VENDOR REGISTRATION – PART 1

PLEASE CHECK ONE:

☐ Initial Registration
☐ Re-registration

PLEASE COMPLETE THE FOLLOWING (TYPE OR PRINT):

1. Remittance Address (for payment):

____________________________________________________________________________________________

Company Name

________________________________________                        ________________________________

Street Address                                                                                 P.O. Box Number (if applicable)

________________      __________     _________                       _________________    __________    __________

City                               State                 Zip                                   City                                State                Zip

_________________________________________  Contact Person (if any)

2. Correspondence Address (to which bid requests are to be mailed):

____________________________________________________________________________________________

Company Name

________________________________________                        ________________________________

Street Address                                                                                 P.O. Box Number (if applicable)

________________      __________     _________                       _________________    __________    __________

City                               State                 Zip                                   City                                State                Zip

_________________________________________  Contact Person (if any)

3. Telephone Numbers:

_______________    ________________    ________________    _________________

Main Number        800 Number                Fax Number                Emergency Number
4. Federal ID Number ______________________ OR Social Security Number (if individual) ______________________

4a.) If you have given a Social Security Number we need the name of the person whose number this is
Or if you have a different name (DBA) give us the name associated with the Federal ID#.

4b.) Complete IRS Form W-9 and return with Vendor Registration – Part 1.

5. Type of Organization (check all categories that apply)
   □ Dealer          □ Factory Representative
   □ Manufacturer    □ Individual
   □ Jobber/Broker   □ Partnership
   □ Retailer        □ Incorporated
   □ In-State
   □ Annual Sales Under $200,000
   □ In-Parish (Orleans)

   Must Provide Street Address
   (P.O. Box Not Acceptable)

6. Minority-Owned Business? □ Yes □ No
   If Yes, Check the Appropriate Category or Categories Below and Complete 6a.:
   □ Asian          □ Caucasian          □ Hispanic          □ Black          □ Native American
   □ Disabled       □ Female            □ Male

   6a.) Minority Certified by Another Agency? □ Yes □ No

   If Yes, Name of Agency Certified With: ________________________________
   Locality: ______________________ Date Certified: _________________ Expiration Date: _________

7. Economically Disadvantaged? □ Yes □ No
   If Yes, Check the Appropriate Disadvantage Categories Below and Complete 7a and 7b.:
   □ Female
   □ Male
   □ Educational Disadvantage
   □ Business Disadvantage
   □ Disabled
   □ Other (specify)
7a.) Economically Disadvantaged Business Certified by Sewerage And Water Board of New Orleans?  
☐ Yes  ☐ No

If Yes, Date Certified: ___________________________  Expiration Date: ___________________________

If No, Certification Application Pending?  
☐ Yes  ☐ No  Date of Application: __________

7b.) Economically Disadvantaged Business Certification by Another Agency?  
☐ Yes  ☐ No

If Yes, Name of Agency Certified With:  ____________________________________________________________

Locality: ____________________  Date Certified: ___________________  Expiration Date: _________

8. Invoice/Payment Terms: ________________________________________________________________

9. Business Hours: ________________________________________________________________

10. Location For Returning Materials (including complete addresses)

   For Replacement: ______________________________________________________________   (street address needed)

   For Repair: ________________________________________________________________   (street address needed)

   For Credit: _________________________________________________________________   (street address needed)

   Return Authorization Number Required?  
☐ Yes  ☐ No

11. Licenses and Certification:

   City of New Orleans Occupational License Number: ___________________  Expiration Date: ____________
   (Contact the Orleans Parish Bureau of Revenue)

   State Contractor License No.: _______________________________________  Expiration Date: ____________
   (For State Licenses, Contact the State of Louisiana Board for Contractors)
Additional Licenses/Certifications:

Type: __________ Number: __________ Issuing Agency: __________ Expiration Date: __________

Type: __________ Number: __________ Issuing Agency: __________ Expiration Date: __________

12. Principle Line of Business: ________________________________________________________________

13. REQUIRED TO RECEIVE PROPER BID NOTIFICATION
List All Types Of Commodities and Services You Can Provide:

GOODS

_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________

SERVICES

_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
_________________________________________                 __________________________________
14. General Liability Insurance:

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Policy Number</th>
<th>Expiration Date</th>
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15. Bonding Capacity

Amount $: __________________

16. Worker’s Compensation Insurance:

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<tr>
<th>Carrier</th>
<th>Policy Number</th>
<th>Expiration Date</th>
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17. Four References to Whom You Have Provided goods/services (including name, address, phone#):

1. __________________________________________________________________________________

2. __________________________________________________________________________________

3. __________________________________________________________________________________

4. __________________________________________________________________________________

18. Company Officers or Principals Who Are Sewerage & Water Board of New Orleans Employees or Related to Sewerage & Water Board Of New Orleans Employees:

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<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
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19. Subsidiaries, Branches and Divisions:

Address:_____________________________        Contact: ________________________________
Address:_____________________________        Contact: ________________________________
Address:_____________________________        Contact: ________________________________

20. Company Officials:

Name:_____________________________            Position/Title: ________________________________
Name:_____________________________            Position/Title: ________________________________
Name:_____________________________            Position/Title: ________________________________

21. Number of Years in Business: _______________

22. Approximate Inventory Stocked $ ____________

AUTHORIZED SIGNATURE REQUIRED (COMPANY OFFICER OR PRINCIPAL):

SIGNATURE: ______________________________    TITLE: ___________________       DATE: __________

RETURN TO:       SEWERAGE & WATER BOARD PURCHASING
ATTN: VENDOR REGISTRATION
625 ST. JOSEPH ST.  ROOM 133
NEW ORLEANS, LA  70165

TO BE COMPLETED BY PURCHASING

ECONOMICALLY DISADVANTAGED/MINORITY VENDOR STATUS VERIFIED    ☐ Yes    ☐ No

DATE COPY FORWARDED TO MAP OFFICE : ______________________________________________________________