SOUTH DAKOTA OFFICE OF HIGHWAY SAFETY REQUEST FOR SOLE SOURCE PURCHASE

Date:	
Requesting Entity:	
Contact Name:	Phone #
Item/Service to be Purchased:	
Suggested Vendor:	
Reason for Requesting Sole Source Purchase (check all that apply)	
 ☐ Item must match existing equipment ☐ Item is a repair part for existing equipment ☐ Item is to be attached to existing equipment ☐ Technical characteristics of the requested item are essential to our needs ☐ Other manufacturers of this type of product do not meet our minimum require ☐ No other manufacturer of this type of product exists ☐ Other (please specify) 	
Provide an explanation for the reasons checked above.	
Explain the process you used to choose the requested item or service. Include a li	ist of vendors contacted.
Email completed form to amanda.hossle@state.sd.us , mail completed form to Safety - 118 W Capitol Ave - Pierre SD 57501, or fax to 605-773-6893. For questions of the complete states o	
South Dakota Office of Highway Safety Recommendation (to be completed by	y OHS):
 □ Sole source justification is adequate – purchase is authorized without competit □ Sole bid received through advertised, formal bid process – purchase is authoriz □ Sole source justification is inadequate – see explanation below □ Sole source justification is inadequate, however purchase is authorized in the book of South Dakota – see explanation below 	zed without further bids
SDOHS Explanation of Recommendation:	
☐ Approved ☐ Disapproved	

SD Office of Highway Safety Signature

Date