
Email: _____
***PIMS Administrator's Name:**
Company Telephone: _____ **Fax:** _____
Email: _____

** By submission of this document, we hereby grant the Pennsylvania Department of Education permission to post the fields marked with an asterisk (*) on the PAsecureID website and agree to provide updates to the Pennsylvania Department of Education to keep contact information current.*

Name of company representative authorized to submit this form

Date

Title of representative authorized to submit this form

Telephone and/or email

Please return via email to: RA-PIMSHelp@state.pa.us