



**FOR OFFICE USE ONLY:**

VI# \_\_\_\_\_

DOV \_\_\_\_\_ /By: \_\_\_\_\_

CI \_\_\_\_\_ /Date: \_\_\_\_\_

**VENDOR REGISTRATION QUESTIONNAIRE**  
Please type or print

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

Remit to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EFT Payments  ACH Payments

Prepared By: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Federal Id# \_\_\_\_\_ - \_\_\_\_\_ Social Security # (if applicable) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Form W-9**, completed and attached (required) Payment terms \_\_\_\_\_ (Net 30 unless otherwise stated)

Business License #: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ Discipline: \_\_\_\_\_

Does your company have 500 or more employees?  YES  NO

Person to contact for quotes or bids: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Nature of Business: \_\_\_\_\_

**THIS IS TO CERTIFY THAT THIS BUSINESS QUALIFIES AS (CHECK BELOW ALL THAT APPLY):**

**Minority Business Concern** – A business at least 51% of which is owned (or, in the case of publicly owned businesses, at least 51% of the stock of which is owned) by one or more minority individuals or other individuals found to be disadvantaged by the Small Business Administration and whose management and daily operations are controlled by such individuals.

Check appropriate boxes below:

- African American
- Hispanic American
- Asian-Pacific American
- Native American (American Indian, Eskimo, Aleut)
- Veteran
- Male
- Female

**Women Owned Business Concern** – A business that is at least 51% owned by a non-minority women who controls the daily management.

**CERTIFICATION STATUS**

- My company is certified by an authorized agency (attach copy).
- I herewith certify my status as a minority - or female-owned company.

Confirmed by MAWSS: \_\_\_\_\_

I acknowledge that I have read and understand the DBE Policy

Signature: \_\_\_\_\_