

## VENDOR REGISTRATION

Vendor Code <input type="text"/> - <input type="text"/>	Vendor Business Contact * <input type="text"/>	Contact Phone * <input type="text"/>	
Legal Business Name * <input type="text"/>		Date <input type="text"/>	
Business Street Address * <input type="text"/>			
City * <input type="text"/>	State * <input type="text"/>	Zip Code + 4 * <input type="text"/>	Foreign Zip Code <input type="text"/>
Country <input type="text"/>	Business Phone * <input type="text"/>	FAX Number <input type="text"/>	Toll Free Number <input type="text"/>
Company Web Address <input type="text"/>			
E-mail Address * If none, enter "N/A". <input type="text"/>			
<b>SECTION A VENDOR MAILING ADDRESS (Please complete if different from business address.)</b>			
Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip Code + 4 <input type="text"/>	Foreign Zip Code <input type="text"/>
<b>SECTION B VENDOR SHIPPING ADDRESS (Please complete if different from business address.)</b>			
Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip Code + 4 <input type="text"/>	Foreign Zip Code <input type="text"/>
<b>SECTION C VENDOR REMITTANCE ADDRESS (Required to be completed.)</b>			
Address * <input type="text"/>			
City * <input type="text"/>	State * <input type="text"/>	Zip Code + 4 * <input type="text"/>	Foreign Zip Code <input type="text"/>
Accounts Receivable Contact Name * <input type="text"/>	Phone Number * <input type="text"/>	FAX Number <input type="text"/>	

**SECTION D BUSINESS CLASSIFICATION [SELECT ONE]**

By submitting this form vendor certifies that their business size classification is correctly shown as defined by FAR part 19 and the Small Business Administration <http://www.sba.gov/> **All Business Classifications with " \* " must be SBA Certified.**

- |  |   |
|--|---|
| <input type="checkbox"/> AA - Small Disadvantaged Business                           | <input type="checkbox"/> AB - *Small Disadvantaged Business 8(a)                        |
| <input type="checkbox"/> AC - Small Disadvantaged Woman-Owned                        | <input type="checkbox"/> AD - *Small Disadvantaged Woman-Owned 8(a)                     |
| <input type="checkbox"/> AE - Small Business   | <input type="checkbox"/> AF - Small Woman-Owned   |
| <input type="checkbox"/> AG - Large Business   | <input type="checkbox"/> AH - Small Business Native American Control                    |
| <input type="checkbox"/> AI - Educational Institution                                | <input type="checkbox"/> AJ - Non-Profit Institution                                    |
| <input type="checkbox"/> AK - State/Local/Government/Utility                         | <input type="checkbox"/> AL - Business Located Outside U.S.                             |
| <input type="checkbox"/> AM - Federal Government Agency                              | <input type="checkbox"/> AN - U.S. Location/Foreign Owner/Control                       |
| <input type="checkbox"/> AO - Small Woman-Owned Native American                      | <input type="checkbox"/> AP - Native American-Owned                                     |
| <input type="checkbox"/> AQ - Other Government Contractor                            | <input type="checkbox"/> AT - *Small Disadvantaged Woman-Owned HUBZone                  |
| <input type="checkbox"/> AU - *Small Disadvantaged Woman Owned 8(a) HUBZone          | <input type="checkbox"/> AV - *Small Business HUBZone                                   |
| <input type="checkbox"/> AW - *Small Woman-Owned HUBZone                             | <input type="checkbox"/> AX - *Small Business Native American Control HUBZone           |
| <input type="checkbox"/> AY - *Small Woman-Owned Native American HUBZone             | <input type="checkbox"/> AZ - *Small Disadvantaged Business 8(a) HUBZone                |
| <input type="checkbox"/> BA - *Small Disadvantaged Business HUBZone                  | <input type="checkbox"/> BB - *Veteran-Owned HUBZone                                    |
| <input type="checkbox"/> BC - Small Veteran-Owned Business                           | <input type="checkbox"/> BD - Small Disadvantaged Veteran-Owned                         |
| <input type="checkbox"/> BE - Small Woman-Owned Veteran                              | <input type="checkbox"/> BF - *Small Woman-Owned Disadvantaged Veteran                  |
| <input type="checkbox"/> BG - *Small Woman-Owned Veteran HUBZone                     | <input type="checkbox"/> BH - Small Disabled Veteran-Owned                              |
| <input type="checkbox"/> BI - *Small Disabled Veteran-Owned 8(a)                     | <input type="checkbox"/> BJ - *Small Disabled Veteran-Owned HUBZone                     |
| <input type="checkbox"/> BK - *Small Disabled Veteran-Owned HUBZone 8(a)             | <input type="checkbox"/> BL - Small Disadvantaged Disabled Veteran-Owned                |
| <input type="checkbox"/> BM - *Small Disadvantaged Disabled Veteran-Owned HUBZone    | <input type="checkbox"/> BN - Small Woman-Owned Disabled Veteran                        |
| <input type="checkbox"/> BO - *Small Woman-Owned Disabled Veteran HUBZone            | <input type="checkbox"/> BP - *Small Woman-Owned Disabled Veteran 8(a)                  |
| <input type="checkbox"/> BQ - Small Disadvantaged Woman-Owned Disabled Veteran       | <input type="checkbox"/> BR - *Small Disadvantaged Woman-Owned Disabled Veteran HUBZone |
| <input type="checkbox"/> BS - *Small Disadvantaged Woman-Owned Disabled Veteran 8(a) | <input type="checkbox"/> BT - *Small Disadvantaged Veteran-Owned HUBZone                |
| <input type="checkbox"/> BU - *Small Veteran-Owned 8(a)                              | <input type="checkbox"/> BV - *Small Disadvantaged Veteran HUBZone 8(a)                 |
| <input type="checkbox"/> BW - *Small Disadvantaged Veteran 8(a)                      | <input type="checkbox"/> BX - Small Business, Native American Veteran                   |
| <input type="checkbox"/> BY - *Small Disadvantaged Woman-Owned Veteran 8(a)          | <input type="checkbox"/> CB - *Small Disadvantaged Native American Woman Owned 8(a)     |
| <input type="checkbox"/> CA - *Small Disadvantaged Native American Woman Owned       |   |
| <input type="checkbox"/> CC - *Small Disadvantaged Native American 8(a)              |   |

**SECTION E BUSINESS INFORMATION****Business Type \***

☐ A - Carrier ☐ C - Consultant ☐ D - Distributor ☐ M - Manufacturer ☐ S - Service Provider

**NAICS Codes \***

(<http://www.census.gov/epcd/www/naics.html>)

**Fed Employee ID Number (EIN) \***

(Fed Tax ID)

DUN & Bradstreet Number

State Business ID/UBI Number

Keywords

**SECTION F TAX STATUS**

, Individual/Sole Proprietor: A sole proprietorship may have a trade name (doing business as), but the legal name is the name of the business owner.

Business or Trade Name:

Business Owner's Name: (if different)

Business Employer Identification Number:

, Partnership: A Partnership may have a trade name (doing business as), but the legal name is the list of the names of the partners.

Name of Partnership:

Partnership's Employer Identification Number:

Partnership's Legal Name (Name of First Partner):

, Limited Liability Company (LLC)  
Name of LLC:  
Employer Identification Number:

, Corporation, exempt charity, or other entity: A corporation may use an abbreviated name, but the legal name is the name on the articles of incorporation.

Name of Corporation or Entity:  
Employer Identification Number:  
Are you exempt from Form 1099 reporting?

If you are exempt from Form 1099 reporting, please choose one:

- ☐ Corporation
- ☐ Tax Exempt Charity under 501(a), or IRA
- ☐ The United States or any of its agencies or instrumentalities
- ☐ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- ☐ A foreign government or any of its political subdivisions

#### SECTION G CERTIFICATION:

***Vendor certifies under penalty of perjury that***

- the registration information provided herein is current, complete and correct***
- the Tax Identification Number provided is correct, that payee is not subject to backup withholding due to failure to report interest and dividend income and that I am a U.S. person or business (including a U.S. resident alien). Note: the Internal Revenue Service does not require consent to any provisions of this document other than the certifications required to avoid backup withholding***

***These certification statements concern matters within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may render Vendor subject to prosecution under Section 1001, Title 18, United States Code (Criminal Code).***

**Submitted By \***

**Phone \***

Comments: (**Note:** If you are submitting this form to change or update previously submitted information, please note the changes and reason below.)