



# Vendor Application Form

Business Name: FEIN #:

DBA Name if applicable:

Business Address:

Phone: Email:

Business Contact: Title:

MBE yes no Vendor#:

WBE yes no Vendor#:

SDVOB yes no Vendor#:

Type of Business:

Services Offered:

Please list below any Commodity Codes that apply :

CSI: NAICS:

NIGP: NYSDOT Construction:

NYSDOT Consultant:

**Disclosure of Prior Non-Responsibility:**

In the last 5 years has any NYS agency/authority made a finding of non-responsibility regarding your firm? **Yes** **No**

In the last 5 years has any NYS agency/authority terminated a procurement contract with your firm due to intentional provision of false or incomplete information? **Yes** **No**

If yes to either question, please provide details.