



DOCUSIGN CONTRACT & SUPPLEMENT SIGNATURE DESIGNATION FORM

PLEASE INDICATE WHO WILL COMPLETE THE ACTION ITEMS LISTED BELOW:	CONTACT INFORMATION
Review/Approve Document: (This action item is optional)	Name: Title : Email:
Sign as "Consultant" on Signature Page: (Required)	Name: Title : Email:
Sign as "Attest" on Signature Page (if applicable): (Required)	Name: Title : Email:
Complete Contract Attachments: (Required)	Name: Title : Email:
Sign Contract Attachments (if not same as above): (Required)	Name: Title : Email:
Attach Certificate of Liability Insurance (for Base Contracts): (Required)	Name: Title : Email:
Attach Corporate Seal (if applicable): (This action item is optional)	Name: Title : Email:

PLEASE NOTE:

Once all signature routing is complete for a document, all designated recipients will receive a fully executed copy and notification from DocuSign.

Please be aware this is NOT an official ODOT Notice to Proceed (NTP).

The Contract Administrator will issue an official ODOT NTP after contract/supplement final processing and full funding (as applicable) has been secured.

Signature

Date